

HC-One No.1 Limited

Brierton Lodge Care Home

Inspection report

Brierton Lane
Hartlepool
Cleveland
TS25 5DP

Tel: 01429868786

Date of inspection visit:
29 June 2023
04 July 2023

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08 September 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Brierton Lodge is a residential care home providing personal and nursing care for up to 58 older people some of whom were living with dementia. The care home accommodates people over two floors in one adapted building. At the time of this inspection there were 57 people living at the service.

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

Risks to people's safety had been assessed and care plans were in place to guide staff regarding the support people needed. However, information in care plans was hard to navigate. We have made a recommendation about this.

People and their relatives spoke positively about the care and support they received. Comments included, "The staff are second to none. They are amazing. What I have found is how knowledgeable and professional they are with the residents on the dementia unit, and they are all very patient."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Safe recruitment processes were followed to ensure people were supported by staff with the appropriate experience and were of good character. Staff said they felt supported. Comments included, "Management are fantastic. I've seen a lot of changes. [registered manager] is approachable and supportive and wants to improve the home. It's very much the resident's home."

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. There were safe systems in place and people received their medicines when required.

Infection and prevention control processes were in place to support the prevention and spread of infection.

There were systems in place to monitor the quality of the service. The registered manager was clear about their role and responsibilities and a home improvement plan was in place to support the development of the service. The service worked in partnership with others including health professionals and the local community.

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

Rating at last inspection

The last rating for this service was good (published 31 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

Recommendations

We have made a recommendation regarding reviewing care plans.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. Please see the Safe and Well-led section of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was not always well-led.

Details are in our well-led findings below.

Brierton Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection took place on 29 June 2023. 1 inspector, a specialist advisor in nursing care and an Expert by Experience formed the inspection team. An Expert by Experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Service and service type

Brierton Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brierton Lodge Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. This meant the staff and provider did not know we would be visiting.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We received feedback from health and social care professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

We used all of this information to plan our inspection.

During the inspection

We spoke with 10 members of staff including the registered manager, deputy manager, nursing staff, care workers and housekeeping.

We spoke with 4 relatives and 3 people who use the service.

We reviewed a range of records including 4 people's care plans and 4 people's medicine and daily care records. We looked at the recruitment records for 2 staff members. We also looked records relating to the safety and management of the service.

After the inspection

We spoke with 7 relatives to seek their views on how care and support were provided to their loved ones. We continued to seek clarification from the provider to validate the evidence we found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

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

- Risks to people's safety had been assessed. Care plans were in place to guide staff regarding the care and support people needed. However, information in care plans was hard to navigate.

We recommend the provider reviews care plans to ensure that information is clear and easy to access.

- Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents and concerns. Discussions took place to ensure lessons were learned and changes to care made where necessary.
- Health and safety and equipment checks were completed and up to date.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. People and their relatives told us the service was safe. Comments included, "Sometimes they will do things for me, but I can tell them that I can do it. They just check I am safe and ask if I am alright" and "My husband gets the best care possible, and all his care needs are catered for absolutely."
- People benefitted from a safe service where staff understood their safeguarding responsibilities. Staff had completed safeguarding training.
- Staff told us they felt confident with reporting any safeguarding concerns. They felt they would be listened to by management and their concerns acted upon.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Safe recruitment procedures were followed. Disclosure and Barring Service (DBS) checks were in place. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff to meet the needs of people using the service.

Using medicines safely

- Medicines were managed safely. Appropriate arrangements were in place for the safe management of medicines. People received their medicines as prescribed.
- Staff received training and had their competencies assessed before being permitted to administer medicines

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with government guidance.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems and processes in place to identify shortfalls and drive improvement.
- Accidents and incidents were reviewed to identify any themes and make changes to practice where required. For example, the registered manager explained they were reviewing staffing levels at particular times where falls had increased.
- As required by their registration the registered manager had submitted the necessary notifications to CQC following significant events at the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a positive, open and person-centred culture. The atmosphere in the home was warm and friendly. Interactions between staff and people were positive and always demonstrated dignity and respect. People were encouraged to be involved in day to decisions about their care.
- Staff spoke positively about working at Brierton Lodge. Comments included, "We have a really good team here. Management are supportive. There have been some good changes and I like the direction the home is going in."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged people and worked effectively in partnership with others to achieve good outcomes for people. People and those important to them had opportunities to feedback their views about the home and the quality of service they received. Comments included, "Yes, I have had different kinds of questionnaires. They usually have a little chat with me when it is convenient if there is anything important to discuss."
- Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender. Comments included, "I totally support the LGBT community. A care plan would be written to support any needs someone had around this. We held a pride party in the service to raise awareness."
- The service worked in partnership with other health and social care professionals to meet people's needs. Records we viewed evidenced appropriate healthcare referrals and appointments.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and acted on the duty of candour.