

# Brighter Bloom Healthcare Group Ltd

# Hilbre Manor EMI

# Residential Care Home

## 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?	Good ●

# Summary of findings

## Overall summary

### About the service

Hilbre Manor is a residential care home providing accommodation and personal care for up to 15 people in one adapted building over four floors with lift access to each floor. At the time of our inspection 13 people were living at the home.

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

People told us that they felt safe and comfortable at the home; we saw that they were relaxed in the company of staff members. One person told us, "I get on with everyone here." Another person said, "There is always something to do." A third person told us, "We have quite a bit of fun."

People told us that they were encouraged to make decisions and were listened to. They were supported to express their views and make as many decisions as possible about their care, support and day to day lifestyle. One person told us, "We are listened to." Another person said, "If you want it, name it and you get it."

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.

People told us that the staff members treat them kindly. One person said, "They make you feel good; even during the hard times." Staff took the time to consider people's experience and ensure that they took the steps needed to make sure people were content and had what they needed. One staff member told us, "We talk to people all day, have a few minutes natter, the people are lovely."

People's family members gave very positive feedback regarding how people were treated at Hilbre Manor. One family member told us, "You can tell that they love her." Another person's relative said, "I like the atmosphere at the home." A third family member told us, "[Name] is absolutely thriving... There are activities every day, they make sure people are stimulated. My mum is over the moon."

Steps were taken by the provider to ensure people received the care and support they needed to be safe and to protect people from the risk of abuse. People's medication was administered safely, and the provider had plans in place and had taken appropriate steps to help prevent the spread of COVID-19.

The home was clean, there was a dedicated housekeeping team who were well equipped for their role and kept records of the tasks they had completed. The environment of the home was designed to meet people's needs safely and to promote their independence and wellbeing.

Staff members told us that they felt supported to be effective in their roles by the provider. They described the registered manager and other senior staff as approachable, open and responsive; they told us that they

helped them to be effective in their roles supporting and enabling people.

The provider had oversight of the safety and quality of the service being provided and had a clear understanding of the management of risk at the home. The home had a very positive culture that promoted people's choice, independence and wellbeing. People praised the atmosphere at the home and the approach from the registered manager and staff members.

We made a recommendation regarding fire escape routes.

There was a culture of learning and continuous improvement at the service.

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 inadequate (published 1 May 2021) and there were breaches of regulation. Since then the provider for this location has changed. At this inspection we found improvements had been made and the provider was not in breach of regulations.

At our last inspection we made recommendations regarding infection prevention and control practices and staffing levels and the deployment of staff in supporting roles at the service. At this inspection we found the new provider had acted on our recommendations and had made improvements.

This service has been in Special Measures since 1 May 2021. During this inspection the new provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

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

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

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Hilbre Manor EMI Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

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

#### Inspection team

This inspection was completed by two inspectors.

#### Service and service type

Hilbre Manor EMI Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hilbre Manor EMI Residential Care Home 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 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

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

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 all this information to plan our inspection.

#### During the inspection

During our inspection we spoke with eight people who lived at the home about their experience of the care and support provided. We also spoke with four family members of people living at Hilbre Manor.

We spoke with seven staff members including the registered manager; and we looked at a range of people's medication records, care plans and risk assessments. We also looked at records relating to the governance of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the previous provider has failed to ensure that appropriate steps had been taken to mitigate the risks in relation to COVID-19. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the management of the risks arising from COVID-19 had improved.

- The provider had plans in place and had taken appropriate steps to help prevent the spread of COVID-19. This included keeping up to date records on testing for COVID-19.
- Each person had a documented assessment of the risks present when providing their care and support. These assessments were detailed and fed into people's care plans to ensure these risks were reduced as much as possible. Each person also had an overarching care plan for maintaining safety.
- We saw that some people initially were provided with a high level of support and frequent observations. However, if the person was safe these observations reduced, and the person's risk assessment was updated. This protected people's rights whilst helping to ensure they were safe and receiving the support they needed.
- There was a call bell system in place which enabled people in their rooms to call for assistance from staff members.
- The environment was safe and regular health and safety checks took place. There was an environmental risk assessment in place and checks had been made on building services and the equipment used by people. Areas of safety within the environment had been improved; however, one fire exit had items partly blocking a fire escape route at the side of the building. We asked the provider to ensure that designated fire exits were kept clear; this was done straight away.

We recommend that the provider regularly review fire exit escape routes.

### Staffing and recruitment

At our last inspection the previous provider has failed to ensure that safe recruitment practices were in place. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection safe recruitment practices were in place.

- The provider had effective systems to help ensure that new staff were safe to work in health and social care.

- There were enough staff deployed to meet people's needs safely and in a timely manner.
- The provider had been recruiting a new staff team. The use of temporary agency staff had greatly reduced and was now used to provide support during the day, working alongside the staff team. This meant that people had care and support from staff members that were familiar to them.

#### Using medicines safely

At our last inspection the previous provider has failed to ensure the administration of medication was safe and effective.

At this inspection the administration of medication was effective and safe.

- People's medication was administered, documented and stored safely. Each person had a medication care plan that ensured staff knew the support the person required with their medication.
- Staff had received medication training and had their competency to administer medication safely checked before they administered medication. The safe use of medication was regularly audited by the home manager.
- Staff had worked alongside health professionals to prompt reviews of people's medication. People's family members told us that they had benefitted from this approach.

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

- Steps were taken by the provider to protect people from the risk of abuse. A record was kept of any safeguarding or other concerns that may have taken place at the home, what was done to ensure people were safe and who this information had been shared with.
- People told us that they felt safe at the home; we saw that they were comfortable and relaxed in the company of staff members.
- Staff were knowledgeable about safeguarding vulnerable adults; they told us that the culture at the home meant that they felt comfortable raising any concerns they may have.

