

Century Healthcare Limited

Brimstage Manor Nursing Care Home

Inspection report

Brimstage Road
Brimstage
Wirral
Merseyside
CH63 6HF

Tel: 01513424661

Website: www.centuryhealthcare.co.uk

Date of inspection visit:

08 October 2018

09 October 2018

30 October 2018

Date of publication:

20 November 2018

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 8, 9 and 30 October 2018 and was unannounced.

Brimstage Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Brimstage Manor is owned by Century Healthcare Limited.

The care home provides nursing care to people who have dementia and can accommodate up to 46 residents. During the inspection, there were 37 people living in the home.

At the last inspection in May 2017, we found that the provider was in breach of Regulation 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because person-centred care plans were not in place for all people and systems in place to monitor the quality and safety of the service were not effective. We asked the provider to complete an action plan to show what they would do to ensure the necessary improvements were made and we received this. During this inspection we looked to see if these actions had been addressed. We found that although some steps had been taken to address the concerns, further improvements were required to ensure the service was meeting required standards. We identified breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as well as Regulation 18 of Care Quality Commission (Registration) Regulations 2009.

There was no registered manager in post. A manager had been appointed and been in post since May 2018. They were in the process of applying to the Commission to become registered. However, following the inspection we have been informed that the manager is no longer working for the service. 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 service is currently being supported by a manager from one of the providers other registered services, along with support from the operations director, until a new manager is appointed.

At the last inspection in May 2017, we found that not all people had care plans in place. During this inspection, we saw that improvements had been made and care plans were in place.

However, we found that care plans were mainly pre-populated printed plans with gaps for people's names. We saw that these were not always completed fully. Care plans did not all contain accurate information to ensure that staff had clear guidance on how to best meet people's needs and they had not all been updated regularly.

In May 2017, we found that the registered provider was in breach of Regulation as quality monitoring systems were not effective. During this inspection we looked to see if improvements had been made and

found that systems in place to monitor the quality of the service were still not robust and had not identified the issues we highlighted during the inspection.

The provider had some systems in place to help ensure they remained aware of how the home was running. However, we found that the registered provider had not ensured that CQC were notified of events and incidents that occurred in the home.

Not all safe medicine administration practices were followed in the home. For example, people's allergies were not always recorded. When people were prescribed medicines as and when required, they did not always have protocols in place to inform staff when to administer them. Advice from a pharmacist had not always been sought for people who required their medicines to be administered covertly (hidden in food or drink).

We found that although some risk assessments were in place, risks to people were not always fully assessed and mitigated.

People's relatives told us they felt their family members were safe living in Brimstage Manor. Staff we spoke with were knowledgeable about safeguarding and how to report concerns and we found safeguarding issues had been reported appropriately to the local authority. Accidents and incidents were reported and investigated appropriately.

Staff were recruited following checks to ensure they were safe to work with vulnerable people and we found that there were sufficient numbers of staff to meet people's needs. Agency staff were utilised to ensure staffing levels were maintained when there was a vacancy or sickness.

Arrangements were in place for checking the environment and equipment to ensure it was safe. External checks took place on the gas, electricity, lifting equipment and fire safety systems. All areas of the home were clean and clutter and odour free.

The system in place to monitor Deprivation of Liberty Safeguards (DoLS) was not always clear. We discussed this with the manager and they updated the system during the inspection.

Staff had a good understanding of the MCA told us they always asked for people's consent before providing care. Records showed that people's consent was sought in relation to living in Brimstage Manor and receiving care and treatment. When people were unable to provide their consent due to memory difficulties, we saw that mental capacity assessments were usually completed.

Records showed that staff received regular training to help ensure they could meet people's needs. The registered provider has supported three senior staff to undertake an accredited course in becoming a Care Home Advanced Practitioner (CHAP). CHAP's had the skills and knowledge to undertake some of the tasks traditionally undertaken by nurses. Comprehensive induction and appraisals were also provided to staff. Not all staff had received regular supervision, but staff told us they felt well supported in their role.

