

Brimington Care 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Brimington Care Centre is a residential care home providing accommodation and personal care in one adapted building for up to 45 adults, including some people living with dementia. At the time of our inspection there were 41 people using the service.

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

The provider's governance arrangements did not always wholly ensure the effectiveness of people's care and timely service improvement. Otherwise, the provider was able to demonstrate a range of regular service checks and resulting service improvements arising for people's care and safety.

We were mostly assured the provider was meeting with requirements and nationally recognised government guidance, concerned with the prevention and control of infection, including COVID-19. We signposted the provider to resources to develop their approach in relation to hygiene practices within the premises, which was somewhat assured.

Effective risk strategies were operated for people's care and related safety needs. Staff understood people's individual, risk assessed needs and supported people safely when they provided care. People's medicines were safely managed, and people received their medicines when they should.

People were supported by staff to maintain or improve their health and nutrition, and to have maximum choice and control of their lives. Staff supported them in the least restrictive way, in their best interests. However, people's care plans were not always accurately recorded, in line with nationally recognised practice, to fully ensure this.

Staff were trained and mostly well supported to deliver safe, effective care. Although their access to undertake relevant vocational qualifications was recognised but not assured as facilitated.

People received care from staff who knew them well and how to communicate with them in the way they understood. People's personal care, including at the end of their life, was planned and delivered in a way which helped to ensure their dignity, comfort, choice, independence and rights.

The provider was meeting the accessible information standard, to help people understand what to expect from their care. There were effective arrangements for handling and responding to any complaints or concerns received.

The registered manager and staff were motivated and understood their role and responsibilities for people's care. People, relatives and staff were highly confident in the management and running of the service and the arrangement for people's care and safety.

People, relatives and staff were regularly engaged and consulted to inform people's care, related service planning and improvement. Staff worked in partnership with relevant external professionals, authorities and other care providers, to help inform and enhance people's care experience in accordance with their needs and choices.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service under the previous provider was good. (Published 4 January 2019).

The provider for this service was registered with us on 22 September 2020 and this is the first inspection of the service.

#### Why we inspected

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brimington Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

### Is the service well-led?

Requires Improvement ●

The service was well-led.

Details are in our well-Led findings below

# Brimington Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of two inspectors 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.

#### Service and service type

Brimington Care Centre is a care home without nursing care. 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

This inspection was unannounced.

#### 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 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 any improvements they plan to make. We used all this information to plan our inspection. We used all this information to plan our inspection.

During the inspection

We spoke with six people living at the service and made general observations of staff interactions with people. We spoke with 10 relatives, one external health professional and a total of eight staff. This included two senior care staff members, three care staff, including the activities co-ordinator; a cook, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider

We reviewed a range of records relating to people's care and the management of the service. Examples included, six people's care plans, multiple medicines records, staffing records, care policies and management audits.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff were trained and knew how to recognise and respond to suspected or witnessed abuse.
- The provider's safeguarding policy and related procedure was provided for staff to follow.
- Local authority safeguarding information was also visibly displayed, to inform people and visitors how to stay safe and report any concerns of abuse.
- People told us they felt safe at the service and their relatives were confident of this.

Assessing risk, safety monitoring and management

- Systems were generally well established to assess, monitor and mitigate risks to people's health, safety and welfare.
- Risk to people's individual safety associated with their health condition, were assessed before they received care and regularly reviewed.
- Staff understood how to support people safely, to reduce the risk of avoidable harm. Such as supporting people to move, eat and drink or take their medicines safely. This information was recorded in people's care plans, which contained basic explanations of the control measures for staff to follow to keep people safe.
- Routine safety checks were regularly made of the environment and for the regular servicing and maintenance of any equipment used for people's care.
- Business and emergency contingency plans were in place, which staff understood to follow to ensure people's safety, in any event. Such as a fire alarm, loss of power supply or a person's sudden collapse.
- People and relatives felt staff supported people safely. A relative said, "I do feel [person] is safe; the carers are lovely, I have no concerns with any aspect of the care."

Staffing and recruitment

- The provider demonstrated safe staffing arrangements for people's care.
- Safe staff recruitment procedures were followed before any new staff began working at the service, to provide people's care. For example, obtaining necessary pre-employment references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers to make safer recruitment decisions.
- People, relatives and staff all felt staffing arrangements were sufficient for people's care and daily living arrangements. One person said, "Staff are always around, they are not long coming when I need them." A relative told us, "There seems to be plenty of staff, they always respond quickly to call bells."

### Using medicines safely

- There were safe arrangements for the management and administration of people's medicines at the service.
- Medicines were received, stored, administered and disposed of safely. People received their medicines when they should.
- Staff responsible for the handling and administration of people's medicines received related training and individual competency assessment, to ensure they were safe to do so.

### 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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We have also signposted the provider to resources to develop their approach.
- 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 had kept up to date with ongoing changes in government guidance for COVID-19, to ensure safe visiting arrangements at the service. This included effective communication with staff, people and their families to ensure people's safety at the service.

