

Dennis Moore - Care Ltd







Dennis Moore Care Ltd

Inspection report

Brideoake Care Home
Widdows Street
Leigh Lancashire
WN7 2AE
Tel: 01942 601770

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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?	Good 
Is the service well-led?	Requires improvement 

Overall summary

We carried out an unannounced inspection of Dennis Moore Care Ltd, also known as Brideoake Care Home on 11 and 13 March 2015. We last inspected Brideoake Care Home on 13 August when we found the home to be meeting the standards in all areas inspected.

Brideoake Care Home provides care and support to older people, including people living with dementia. The home accommodates up to 20 people and has 17 rooms, three of which are double rooms. The bedrooms are located on

two floors and there are two lounges and a dining room downstairs. The home is situated in a residential area of Leigh within walking distance of the local shops and amenities.

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

Summary of findings

People told us they felt safe living at Brideoake Care Home. We saw that regular checks and maintenance were carried out on the equipment and environment to help ensure it was safe for people living there. However, the service was not able to evidence that they had requested references from previous care employers as is required and to ensure only suitable staff were employed. We have made a recommendation in relation to recruitment procedures.

Medicines were given safely, however some improvements were required to ensure all medicines given were recorded on the administration record (MAR). The service identified how it may do this at the time of the inspection.

People told us they enjoyed the food on offer and we saw the service took account of people's dietary needs and preferences. We saw the service had produced a personal menu for one individual with particular preferences.

The service kept a record of people's weights in order to monitor their health. There had been a period of four weeks where weights had not been recorded due to the scales having been broken. We did not see evidence that this had resulted in any harm and the service had taken some steps to ensure people's health was monitored during this time.

People told us the staff were kind and caring, and we observed positive interactions between staff and people

living at Brideoake Care Home. Staff were patient and communicated effectively with people, including people with limited verbal communication. We saw adaptations had been made to the environment to make it dementia friendly, such as colour themed corridors and pictorial signs to identify bathrooms and other rooms around the home.

There was an activity-coordinator employed at the home who arranged various activities. On the day of our inspection we saw a cake making session and an afternoon tea. People told us they had enough to do, and we saw that people who wanted to help with day to day tasks such as setting the table were encouraged to do so. This would help people retain independence as well as providing occupation.

Staff and visitors to the home, we spoke with, all thought the home was well led. They said the registered manager and director were approachable and that they had confidence that any issues they raised would be dealt with.

We found the registered manager had not been submitting notifications of safeguarding incidents to the CQC as is a requirement. This had been as they had misunderstood when they were required to make such notifications.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

The service could not provide evidence that it had sought references from previous care employers of one staff member. Services are required to make reasonable efforts to do this to ensure staff are suitable to work with vulnerable adults.

There were sufficient staff on duty to meet the needs of people living at Brideoak Care Home. We saw staffing levels were changed to ensure extra support could be provided when required.

Medicines were administered safely, however, there were some missing signatures on medication administration records. This would increase the risk of medicines being administered when they were not required.

Requires improvement



Is the service effective?

The service was effective.

There were some gaps in the monitoring of people's weights due to the scales being out of service. However, the service had taken steps to monitor people's health and there was not evidence of any harm having occurred.

People told us they enjoyed the food on offer. We saw that the service had recorded people's food preferences and had produced personalised menus for some people.

Adaptations had been made to the environment to make it more accessible to people living with dementia. These including colour themed corridors, contrasting handrails and pictorial signs on doors.

Good



Is the service caring?

The service was caring.

Staff and people visiting on the day of our inspection told us the staff were kind and caring. We observed positive and respectful interactions between staff and people living at Brideoake.

Staff communicated effectively and patiently with people. We saw effective communication strategies were in place for people with limited verbal communication.

People were supported to retain independence in the home. We saw people who were interested being encouraged to help with day to day tasks such as setting the table.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

Care plans were person centred. Family members told us they had been involved in the development and review of care plans.

There was an activities co-ordinator and there was a range of activities on offer. This included providing people with one to one time in the community. The service had recently purchased a car to assist in supporting people in the community.

The complaints policy was clearly displayed and was in accessible format. People living at Brideoake and their family members told us they would feel confident to raise any complaint they may have.

Is the service well-led?

Not all aspects of the service were well led.