We saw during the inspection that drinks and snacks were available throughout the day and a choice of alternative meals were available if people did not want the main meal on offer that day. If there was a concern about the amount a person ate or drank, staff recorded their intake so it could be monitored.

Adaptations had been made to the environment to support people living with mobility difficulties to get around easily and people living with dementia to find their way around and locate where they were more

easily.

We saw that staff interacted with people in a caring and compassionate way and relatives told us that their family members were treated with respect and dignity by all staff. We saw positive interactions between people who lived in Brimstage Manor and staff. Staff spent a lot of time with people, if anyone became unsure or upset staff were present to distract them and reassure them.

We observed relatives visiting throughout both days of the inspection and they told us they were always made welcome. The manager told us they would make referrals to local advocacy services if required, for people that did not have friends or family to support them.

Some care plans contained information about people's preferences and choices. Most care files contained end of life care plans. This showed that discussions had been held with people or their relatives to establish people's wishes and preferences at this time.

Regular activities were available to people in the home. We saw that there was a lot of activities during the day to support people to remain occupied.

People had access to a complaints procedure and this was displayed within the home. Relatives we spoke with were aware of the process and told us they would not hesitate to raise a concern if they needed to.

Systems were in place to gather feedback regarding the service. This included annual quality assurance surveys and meetings.

Ratings from the last inspection were displayed within the home as required. The provider's website also reflected the current rating of the service.

You can see what action we told the provider to take at the back of the full version of this report.

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.

Medicines were not always managed safely.

Risks to people were not always fully assessed and mitigated.

Staff were knowledgeable about safeguarding and how to report concerns and safeguarding issues had been reported appropriately.

Accidents and incidents were reported and investigated.

Suitable numbers of staff were available who had been safely recruited.

Arrangements were in place for checking the environment and equipment to ensure it was safe.

Requires Improvement ●

Is the service effective?

The service was effective.

The system in place to monitor Deprivation of Liberty Safeguards (DoLS) was not always clear and this was updated during the inspection.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA). People's consent was recorded in line with the principles of the MCA.

Staff received regular training to help ensure they could meet people's needs. Staff were supported through an induction and ongoing appraisal. Although not all staff had received regular supervision, they felt well supported in their role.

People's nutritional needs were assessed and met by staff.

Adaptations had been made to the environment to support people living with mobility difficulties and people living with dementia.

Good ●

Is the service caring?

The service was caring.
Staff interacted with people in a caring and compassionate way.
Relatives told us staff treated people with respect and dignity.

We saw positive interactions between people who lived in Brimstage Manor and staff. It was clear that staff knew people they were supporting well.

People were supported to be as independent as they could be.

We observed relatives visiting throughout both days of the inspection and they told us they were always made welcome.

Is the service responsive?

The service was not always responsive.

Care plans were not all up to date and did not reflect people's current needs.

Staff were aware of people's needs and preferences in relation to their care.

Regular activities were available to people. We saw that there was a lot of activity during the day to support people to remain occupied.

People had access to a complaints procedure and this was displayed within the home.

Requires Improvement ●**Is the service well-led?**

The service was not always well-led.

Systems in place to monitor the quality of the service were not robust and did not identify the issues we highlighted during the inspection.

The provider had some systems in place to help ensure they remained aware of how the home was running.

CQC had not been notified of events and incidents that occurred in the home.

The service did not have a registered manager in post.

Systems were in place to gather feedback regarding the service.

Requires Improvement ●

Ratings from the last inspection were displayed within the home as required.

Brimstage Manor Nursing Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8, 9 and 30 October 2018 and was unannounced on the first and third days. The inspection team included four adult social care inspectors, a specialist professional advisor who was a nurse 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.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service. They told us about several incidents that had been investigated that CQC were not aware of.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the manager, nominated individual, operations director, general manager, an activity coordinator, two agency nurses, six members of the care team and a member of the laundry team. We also spoke to three visiting relatives and a visiting health professional. We interacted with people living in the home throughout the inspection, however not everyone was able to share their views

with us due to memory difficulties. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care files of seven people receiving support from the service, four staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We also observed the delivery of care at various times during the inspection.