### Learning lessons when things go wrong

- There were effective arrangements in place for the ongoing monitoring and review of people's individual safety needs.
- Regular management monitoring and analysis of any individual health or safety incidents was routinely undertaken, to check for any trends or patterns. This information was used to help inform or improve people's care and prevent any further reoccurrence, when needed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant effective and consistent arrangements for people's care, treatment and support were not always fully demonstrated or ensured.

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

- People's needs and choices were assessed with them and relevant interested parties before they received care. Related care delivery was regularly reviewed to ensure people's needs and choices continued to be met.
- Staff we spoke with understood people's care needs, including any related instructions from external health professionals.
- We observed that staff supported people effectively when needed. Such as supporting people to regularly reposition their body, to prevent skin sores from prolonged body pressure.
- People and relatives were satisfied with the care provided. One person said, "The care is very good, I have no complaints at all." A relative told us, "Staff certainly understand [person's] care and health needs; the manager is on top of the care required."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The MCA was followed, to obtain people's consent and ensure their best interests or appropriate authorisation for their care.
- Staff understood when people's individual care needed to be provided in their best interests. This included where any formal restrictions were authorised for people's care.
- Following a delay, action was recently taken by the registered manager to request the renewal of one person's expired DoLS authorisation from the relevant authority. We have referred further to this under the Well Led domain of the report

Staff support: induction, training, skills and experience

- Overall, staff were trained and supported to provide people's care.
- Staff we spoke with felt they received the training and support they needed, which related record showed. One staff member told us, "Training and support is generally good." Another told us, "We have a great team mix; training and learning is generally ongoing."
- People and relatives, we spoke with were all confident in the skills and experience of the staff team.

Supporting people to live healthier lives, access to healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support;

- People were supported to maintain and improve their health and nutrition when needed.
- Staff understood people's individual health conditions, how they affected them and their related personal care needs.
- People were supported to access relevant external health professionals when they needed to. This included both routine and specialist health screening. For example, in relation to people's nutrition, mobility, equipment or medical health needs.
- We received many positive comments from people and relatives. Examples included. "Staff have a good understanding of [person's] needs; they are brilliant and there is always good communication re health needs." "Staff are very attentive to make sure [person] sees GP, chiropodist, optician and dentist when needed." "Food and drinks are plentiful." And, "The menus are varied and staff make sure people have the correct diet to suit."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with relevant authorities and external care providers to promote effective, timely care, in line with people's needs and choices.
- Standardised information sharing procedures were in place for people's care and treatment, if they needed to transfer to another care provider. Such as, in the event of a person's hospital admission, or their return to local community health service provision within their own home.
- A visiting health professional told us staff consulted with them and followed their instructions for people's care when needed.

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

- The environment was adapted to enable people's independence, choice, orientation, mobility and safety needs.
- Appropriate signage and information was visibly displayed, to help people's understanding and orientation.
- Grab rails were fitted in toilets and also corridor handrails enabled people to move around safely and independently.
- There was a range of communal lounge and dining spaces, including kitchenette type facilities for making drinks and snacks. There was a well-kept garden area, with level access, seating and planting.
- People were supported to personalise their own rooms as they wished. People and relatives were happy with the environment.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with respect by staff, who were kind and caring, to support people as individuals and ensure their rights and involvement in their care.
- Staff knew people well and understood what was important to them for their care, daily living arrangements, personal and family relationships People's related views and preferences were recorded in their care plans for staff to refer to when needed.
- We observed staff interacting with people in caring, kind, respectful matter. People and their families felt they mattered, and that staff listened and acted on their views when needed.
- The provider's stated aims for people's care and related staff training, helped to ensure people's equality and rights within the service.
- We received all positive feedback from people and their families. One person said, "All of the staff treat me properly, without exception, they know me well and take time with me." A relative told us, "Staff are very good; they use the right approach, and it shows; good interaction with all the residents, very respectful always."

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

- We saw staff routinely supported people's involvement and choice in relation to the care and daily living arrangements. For example, people's choice of clothing, food and where, when and how to spend their time. People's known care choices and daily living preferences were recorded in their care plans, to help inform staff.
- People could be supported to access independent or specialist advocacy services, if they needed someone to speak up on their behalf or in their best interests.
- Although some people and relatives we spoke with had not seen any written care plan; all were satisfied that people's care needs and daily living arrangements were regularly discussed and agreed with them. One relative said, "We have not specifically seen a care plan but have weekly meetings with the Manager on a Thursday afternoon, when we meet and discuss [person's] care."

Respecting and promoting people's privacy, dignity and independence

- We saw staff consistently ensured people's dignity, privacy and independence when they provided care. Examples included, making sure people's clothing was protected or properly adjusted for their dignity; making sure doors were closed before providing personal care and checking people were happy and comfortable, with drinks and any personal items to hand, before leaving them.

