

Mercer Care Ltd

Bramhall

Inspection report

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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

Bramhall is a residential care home providing personal care to up to 38 people. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 29 people using the service.

People's experience of the service and what we found:

There were enough staff at the home to keep people safe and to meet their needs in a timely manner. Risks to people had been identified and care and equipment were provided to keep people safe. Medicines were safely managed and administered to people in line with their prescription. The home was clean and staff worked in line with guidance to minimise the risk of infection.

Staff had received training in how to keep people safe from abuse and the registered manager worked with the local safeguarding agency to keep people safe. They registered manager was open and honest with people when incidents occurred and took action to reduce the likelihood of similar incidents occurring in the future.

The registered manager had systems in place to monitor the quality and safety of care provided. This included gathering the views of people using the service. Additionally, the registered manager kept up to date with changes in best practice and legislation to ensure people received the safest care possible.

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.

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 (15 March 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Bramhall on our website at 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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Bramhall

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 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bramhall name 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. Bramhall is a care home without 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

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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.

During the inspection

We spoke with 5 people who lived at the home, 3 relatives and 2 visitors to gather their views on the care they received. We spoke with the registered manager and the provider, 2 care workers and a housekeeper. We spent time observing care. We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm.

- People and their relatives told us they felt safe. One relative said, "To be honest, [Name] is so much safer here and the whole family now have peace of mind." Staff had received training in how to recognise and report abuse and were confident to do so. The registered manager worked collaboratively with the local safeguarding agency to keep people safe.

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.

- Where people needed equipment this was in place. One person told us, "I am looked after very well with special mattresses and cushions." Risks to people were identified in their care plan and they contained detailed instructions for staff on how to keep people safe. Plans were also in place to keep people safe in an emergency. For example, people's needs to support a safe evacuation were assessed.

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff.

The provider operated safe recruitment processes.

- People told us there were enough staff to meet their needs and call bells were answered within a minute. They said even at night, staff were readily available and not one person we spoke with had needed to wait for support. The provider completed all checks necessary to ensure the staff employed were safe to work with people using the service.

Using medicines safely

People were supported to receive their medicines safely.

- One person told us, "I know my medicines and the dosages, and I check they give me the right amount, just in case." There had never been an issue with this person's medicines. Systems were in place to ensure medicines were ordered in a timely fashion and stored safely so they were available when people needed. Staff had received training in how to safely administer medicines.

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices.

- People told us the home was clean and tidy. A person said, "The home is spotless and smells wonderful all the time, not sure what they use but it works." Staff had received training in keeping people safe from the risk of infection. They used protective equipment such as gloves and aprons appropriately.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong.

- When incidents happened, action was taken immediately to review people's care to see if any changes were needed to keep people safe. Incidents were then reviewed monthly to see if there were any trends which indicated areas for improvement. For example, falls and pressure areas were reviewed monthly and equipment was put in place to keep people safe.

Is consent to care and treatment always sought in line with legislation 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act.

- People's ability to make choices about their lives were assessed. Where needed the registered manager had submitted DoLS applications. Where people lacked the ability to make decisions for themselves, family, healthcare professionals and staff were involved in making decisions in their best interest.

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. At this inspection the rating 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.

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

There was a positive and open culture at the service.

The provider had systems to provide person-centred care that achieved good outcomes for people.

- People told us the registered manager and staff were open to any concerns they had. A person said, "Any problems and we chat to the [registered] manager who is caring, friendly and efficient." People's needs were identified, and action taken to provide the care each individual needed. A relative told us, "My mother has only been here a while, but the manager and staff are keen to get mum all the things she needs like hearing aids that do not 'screech' all the time."

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 understood their responsibilities under the duty of candour.

- The registered manager understood the importance of keeping people and their relatives informed about accidents and incidents in the home. They gave people a full account of the concern and identified any areas where care could have been improved. This meant people and their relatives could trust the information provided to them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.

- The registered manager has systems in place to monitor and improve the quality of care provided. Audits covered areas including staff training, health and safety, infection control and care plans. Records showed where shortfalls had been identified action was taken to improve the quality of care provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.

- People were happy they could voice their thoughts on the care they received and were listened to. A person told us, "The [registered] manager pops in daily so I can always have a chat and tell her anything that bothers me."

Surveys had also been completed to gather the views of people who used the service. The provider had used the surveys to identify areas where people thought they could make improvements.

Continuous learning and improving care; Working in partnership with others

The provider had created a learning culture at the service which improved the care people received.

The provider worked in partnership with others.

- The registered manager ensured lessons learnt from accidents and incidents, complaints and safeguarding were shared with the whole staff team so that everyone knew what went wrong. This decreased the risk of similar incidents reoccurring. The staff worked with other health and social care professionals to ensure people's needs were met. For example, they worked with the Marie Currie nurses to ensure people were supported to be pain free at the end of their life.