Is the service safe?

Our findings

We looked at how medicines were managed within the home. A medicine policy was available to provide guidance to staff and staff had received training in the safe administration of medicines.

We found however, that not all safe administration practices were followed. Medicine administration charts were completed when medicines were administered, however, people's allergies were not always recorded on these charts. This meant staff may not have clear information regarding people's allergies and increased the risk of people being administered a medicine they may be allergic to. We raised this on the first day of the inspection and saw that on the second day, records had been updated and clearly reflected people's allergies.

When people were prescribed medicines on a PRN basis (as and when required), they did not always have protocols in place to inform staff when these medicines should be administered to ensure they received them consistently and when they needed them. The protocols that were in place were detailed and informative, but needed to be in place for all people who required PRN medicines.

Some people required their medicines to be administered to them covertly (hidden in food or drinks). We saw that this had been discussed with people's GP, however advice from a pharmacist had not always been recorded to check how the medicine could be administered safely. Some medicines cannot be crushed or put in hot drinks so this advice is necessary to ensure safety.

We reviewed the records for three people who required thickening agents to be added to their drinks due to swallowing difficulties. When we checked the stock levels of the thickener, we were unable to locate any for two people, however the records showed that it had been used that morning. We discussed this with the nurse on duty who told us they had used another person's thickener as they could not find any for those two people. We raised this with the manager who later told us more stock had been located. This stock was not labelled with a person's name or amount of thickener required, however staff were aware of how much thickener each person required. This meant that people had sufficient thickener to ensure they could receive drinks safely. On the second day of inspection we found that new stock for each person had been delivered from the pharmacy.

We saw that medicines were stored securely in locked clinic rooms. However, the room and fridge temperatures were not consistently recorded to ensure medicines were kept at the recommended temperatures. If medicines are not kept within the recommended temperature range, some may not work effectively.

We looked at how risk was assessed and managed within the home. The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety. We found however, that these were not always completed fully. For example, one person's nutritional care plan stated that the person's body mass index (BMI) must be calculated each month using the Malnutrition Universal Screening Tool. However, the tool had not been fully completed and did not identify the person's BMI. Their skin

integrity risk assessment showed that they were at very high risk of developing pressure ulcers, however there was no guidance on what this meant or what actions should be taken. This meant that risk had not been appropriately assessed and mitigated.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's relatives told us they felt their family members were safe living in Brimstage Manor. Their comments included, "Yes, I know [name] is very safe here" and "[Name] wouldn't be here if I didn't think he was safe." Another relative explained that their family member was cared for in bed, so did not feel they could come to any harm and this kept them safe.

Staff we spoke with were knowledgeable about safeguarding. They were aware of the different types of safeguarding incidents that can occur and how to report these internally and externally. One staff member told us, "Safeguarding is all our responsibility. It's ensuring that a resident is not being spoken to inappropriately, or is not being discriminated against and able to make a choice that is best for them." A safeguarding policy was available that included contact numbers to enable staff to make referrals to the local authority when required. The operations director maintained a log of all safeguarding referrals and their outcomes and we found that referrals had been made to the local authority appropriately.

Staff were also aware of whistleblowing and a policy was in place regarding this. Whistleblowing is where staff are able to raise concerns either inside or outside the organisation without fear of reprisals. This helps maintain a culture of transparency and protects people from the risk of harm. One staff member told us, "I wouldn't hesitate to whistle blow, we have training on this." They told us they would approach the manager with concerns, but that there were always people above them if they did not feel it was dealt with and knew they could report concerns to CQC.

We looked at how staff were recruited and found that relevant checks were made to ensure staff were suitable to work with vulnerable people. This included evidence of application forms, photographic identification, references and Disclosure and Barring Service (DBS) checks were in place. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. Checks were also made to ensure nurses had maintained the required registration with the relevant professional body.