- We saw people were appropriately dressed and groomed in the style they chose.
- People and relatives were positive about the caring nature of staff. Some of their related comments included, "Staff are gentle, they understand hers and my needs and all the residents." " There is always a general feeling of care and kindness, dignity and respect here; staff always knock on the door and offer privacy." Staff are lovely, they encourage me to do the things I can for myself and help me when I need help."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

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

- Staff understood people's care needs, choices and preferences for their care and comfort.
- People's care plans were individualised and regularly reviewed with them or their representative, to help ensure their choice and control.
- Throughout the inspection we saw staff responded in a timely manner when people needed assistance and to check with people, before they provided care.
- The registered manager told us about one person living with dementia who could easily become distressed when they didn't understand what was happening. During the inspection, we observed staff quickly noticed when this was happening, by responding in a calm, helpful and timely manner, to alleviate the person's distress. We saw the person subsequently became more visibly relaxed and more settled.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers; get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the accessible information standard for people's care.
- Relevant service information was provided for people and their relatives. This could be provided in other formats if needed. Such as large print or pictures. This helped people and relatives to understand what they could expect for their care, how to raise any concerns or contact other authorities with an interest in their care, if they needed to.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in home life and with others who were important to them. Related arrangements were regularly reviewed to ensure they were in line with relevant COVID-19 contagion control measures and related government guidance. Such as for social distancing and visiting when needed.
- We saw staff supporting people to participate in activities and engage with others safely, as they chose. Discussions with people, relatives and staff along with related records we looked at, showed this was regularly ensured. Arrangements were in line with people's wishes and preferences and included regular opportunities for people to access the local community. Feedback from people and relatives included, "Activities are very good; there plenty going on, dancing, painting, baking, games, bingo, entertainers, yoga and chair-based exercise." And, "Horses came to visit out the back with a carriage, local children have sung

outside, there's always something happening."

- People and relatives we spoke with, all felt they were kept well informed and effectively supported, to maintain regular communication with each other. This included use of electronic communication and social media when needed.

Improving care quality in response to complaints or concerns

- There was an effective process for the management and handling of any complaints.
- Records of any complaints received were accurately maintained to show how they were investigated and responded to.
- People and relatives, we spoke with said they hadn't had any cause to make a complaint but felt confident this would be listened to and acted on, if they needed to.

End of life care and support

- Staff understood general end of life personal care principles for people's dignity, comfort and choice.
- At the time of the inspection, no person was receiving end stage end of life care. However, some people were living with an identified life limiting health condition. Anticipatory medicines were ready for individual use when needed. This helped to ensure the person's comfort in the event of them experiencing pain or distress and to avoid any unnecessary hospital admission.
- Individual care plans we looked at did not always show how people or their representative were consulted, to inform their end of life care. Such as, care and treatment options, advance decisions for the person's end of life care and treatment, their preferred place of death, who would be involved and care of their body after death. However, this had been recently identified by the registered manager and was being addressed.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant service management did not always fully ensure the delivery of effectively informed or consistent care.

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

- Governance arrangements were not always effective to identify and drive timely service improvements.
- Records showed a range of regular management checks were carried out for the quality and safety of people's care. However, we found gaps in relation to the prevention and control of infection and cleanliness, care plan record keeping and ensuring the Mental Capacity Act (MCA) was consistently being followed for people's care. Examples included, people's care plans were not always effectively maintained following external health professional instructions and to demonstrate best interest decision making in line with the MCA.
- Management audits and/or recorded provider checks of the service showed repeated service improvements needed, including some of those we found at this inspection. However, there was no overall plan, to show who would be responsible for the improvements or any identified timescales for achievement. For example, in relation to building repairs, staff support to access vocational qualifications and best interests care planning.
- Otherwise, staff understood their role and responsibilities for people's care. Related management and communication measures for staff performance, supervision and support helped to ensure this.
- We saw some recent areas of improvement for people's care. Examples, included food menus, local community access and additional care equipment provision.

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 provider had sent us written notifications about any important events when they happened at the service, to help us check people's safety there.
- Related records and feedback we received for this inspection, showed timely action was taken by management at the service following any incidents, to ensure people's safety.

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

- There was an open, welcoming and inclusive atmosphere at the service where people, relatives and staff were regularly involved and engaged, to help inform and ensure effective arrangements for people's care.
- All of the staff we spoke with and observed interacting with people. were motivated to provide people's care in an individualised way, in accordance with their known wishes and preferences.

- A range of methods were used to involve and consult with people, their representatives and staff to help inform service planning and improvement. This included periodic care surveys, with the results and outcomes of a recent care survey pending.
- All people and relatives we spoke with at this inspection were satisfied with the management and running of the service and said they would recommend it to family and friends. A nationally recognised care homes review website we looked at, also reflected favourable feedback from relatives about the service.

#### Working in partnership with others

- The provider worked with relevant agencies, including external health and social care partners, when needed for people's care.
- The helped to ensure that people received care that was appropriately informed and agreed.
- Local care commissioners and a visiting professional told us the service worked in consultation and promoted effective relationships with them.