

# MDS Healthcare (Care Homes) Limited

# Brandreth Lodge Nursing Home

## Inspection report

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26 July 2023  
27 July 2023

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Brandreth Lodge is a residential care home providing personal care to up to 24 people. The service provides support to older people. At the time of our inspection there were 16 people using the service. The home is set over 2 floors and had good sized communal areas and gardens for people to use.

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

Risks to people's health and safety were not always adequately assessed and mitigated, and changes were required to improve the safe management of medicines.

Improvements were required to the overall governance and risk management of the service; training and staff supervisions were overdue.

People were kept safe from the risk of abuse and the risk of mistakes being repeated was minimised. There were enough staff to care for people and the home was kept clean.

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.

We found a positive culture and the service had a 'homely' atmosphere. Staff enjoyed their jobs and said they had good support from the management.

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 was requires improvement (published 14 September 2021) and there was a breach of regulation in relation to assessing, managing and monitoring risk. At this inspection we found the provider remained in breach of regulations.

### 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.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

#### Enforcement

We have identified breaches in relation to assessing risk, managing medicines, and governance of the service.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Brandreth Lodge Nursing 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

The inspection was undertaken by 1 inspector.

#### Service and service type

Brandreth Lodge 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. Brandreth Lodge 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.

There was a registered manager in post, however at the time of the inspection they were on holiday. We

spoke with the deputy manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 26 July 2023 and ended on 27 July 2023.

#### 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 and 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.

#### During the inspection

We spoke with 5 people that used the service and 2 relatives. We spoke with 10 members of staff including the deputy manager, care staff, domestic staff and kitchen staff.

We looked at a range of documents including 4 people's risk assessments and care plans, and their medicine records. We looked at policies and procedures, audits and health and safety certificates. We looked at 3 staff recruitment files, rotas and training records.



# 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 requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were not always assessed, monitored, and managed effectively.
- Guidance in people's care plans was not always up to date. For example, 2 people had recently switched to a pureed diet, however their risk assessment and care plan did not reflect this.
- Some people had bed rails however the risk assessments had not been reviewed for some time, and risk assessments for other care needs were only reviewed every few months. This meant we could not be sure risks were assessed and mitigated effectively.
- Electrical testing was significantly overdue, so we were not assured about the safety of electrical equipment.
- Environmental risks were not always assessed and responded to. The service did not have an effective maintenance management system and had been without a maintenance manager for several months. We observed a broken window restrictor in the first-floor corridor and a broken windowpane in a communal area. We observed loose carpet outside a person's bedroom which had been noted at the previous inspection and not resolved.
- The fire service carried out an inspection in 2021 and identified some actions required, although most tasks had been actioned, there were still 2 outstanding. We saw evidence the fire service was due to visit again within weeks of the inspection.

Although we found no evidence of harm, systems had not been established to assess risks to the health and safety of people using the service. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They confirmed risk assessments would be reviewed, fire safety actions taken, electrical testing arranged and repairs made to the environment.

- Health and safety checks regarding gas safety and water safety had been made and were in date.

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.

#### Using medicines safely

- People were not always supported to take their medicines safely.
- We found a cupboard storing drink thickener was left with the key in the lock. This meant the cupboard was not secure and guidance states drink thickener should be stored securely. Thickener is added to drinks of people who may be at risk of choking.
- We found that some medicines had expired meaning we could not be sure medicine would be effective.
- Medicines training for staff was overdue and we did not see any evidence that staff competencies regarding administering medicines had been checked.
- Prescribed creams were not being stored securely.
- Some people had medicines prescribed 'as and when required', however we could not see guidance for staff for all of these medicines.

Although we found no evidence of harm, systems had not been established to ensure the safe management of medicines. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider confirmed that actions had been taken to address including changing which staff had access to keys and arranging further training.

#### Staffing and recruitment

- People were supported by enough staff and staff were recruited safely.
- Although rotas showed there were enough staff to meet people's needs, people and staff commented that there was a high turnover of staff and recruitment was difficult. At times the provider used agency staff and they were able to use consistent staff who knew the needs of people. One person said, "The staff here know me well."
- Recruitment files showed that necessary checks had been made including references and Disclosure and Barring Service checks.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There was a safeguarding policy and staff could describe what they would do if they had concerns.
- A relative said, "I think the staff care for people well, they are kept safe."

#### Preventing and controlling infection

- People were protected from the risk of the spread of infection.
- 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.
- The provider supported visiting in line with guidance.



Learning lessons when things go wrong

- People were protected from the risk of mistakes being repeated.
- There was an incident recording process and staff recorded incidents which were monitored by the registered manager.

# 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 requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service and had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Environmental risks were not being managed and the provider failed to provide a temporary solution to the lack of a maintenance manager. This meant risks were not being assessed or mitigated.
- People's care plans were not always updated to reflect their needs meaning staff did not have access to up to date information and guidance about how to meet people's needs.
- Extra pressure on the deputy manager meant that some required tasks were behind, for example fire drills and training for staff. Several training requirements were overdue including medicines training. Not all staff received regular supervision.
- Although there were policies in place, some had not been reviewed recently, for example the safeguarding policy was last reviewed in November 2021.
- Although we could see a schedule of audits to assess quality, similar themes were identified at each audit and were not being addressed.

Systems had not been established to assess, monitor and improve the quality and safety of services, or to assess, monitor and mitigate risks relating to the health, safety and welfare of people who used the service. This placed people at risk of harm. This was a continued breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection and confirmed risk assessments and care plans would be reviewed, and that all policies would be reviewed and updated. The provider confirmed action would be taken to make sure training, staff supervisions and audits are up to date.

- The provider made statutory notifications to the relevant bodies which is their legal responsibility to do so.

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

- People were supported by staff who told us they enjoyed their jobs and we observed positive interactions between staff and people.
- One member of staff said, "I love working here and the managers are very supportive."

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

- Staff had limited opportunities to give feedback as team meetings and staff supervision were behind schedule.
- People told us they would not know how to raise concerns however said they had not completed surveys or attended residents' meetings recently.

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 responsibility regarding the duty of candour and relatives told us they kept them informed about any issues or concerns.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff were involved in local forums, including the local authority forum to share guidance and best practice. External agencies offered training and support regularly.
- Staff worked in partnership with agencies including local health teams, pharmacy and district nurses.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems had not been established to assess risks to the health and safety of people using the service.</p> <p>Systems had not been established to manage medicines safely.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been established to assess, monitor and improve the quality and safety of the service, or to assess, monitor and mitigate risks relating to the health, safety and welfare of people using the service.</p>