There were sufficient staff on duty at the time of the inspection to ensure people's needs could be met in a timely way. Although busy, staff had time to interact with people and to meet their requests for support in a calm, unrushed manner. Staff told us that sometimes sickness levels impacted on staffing levels and the registered manager told us they used agency staff during these times. They also explained that historical set rotas meant, "some shifts can be overstaffed other's understaffed." However, they explained that the current manager was aware of this and working to resolve it. A relative told us, "The staff here don't change much which is good as it gives [name] continuity."

Arrangements were in place for checking the environment and equipment to ensure it was safe. For example, external contracts were in place to make regular checks on the gas, electricity, lifting equipment and fire safety systems. Records showed that regular internal checks were also completed, such as water temperatures, emergency lighting and portable electrical equipment checks. Doors to rooms containing items that could be a hazard such as cleaning materials were kept locked and external doors had a keypad code so that people who were unsafe to leave the home alone could not do so without staff knowledge.

Some people had safety gates fitted to their bedroom doors. We were told this was at the request of the person or their relatives and anyone who had a safety gate could either open it themselves or could not walk about without support. We saw records in people's care plans that confirmed this.

All areas of the home were clean and clutter and odour free. Colour coded cleaning materials and equipment were used for different areas of the home to help prevent the risk of cross infection. A clear system was followed in the laundry room for separating washed and unwashed laundry and any laundry that may be an infection risk. Staff had access to disposable gloves and aprons and bathroom contained paper towels and liquid hand soap in line with infection control guidance.

Records we viewed showed that when people presented with behaviours that could challenge, guidance was in place to inform staff how to support people at these times. For instance, one person's record reflected that they could become agitated. It stated how the person displayed this agitation; what actions were helpful to support the person to become calm, such as moving to a different area or holding their hand and providing reassurance. It also reflected the PRN medicine prescribed and when this should be administered. This meant that staff had clear guidance on how best to support people during these times.

The provider had systems in place to help protect people from discrimination. Clear policies were in place regarding both equality and diversity. These reflected the different types of discrimination, how staff would be trained to recognise poor practices and expectations of staff. This helped to raise staff awareness and ensure that people were not discriminated against regardless of their age, sex, disability, gender reassignment, marital status, race, religion or belief or pregnancy, as required under the Equality Act 2010.

We looked at accident and incident reporting within the home and found that they were recorded and reported appropriately. All accident forms were sent to the general manager and discussed at the managers meetings. Monthly analysis of accidents and incidents had been completed, looking for trends or themes to help learn lessons and prevent further incidents from occurring. We found that appropriate actions were taken following incidents, such as referral to the GP, the local safeguarding team and implementation of equipment when appropriate.

Is the service effective?

Our findings

We looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). 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 make 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). The system in place to monitor DoLS was not always clear as some information regarding authorisations was held in care plans and others on a DoLS record. We discussed this with the manager and they updated the system and created a register of all applications made, dates they were authorised and when they were due to expire. The manager was in liaison with the local authority to establish if all required DoLS applications had been made.

There were six authorisations in place at the time of the inspection and we saw that care plans had been created regarding this. This helped to ensure that staff were aware who had a DoLS authorisation in place.

Staff we spoke to had a good understanding of the MCA. They told us they always asked for people's consent before providing care. We observed some examples of this during the visit, such as staff knocking on people's door before entering and seeking consent when providing personal care and offering support with mobility and nutritional needs.

Records showed that people's consent was sought in relation to living in Brimstage Manor and receiving care and treatment. When people were unable to provide their consent due to memory difficulties, we saw that mental capacity assessments were usually completed. We saw capacity assessments regarding people's ability to consent to living in the home, having a safety gate on their room and the use of bedrails. If people lacked capacity to make specific decisions, best interest decisions had been recorded with input from relevant people. We found however that mental capacity assessments were not always in place when required. For instance, one person's file indicated they required capacity assessments for the use of a safety gate and bedrails, but these had not been completed. We asked the manager to ensure all required assessments were completed in line with the principles of the MCA.