The registered manager had not notified the CQC of all safeguarding incidents as required. This was due to a misunderstanding of the requirements.

The director and registered manager carried out audits of service provision. However, records of some of these audits were not readily available as they had been archived. This would make it difficult to ensure identified actions were followed up.

Staff felt well supported in their roles. They told us any concerns or ideas were taken seriously and acted upon.

Requires improvement



Dennis Moore Care Ltd

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.

The inspection was unannounced and took place on 11 March 2015 and 13 March 2015.

On the first day of the inspection, the team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has experience of or caring for someone who uses this type of care service. On the second day of the inspection, the team consisted of a single adult social care inspector.

Before the inspection we reviewed information we held about the service. This included notifications the service is required to send us about alleged abuse and other serious incidents. We contacted the Wigan Council quality assurance and safeguarding teams and Wigan Healthwatch for feedback and information about the service.

We reviewed the provider information return (PIR) sent to us by the service. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eleven people living at Brideoake Care home and five relatives visiting the service at the time we were there. We spoke with eight staff including the registered manager, director, cook, activity co-ordinator and four care staff. We also spoke with one professional who was visiting the home.

Not all people living at Brideoake Care Home were able to tell us about their experiences of living there. For this reason we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care and support to help us understand the experience of people who could not talk with us.

We reviewed records relating to people's care including four care files, five medication administration records (MARs) and minutes from meetings. We also reviewed three staff personnel files and other records relating to the running of a care home such as maintenance and service records, risk assessments and audits.

Is the service safe?

Our findings

All the people living at Brideoake Care Home we spoke with told us they felt safe. Visitors we spoke with also felt their family members were safe. One relative told us; "I'm totally happy. I can go to work knowing [my relative] is safe". We saw there were pictorial notices up to inform people living at Brideoake that they could ask for a safe for their room if they wanted. Staff told us several people had chosen to have these to keep their valuables in.

We looked at staff personnel files to check that procedures were in place to ensure only suitable and appropriately qualified staff had been recruited. We saw that staff had completed application forms and had attended an interview before an offer of employment was made. Disclosure and Barring Service (DBS) checks had also been completed. DBS checks involve checking police records and the DBS's own records to see if any safeguarding concerns relating to individuals have been notified to them. This would highlight if staff had any previous convictions or were barred from working with vulnerable adults.

One of the application forms we looked at for a current employee indicated they had previously worked in social care for two former employees. Where people have previously worked with vulnerable adults or children it is required that reasonable attempts are made to determine the reason for their employment ending and to obtain evidence of their previous conduct. There was no reference or such evidence from either of these former employees. The registered manager told us they had sought, but been unable to obtain references from these previous employees. However, there was no documented evidence of attempts having been made to obtain these references. We reviewed the recruitment policy and saw that whilst it said suitable references should be obtained, no specific mention was noted in relation to the requirement to obtain sufficient evidence of employees conduct in previous health or social care employment.

We recommend that the provider reviews their recruitment policies and procedures to ensure they meet the current legal requirements.

There were sufficient staff on duty on the day of our inspection to meet people's needs. We saw when people requested assistance that it was provided promptly. Staff told us they thought there were enough staff, but told us

there were times when they could be particularly busy such as in the afternoons. Neither staff member who told us this felt this had an impact on the care provided to people living at the home. We confirmed staffing levels by looking at the rotas and saw that additional staff were put on the rota at times when additional support may be required. This showed the service was working flexibly to meet the needs of people living there.

We spoke with the registered manager and deputy manager about the safeguarding procedure in the service. They were able to tell us how they would raise any safeguarding concerns with the local authority. Staff were aware of potential signs of abuse such as physical marks or changes in behaviour. They said they would report any concerns to a manager and were confident that any concerns would be acted upon. Two staff were not aware how they could raise a safeguarding concern outside the management structure in the home, however they told us they could look in the policy available to staff where they would be able to find out.

We observed the mid-day medicine round and saw that medicines were administered to one person at a time following safe procedures. One person told us "The staff are pretty good here. [Staff member] sees to my medicines brilliantly. I would forget if it was left to me". During the medicine round the member of staff responsible for administering medicines noticed a medicine had not been signed for on the medication administration record (MAR). They confirmed the medicine was not in the blister pack suggesting it had been administered and said they would highlight the error on the back of the MAR sheet.