We looked to see what systems were in place to support staff in their role. Records showed that staff received training in areas such as safeguarding, person centred care, mental capacity and DoLS, infection control, equality and diversity, fire safety, dementia, life support and food safety. Records showed that over half of the staff had not updated their practical moving and handling training in the timeframe set by the provider. The manager told us they were qualified to teach moving and handling techniques to staff and would complete the training within one week of the inspection for all staff who required it.

Staff explained that they now had a mixture of face-face training and e-learning via a computer app. One member of staff explained they had found the training, "pretty helpful," when they started. A second member of staff said that if ever they needed to know anything or discuss training they could always do this with a senior member of staff.

The registered provider has supported three senior staff to undertake an accredited course in becoming a Care Home Advanced Practitioner (CHAP). Three staff in the home had completed this course. Once accredited, CHAP's had the skills and knowledge to undertake some of the tasks traditionally undertaken by nurses. This included wound care, medication and vena puncture. We spoke to one person who held this role and they told us they felt well supported. They explained that they had a six week training course during which their competency in different areas was regularly assessed.

Staff told us they felt well supported. Comprehensive inductions were provided when staff started in post and they were allocated a buddy for additional support following this. Records showed that annual appraisals took place, however not all staff had received regular supervision sessions this year. The manager told us the outstanding supervisions had been scheduled. Additional supervisions were provided to staff who required them, such as those who required support with their performance.

People were supported by staff and a range of health and social care professionals to maintain their health and wellbeing. Care files showed that people received advice and support from the GP, optician, dietician, speech and language therapist and social workers. Relatives told us they were confident that medical advice was sought in a timely way when required. One relative told us, "They called the doctor straight away when [name] fell and they always let me know in advance of any doctor visits so I can be with her when he comes."

We looked at how people's nutritional needs were met within the home. When asked about the food available, relatives told us, "[Name] loves the food here", "The food is excellent", "It's very good" and "They bake everything here." We saw during the inspection that drinks and snacks were available throughout the day and a choice of alternative meals were available if people did not want the main meal on offer that day.

We joined people for lunch on the first day of the inspection in one dining room and observed lunch in the bistro. The meal was hot and tasty. Staff were available to assist people who required support, however in one of the dining rooms there was a lack of atmosphere and staff stood outside of the room unless somebody required assistance. There were no napkins, tablecloths or condiments available to people on the table, although in one dining room staff did offer condiments.

Risk assessments had been completed to assess if people were at risk of malnutrition. When there were concerns about people's weight, their nutritional intake was monitored and referrals made to the dietician as required. The chef was aware of people's dietary needs and catered for a range of diets, including diabetic, fork mashable, fortified and high protein. People's individual preferences were also catered for. The manager told us about a person who had particular tastes due to their culture and that these preferences were met by the kitchen staff.

Tasteful adaptations had been made to the environment to support people living with mobility difficulties to get around easily and people living with dementia to find their way around and locate where they were more easily.

People could walk around much of the building unrestricted with seating thoughtfully placed throughout for anyone who became tired or confused as to where they were going. Bedrooms were easily identified with different coloured doors and a photograph of the person. Large wall paper murals of places or items of

interest were located through the home, this included large murals of a steam train and post office, these will help people to orientate themselves as well as providing something of interest to look at and act as a point of discussion. Pictures were placed at a height most people could easily view them. Other adaptations included, call bell system, specialist beds, handrails and grab rails and adapted shower rooms. One of the sitting areas of the home had been changed into a bar area. This was decorated with a bar, brick wallpaper and pub style tables and chairs. We saw that this was used on a regular basis.

Is the service caring?

Our findings

During the inspection we saw that staff interacted with people in a caring and compassionate way. We saw carers gently supporting people to mobilise, holding people's hands and comforting people when they became distressed. People's relatives told us staff were kind and caring and treated people with respect. Their comments included, "They're all lovely" and "The carers are very good to [name]."

Visiting relatives also told us that their relatives were treated with respect and dignity by all staff. Examples they gave included, "[Name] is always clean and shaved", "They [staff] always knock before coming in", "They always close the curtains when they're changing [name]" and "Yes I know all of them treat [name] with dignity."

We observed people's dignity and privacy being protected during the inspection. For instance, we spent some time sat in the lounge area and found that people were actively engaged in their day, talking and interacting regularly with staff and each other, watching a well known film or walking around with a purpose. Two members of staff were sitting in the lounge with people and they interacted with people throughout the time we sat there. The atmosphere was relaxed and people appeared content and happy. We observed that any other members of staff who walked through the lounge stopped to chat with people as they passed and respond positively to any conversations people had with them.

We saw some positive interactions between people who lived in Brimstage Manor and staff. We noticed that staff spent a lot of time with people, if anyone became unsure or upset staff were instantly present to distract them and reassure them. When we asked staff about people they supported they displayed a lot of empathy as to how the person's physical or mental health affected them and how staff could support them with this.

It was clear that staff knew people they were supporting well. Relatives we spoke with agreed and one relative said, "They know [name] and they know me." Staff knew about people's care and support needs but also had a good knowledge of people's choices and preferences and the things they liked to do and talk about. One staff member told us, "We get to know families so they can have confidence in us." Another staff member said, "We make it a personal home to people; make it theirs. Have personal items people like and get to know what they dislike."

People were supported to be as independent as they could be. Staff talked about people's independence and provided examples of how they supported people to be as independent as possible within their home environment. The statement of purpose for the service also reflected that one of the aims of the service was to, "Manage risk to enable, not disable."

People's communication needs were assessed and steps taken to help ensure that people could effectively communicate with staff. For instance, one person's communication care plans guided staff to use closed questions to enable the person to make decisions, but also to observe their body language for non-verbal communication, such as expressing pain by grimacing.

We saw that care files containing people's private information were stored securely in order to maintain people's confidentiality in line with the Data Protection Act.

We observed relatives visiting throughout both days of the inspection. The manager told us there were no restrictions in visiting and this encouraged people to maintain relationships they had built in the community before moving into the home. This helped people to maintain relationships that were important to them and prevent isolation. Staff did ask that relatives avoided visiting at meal times unless they were joining people for a meal, so people's meals were not interrupted. Relatives we spoke with told us they were always made welcome when they arrived at the home.

We looked at the service user guide and statement of purpose which were on display within the home. These contained information about the service and what could be expected when a person moved in. It also included information regarding the complaints and safeguarding processes, activities available, confidentiality and how people's privacy and dignity would be supported. Regular newsletters were also distributed and included information on upcoming activities, fundraising events and dates of meetings. This showed that people were given information and explanations regarding the service.

The manager told us they would make referrals to local advocacy services if required. An advocate is a person that helps an individual to express their views and wishes, and help them stand up for their rights.

Is the service responsive?

Our findings

At the last inspection in May 2017, we found that the provider was in breach of Regulation as not all people had care plans in place to guide staff how to provide person centred care. The responsive domain was rated as requires improvement. During this inspection, we saw that improvements had been made and a range of care plans were in place.

However, we looked at people's care plans and found that they were mainly pre-populated printed plans where staff had to fill in gaps such as people's names and dates. We saw that these were not always completed fully. One person had a plan in place which reflected they had an authorised deprivation of liberty safeguards (DoLS) in place. The plan stated, "First name has been assessed as being at risk." and "First name has met the above criteria." The person's details had not been entered into the plan. The space where the date of the authorisation should have been recorded was blank.

Care plans we viewed did not all contain accurate information to ensure that staff had clear guidance on how to best meet people's needs. For instance, one person's eating and drinking care plan reflected that they required their drinks to be thickened. However, a letter from a health professional within their file stated that they did not require thickener. Staff we spoke with told us that the person no longer required their drinks to be thickened. This meant that the care plan had not been updated to reflect the person's current needs. On the second day of the inspection, we saw that this care plan had been updated.