We noticed two additional missing signatures from two different MAR sheets. We asked for this to be followed up and were later told the medicines had been given but the signatures had been missed. The registered manager and deputy told us they had previously highlighted administration times on the MAR sheet and that staff had told them changing from this system had resulted in occasions when they had not signed to indicate medicine had been administered. The registered manager said they would re-introduce this system. We spoke with staff about the procedure they would follow if they noticed a medication error. They told us they would inform a manager; note this in the medicine book and follow-up with a doctor or pharmacist if required.

Is the service safe?

We were told a pharmacist from the local GP had recently been to review everyone's medicines and this had resulted in a lot of people's medicines being changed. We saw the service was in the process of putting in place new 'when required' (PRN) protocols, cream charts and medicine risk assessments as a result of these changes. PRN protocols document what a PRN medicine is for and when it should be given. Cream charts show staff on a body map where cream medicines should be applied. These documents would help ensure people received their medicines when they required them.

Brideoake appeared clean and tidy on the day of the inspection. Cleaning schedules we saw confirmed that

cleaning took place regularly. One person commented; "My room is nice and clean". We saw that personal protective equipment (PPE) such as gloves and aprons was available and used by staff, for example when serving meals. Staff also told us they carried anti-bacterial hand gel and would use this regularly. This would help reduce the risk of the spread of infection in the home.

We saw documents that showed regular checks of equipment and the environment were carried out to ensure they were safe. This included checks of the fire alarm system, water temperature tests and checks of hoists and slings. We saw labels on the hoists that showed they had been recently serviced by an external contractor.

Is the service effective?

Our findings

Staff told us people's weights were monitored either weekly or monthly dependent on the level of risk identified by a nutritional risk assessment or by other health professionals. Weights and support plans in relation to eating and drinking and nutrition were also shared with the kitchen staff to ensure people received the nutritional support they required. Staff told us care plans and risk assessments were reviewed daily. However, it was not always clear when the last review had taken place as some documents, including nutritional risk assessments stated 'review daily' on them, but there were no dates recorded to show this had happened.

We saw where people had lost weight the GP had been contacted to make a referral to a specialist such as a dietician. However, we saw there were some gaps in weight records, including a four week gap in December 2014 where weights had not been recorded for any of the people whose records we reviewed. The registered manager told us the seated weighing scales had broken during this period and that the wrong part had been ordered by the contractor resulting in a delay in the scales being fixed. They told us they had attempted to use stand on weighing scales, but that these had been unsuitable for most people. We were also told people's health was monitored through the use of food diaries at this time. We did not see any evidence of harm having occurred due to this lapse in monitoring.

People told us they enjoyed the food on offer, and we saw people were offered food and drink throughout the day. We saw a record of preferences and dietary needs were kept that would enable the kitchen staff to prepare meals that met the nutritional needs of people living at Brideoake. We saw an example of a personalised menu plan that had been created with someone who had recently moved into Brideoake that was developed around their individual preferences.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We saw that people's capacity had been assessed and that the service was making DoLS applications to the local authority where it had been

identified that a person lacked capacity and restrictive practice was required to ensure they received the care they required. The staff we spoke with understood the principles of the MCA and DoLS. However, not all staff were aware which people they supported had an authorised DoLS application. This meant they may not be able to make informed decisions about the care and support they were able to provide.

We saw there were some gaps in staff training in topics including safeguarding, MCA/DoLS, challenging behaviour awareness and infection control. We were told the service had started to provide booklet based training as they had had difficulties arranging training with the local authority. All the people we spoke with and their visitors told us they thought the staff were skilled and effective in carrying out their roles. Staff also told us they felt they had received adequate training and support to be competent in their roles.

The registered manager told us staff supervision would be held every three to six months dependent on the staff members' preference, but that additional supervisions would be held should a need be identified. We confirmed this by looking at records of supervision. Staff we spoke with told us they received supervision, but that if they wanted any support they could just go straight to the registered manager or director at any time.

We saw adaptations had been made to the environment that would help people living with dementia to retain independence in their home. The adaptations included pictorial signs on doors, colour themed corridors and contrasting coloured hand-rails. The registered manager spoke about a dementia conference they had attended, from which they intended to make further improvements to the environment for people living with dementia in the home.