Another person's plan stated they, "Can be resistive to intervention, at these times two staff must help." It did not state how the staff should help, but when we spoke with staff they were able to clearly explain what support they provided to the person during these times. This information needed to be added to the care plan to ensure all staff knew how best to support them.

Care plans were not in place for all identified needs, such as health conditions. One person's file reflected that they had Parkinson's, but there was no plan to guide staff how this impacted on the person or how they should support them in relation to this. Several of the care files we viewed also did not contain care plans regarding the administration of medicines which staff supported people with.

We also found that not all care plans were reviewed regularly. One person's communication and continence care plans stated that they should be reviewed monthly, but both had only been reviewed in March and July 2018. Their fire risk care plan had not been reviewed since July and a wound management plan reflected that the plan should be updated at each dressing change which would be every three days. The plan had not been recorded on since 19 August 2018. This meant that that staff did not have up-to-date information and guidance about how to meet people's needs.

On the third day of our inspection we looked at the 'pre-admission assessment forms' for two people. They both lacked detail and key information that would be needed to know how to support the person safely. They did not contain adequate information about people's health conditions, risks, what equipment the person may need and their general support needs. One person's assessment stated "assistance of two",

without saying for what areas of their care, as they had also been described as being "fully mobile". We spoke with the interim manager who told us they were gathering more information to be able to support this person safely.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2018.

Some care plans did contain information about people's preferences and choices, such as night routines and personal care routines. 'This is me' or 'Getting to know me' documents were also available in people's files. These provided information regarding people's past employment, where they lived, their family members, preferred names, hobbies and pets. This enabled staff to get to know people and provide support based on their needs and preferences.

Most care files contained end of life care plans. This showed that discussions had been held with people or their relatives to establish people's wishes and preferences at this time. Information included where people wanted to be cared for, whether they wanted to be admitted to hospital for specific treatments, whether they wanted to be resuscitated in the event that this was required and any funeral arrangements that had been made. Staff had completed training to support people effectively at the end of their lives and the home worked within the '6 Steps' end of life care programme.

Staff told us they were informed of any changes within the home, including changes in people's care needs through daily handovers between staff and through viewing people's care files. A printed handover form was also available to staff and this provided a quick reference to information staff needed to know about people, such as whether they had their drinks thickened, or had a DoLS in place. Relatives told us that they were told of any changes in their family member's plan of care. One relative told us, "They keep me well informed."

A board advertised weekly activities available in the home. These included well known films, crafts, board games, singing and bingo. Records were made regarding activities that each person took part in and whether they were enjoyed. Records also showed that people had participated in hand massages, armchair exercises, aromatherapy and trips to local areas of interest were also recorded.

We saw that there was a lot of activity during the day to support people to remain occupied. People were actively engaged in watching the daily film and activities in the pub area were well attended. Staff spent a lot of time interacting with people and sitting with them during activities and we observed that people were enjoying themselves and were engaged in how they spent their day. The manager also told us they had developed a relationship with the local children's nursery and that their children came to the home and participated in activities with people.

Call bells were available to ensure people could call for help when they needed it. The registered provider had also provided equipment and technology to help support people within the home. This included equipment such as hoists and raised toilet seats. Technology such as falls mats and movement sensors were also in place to ensure people received timely care and helped them to remain safe in their home.

People had access to a complaints procedure and this was displayed within the home. Relatives we spoke with were aware of the process and told us they would not hesitate to raise a concern if they needed to. Their comments included, "I've been visiting here for over 3 years and never had to complain", "No complaints" and, "The managers very good, she listens quietly and sorts out any problem." Prior to the inspection however, we had received concerns that complaints had not been dealt with in a timely way and during the inspection a relative did tell us that they had informed staff about an issue that required repair

and they did not feel it had been dealt with. We raised this with the manager who assured us it would be addressed. We saw that the new manager and operations director maintained a log of complaints that had been received recently and all complaints recorded had been investigated and comprehensive responses provided to people.

Is the service well-led?

Our findings

At the last inspection in May 2017, we found that the provider was in breach of Regulation as they had failed to make the recommended improvements in relation to care plans and monitoring systems were not effective.

During this inspection we looked to see what systems were in place to monitor the quality and safety of the service. We found that falls and other accidents and incidents were monitored each month to look for potential trends or themes. The latest infection control audit completed by Wirral Community Trust had been completed in June 2018 and the service achieved a score of 74%. This meant that urgent action was required. The manager told us they had completed all the actions and had responded to the action plan and we saw a copy of this response.

However, we found that audits had not been completed to monitor all areas of the service. For instance, we were unable to view any medicine audits. We were told one had been completed in June 2018, by a member of staff who no longer worked for the provider and a copy of the audit could not be located. None had been completed since then.

When audits had been completed, actions were not always taken to address the issues identified. For example, a care plan audit from July 2018 showed that one person's file required action to ensure it was up-to-date. The audit indicated the falls risk assessment needed to be completed, a mental capacity assessment to be completed for the use of bed rails, a photograph to be included in the file and fire risk assessment to be filled in. There was no evidence that these actions had been addressed. We checked the person's care file and seen that they had not been completed.

The monitoring systems in place did not identify all the issues we highlighted during the inspection, such as those relating to medicines management, risk management, care planning and recording of consent. This showed that the systems in place were not effective.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had some systems in place to help ensure they remained aware of how the home was running. Weekly phone calls between the manager and operations director took place, as well as regular matron's meetings. These meetings included discussions about risk, sharing good practice and learning from the other home managers. Governance and risk meetings then took place with the provider and senior management team to discuss the running of the service and included occupancy, repairs needed, staffing issues and recruitment of staff. All complaints, safeguarding's, accidents and incidents were sent to head office so they were aware of any issues and could be discussed during these meetings.

Although these systems were in place, we found that the registered provider had not ensured that CQC were notified of events and incidents that occurred in the home that they should have in accordance with our

statutory requirements. This included allegations of abuse and serious injuries. We discussed this with the manager during the inspection, who told us they were not aware of what they needed to notify CQC of, but now that they were, they would submit the necessary notifications.

Prior to the inspection we contacted the service due to concerns that CQC were not being notified when people passed away. The registered provider acknowledged this and ensured the relevant notifications were submitted. This meant that CQC were not able to monitor information and risks effectively, regarding Brimstage Manor.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The service did not have a registered manager in post. Two managers have been in post since the last inspection. A new manager had now been appointed and commenced with the service in May 2018 and began the process to become registered with CQC. We asked people their views of how the home was managed and feedback was positive. A member of staff described the current manager as, "Very supportive, asks if you are okay. She says if you need anything ask me." A second member of staff said of the manager, "Amazing, supports us well." Relatives told us the manager was, "Approachable" and "Always listened." They also told us they felt the service had improved since the manager had been in post. However, following the inspection we have been informed that the manager is no longer working for the service and the registered provider is looking to recruit a new manager.

Systems were in place to gather feedback regarding the service. This included annual quality assurance surveys. We viewed those that had been received in October 2017 and most responses were positive. When areas of improvement were highlighted, actions to be taken to address the issues had been recorded. Meetings also took place with relatives to gather their views, however the manager told us they had an open door and people could speak with her at any time if they had any concerns.

Staff told us they enjoyed working at the service and worked well as a team. One staff member told us, "The staff all get on well with each other." The registered provider had provided a range of policies and procedures to guide staff in their role. Staff told us they felt supported by the manager and senior management team. Some staff said the number of changes to management within the home had impacted on them. One member of staff said, "It's been interesting, challenging and demoralising at times but rewarding with residents and families." They told us that they felt comfortable ringing the providers head office if needed and had always received the support and advice they required.

Ratings from the last inspection were displayed within the home as required. The provider's website also reflected the current rating of the service. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

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
Treatment of disease, disorder or injury	Risks to people were not always robustly assessed or mitigated. Medicines were not always managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Care plans did not always provide detailed, up-to-date information regarding people's needs and had not all been reviewed regularly. Systems in place to monitor the quality and safety of the service were not effective.