We were told all people were given the opportunity to decorate and personalise their room as they wished when they moved in. One relative we spoke with said their family member had recently been out with the registered manager to choose the decoration for their room. The registered manager also told us how they had adapted the decoration in one person's room to create an environment that was familiar to them. This had helped the person to settle into their new home. This showed the service was taking steps to create an environment that met the needs of individuals living there.

Is the service caring?

Our findings

People we spoke with told us the staff were kind and caring. Comments we received included; "I think the staff are very caring and I have no worries" and "I really like the staff here. I am looked after very well, definitely". Visiting relatives we spoke with also felt staff were caring and told us staff were approachable. We observed interactions between staff and people living at Brideoake care home to be friendly and respectful.

People told us staff respected their privacy, for example by knocking on the door and waiting to be welcomed in before entering. Staff told us they would help maintain privacy and dignity by making sure people received personal care in a private environment and making sure people were covered whenever possible. Staff also said they would encourage and support people to be as independent as possible in personal care tasks. We noted from information provided by the service prior to the inspection that the service had dignity champions whose role it was to promote good practice in this area. Staff told us the dignity champions had attended a training course and provided feedback to staff in team meetings. The registered manager said this had had a positive impact within the home.

We saw that staff communicated effectively with people, including people with limited verbal communication. Staff told us they would support people with limited verbal communication or those living with dementia to make choices by presenting options in the form of pictures or actual choices. We saw different food choices being presented to people visually at the mid-day meal.

The registered manager told us they had used a pictorial diary to support someone with their routine in the past.

We saw one person that had limited verbal communication had a 'communication dictionary' in place in their care file. This detailed the different behaviours and gestures this person made and what they meant in terms of their communication. This would help staff interact with this person and understand their needs more effectively. We

spoke with one staff member about this person and they were able to explain what the different gestures and behaviours meant as detailed in the communication dictionary. The relative of another person said "Staff are very patient and effective at communicating with [the person]".

We saw people were supported to maintain independence around the home. For example we observed a number of people who had expressed an interest, helping with day to day tasks such as setting the table and folding serviettes. We also saw the service had carried out a risk assessment in relation to supporting one person to make their own hot drinks. This showed the service was supporting people to be independent, whilst appropriately managing any risks this presented.

The registered manager told us more formal reviews with people and their families where appropriate, took place on a three to six monthly basis. We saw recorded agreements in peoples' care files that indicated how often they wanted these more formal reviews to be held, and who should be involved in them. Visitors we spoke with confirmed they had been involved in reviews, and the relative of a person who had recently moved in said they had been involved in developing their family member's care plan.

We saw a sign advising people living at Brideoake that facilities including the internet and video calling were available on request. The registered manager told us they had set up the video calling facility to enable a person to stay in touch with relatives living abroad. This showed the service had considered ways to support people to maintain social relationships with people important to them.

Staff told us they had developed good relationships with people's families, and all the visitors we spoke with on the day of the inspection spoke positively about the staff and the service. Staff told us they had time to spend sitting and talking with people. One staff member said they would complete certain paperwork tasks whilst sat with people to enable them to spend extra time interacting. Both relatives and a visiting professional we spoke with said that staff appeared attentive to peoples' needs.

Is the service responsive?

Our findings

We reviewed peoples' care plans and saw they were person centred and had been completed in detail that would allow staff to support people in line with their needs and preferences. From discussions with staff, it was clear they were aware of people's current support needs and they told us any changes in people's needs were communicated in staff handovers.

We asked staff how they provided people with person centred care and support. Staff told us everyone was treated as an individual, they followed people's care plans and that they worked around peoples' individual preferences. Staff said that whilst there were set mealtimes, if someone wanted to eat outside these times that would be fine. We saw people had person centred profiles in place in their care files that included information about likes, dislikes and their social history. Staff demonstrated that they knew the people they were supporting well and were able to talk to us in depth about people's preferences, hobbies and social histories.

People we spoke with told us they did not have any complaints, but would feel confident to raise any concerns they may have with staff. We saw the complaints procedure was clearly displayed in several areas around the home and was also displayed in pictorial form. This would help enable people, including people who were not able to read, to make a complaint if needed. We found there were not any open complaints at the time of our visit.

The registered manager told us meetings were held for people living at Brideoake Care Home, and that a discussion was often held when people got together to have cream teas on a monthly basis. We saw minutes from the last meeting, which was two weeks prior to our visit. We were not able to view minutes from previous meetings as we were told these had been archived. The minutes showed there was input and feedback from the people

attending them. The registered manager showed us a board with samples of wallpaper on it that had been used to help people make a decision on how they wanted to re-decorate the hair salon.

The registered manager told us satisfaction surveys were sent out to people living at Brideoake Care Home, external agencies and professionals and relatives on an annual basis. We were told surveys had just been sent out, and the service was awaiting returns. Visitors we spoke with confirmed they had recently received surveys. We saw a simple, high level summary of scores provided from the survey held the previous year, which were positive about the service provided.

The service had an activity co-ordinator and we saw a time-table of activities was displayed for the week. This included bingo; fitness; painting; singing and a pamper day. On the day of our visit we saw a small group of people making scones, and in the afternoon we saw people getting together to have cream teas. Staff told us people were offered one to one time, and they felt this was important to allow a bit of "me time". We were also told the service had recently got a car, and this would allow more flexibility to support people in the community.

People we spoke with told us they had enough to do. One person we spoke with said "I am mostly in the lounge and there are some activities laid on if you are interested". A relative we spoke with said "Yes, there's enough to do. [My relative] enjoys the singing and music... they are becoming more and more willing to get involved in things".

Staff had a positive attitude towards activities. We saw people's involvement and enjoyment of activities was recorded to help plan future activities. The activity co-ordinator said feedback and ideas for activities were also discussed during residents meetings. One member of staff said they realised the positive impact activities could have and said "Dancing for two minutes with someone can be very meaningful". Staff told us they would also look at people's life histories to help find things people were interested in.

Is the service well-led?

Our findings

There was a registered manager in place. 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 registered manager had been in position for just over one year at the time of our visit. We received information from the safeguarding team before our visit about the number of safeguarding alerts raised by the service. We found the registered manager had not notified CQC of incidences of alleged abuse as is a legal requirement. The registered manager said they had been unaware of this requirement and believed notifications were only required if the local safeguarding authority had accepted the referral. They said they would review the guidance on what notifications they were required to submit.

We saw audits were carried out in areas including care plans, medicines, maintenance and activities. We were told that audits of medicines were carried out monthly, maintenance quarterly and other areas twice per year. We found the last medication audit in the file was completed four months prior to our visit. The last care plan audit on file had been completed within the last six months, however, the previous audit on record was from around one and a half years previously.

The director said they had responsibility for most of the audits, and that some copies were not on file as they had been archived. Following the inspection the service sent us copies of the outstanding audits. However, improvements were needed to ensure audits were completed consistently and held at the service for a reasonable time to allow the registered manager and other staff to easily review and follow up actions.

We saw copies of accident reports that had been completed. The service kept a summary breakdown of the type and frequency of accidents each month that would help them to identify any trends or actions that may be needed.

On the day of the inspection we saw the registered manager and director were both actively involved in providing support to people and meeting with people and their families.

Staff members told us they thought all the staff worked well together as a team, and they said there was a friendly and homely environment at Brideoake. One staff member said; "I do like working here and we tend to get on very well. You will have seen that, at lunchtime for example, every one pulls together".

All the staff we spoke with told us they thought the home was well led and that the management were approachable and supportive. The registered manager told us they had an open door policy and staff said if they had any issues they would approach the registered manager or director straight away rather than waiting for supervision or a meeting. One staff member said "I am happy to work with them [the registered manager and director] here. In my opinion it is well run and I feel motivated to do well". We viewed the results of the staff survey, which was also positive about the service.

Staff told us team meetings were held every three to four months, and that there was one coming up in the next few weeks. Staff told us they could make suggestions, and that they felt their ideas would be listened to. One staff member told us it had been their idea to get a car for the staff to use to support people in the community more often and that this idea had been acted on by the registered manager and director.

Visitors we spoke with also felt the service was well led and said the registered manager was always available for discussions if needed. One person said; "I am impressed by the way they run this home and by the care they provide. I have no doubt that it is very much down to them the way [my relative] keeps bouncing back from setbacks".