#### Preventing and controlling infection

At our last inspection with the previous provider we recommended they review the safe use of PPE. At this inspection PPE was being used appropriately.

- We were assured that PPE was used effectively and safely at the service.
- The provider ensured that they were taking appropriate steps to protect people from the spread of infections; particularly COVID-19. They had appropriate policies and checks in place to ensure this continued.
- The home was clean, there was a dedicated housekeeping team who were well equipped for their role and kept records of the tasks they had completed. Their systems were effective; for example, they used removable temporary "I am clean" stickers to let people and other staff members know what equipment had been cleaned for reuse.
- People's family members told us that they were able to visit people safely. They told us that safe visiting checks were in place and that they felt the provider was responding well to the pandemic. One person's relative told us, "We have no concerns and no worries."

#### Learning lessons when things go wrong

- We saw that when something had gone wrong at the home; a thorough investigation took place which recorded and considered all relevant information, including information from other staff members. Investigations established what could have been done better or what may have prevented the matter from

going wrong. Information from investigations was shared with relevant parties in a candid and open manner.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- An assessment took place of the care and support people needed before they came to the home; this included details of their choices, preferences and any particular need that was important to the person, or important to help them remain safe.
- People and their family members told us that they felt fully involved in the assessment process.

Staff support: induction, training, skills and experience

- Staff members told us that they felt supported to be effective in their roles by the provider. Staff received an induction, ongoing training and a period of shadowing an experienced staff member at Hilbre Manor. The provider had an ongoing programme of training using both computer based and in person / face to face training. We saw that further in person training was planned for the week following our visit.
- Staff members received regular supervision meetings with their line manager and attended regular team meetings. This helped provide staff members with ongoing support, an opportunity to give feedback and share information and be effective in their roles. One staff member told us, "We had a team meeting yesterday, it was very useful. Everything we need to do our job we have and any requests get sorted."

Supporting people to eat and drink enough to maintain a balanced diet

- People received effective support to have a balanced diet. The home manager showed us that people identified at risk of losing weight had care plans in place to ensure they had a nutritious and balanced diet that met their needs and tastes. Nobody at the home was losing weight.
- The chef was knowledgeable about people's dietary requirements. They had involved people in designing the menu. They also ensured that people who needed a specialist diet had this provided in a manner that was both safe and appealing to them. The home was well stocked with food.
- People and their family members told us that the food was nice at Hilbre Manor. On the day we visited people had a choice of freshly prepared food. People praised the food provided. One person told us, "That dinner was good." Another person said, "The food is lovely, and we always get plenty." We observed mealtimes to be a pleasant experience that people enjoyed.

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

- The environment was designed to meet people's needs safely and to promote their independence and wellbeing. One person told us, "I'm very comfortable here." People's family members told us that the home's environment met people's needs. One person's relative told us, "The home is nice and homely... it's a nice bright environment."

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People received effective support with their healthcare needs. The registered manager and staff had close relationships with the local GP surgery who checked on people's health and wellbeing weekly.
- Staff showed us that if anybody's needs were changing, they involved other health professionals as soon as it was needed. They showed us how they made frequent observations and kept accurate records to help ensure people received appropriate support and treatment. For example, staff had recently worked alongside an expert in helping to prevent falls. They had used the advice to improve the system for recording and reporting falls and near misses.
- People's family members told us that they felt reassured by the effective support their relatives received with their healthcare needs.

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 registered manager had effective oversight of who had a DoLS in place and who they had made a DoLS application on behalf of. They had oversight of any conditions that needed to adhere to, in order to ensure people's rights were protected.
- The registered manager and other staff members maximised the opportunities for people to make as many decisions as possible for themselves by adapting their approach for each person. For example, for one person when appropriate; staff approached the person about decisions when they were with their family. The person found it easier to process information when they were around people that they had been very familiar with for a long time.

# 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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- We observed staff to be attentive to people's needs and the need to offer kind reassurance when necessary. They were knowledgeable about people and were able to pick up conversations and points of interest to help people orientate themselves in the conversation.
- People told us that the staff members treat them kindly. One person said, "They make you feel good; even during the hard times." Staff took the time to consider people's experiences and ensure that they took the steps needed to make sure people were content and had what they needed. One staff member told us, "We talk to people all day, have a few minutes natter, the people are lovely."
- People's family members gave very positive feedback regarding how people were treated at Hilbre Manor. One family member told us that their relative used to use a lot of medication for anxiety but no longer does so. They said, "[Name] is absolutely thriving, she has not been using [named medication] since she has been there. There are activities every day, they make sure people are stimulated. My mum is over the moon."

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

- People told us that they were encouraged to make decisions and were listened to. They were supported to express their views and make as many decisions as possible about their care and day to day lifestyle. One person told us, "We are listened to." Another person said, "If you want it, name it and you get it."
- Staff received communication training and were skilled in supporting people to express themselves. They had used discussion boards to prompt conversation and informally obtain people's views when they may be more relaxed in a social setting. Recently people had used this to make choices about the type of music and entertainment that took place at the home.
- People's family members told us how helping people to make more decisions had helped them. One person's relative said, "It's these little touches that are really good." For example, we saw notes the chef had made from consulting with people about their food and meal choices and their favourite foods; and, one person was supported to fit a TV in their bedroom because he liked different programmes to others and they didn't like certain television programmes being disturbed.

Respecting and promoting people's privacy, dignity and independence

- The provider and staff members respected people's privacy and independence and took steps to promote people's independence.
- The provider had started to adapt the environment to remove restrictions and to help people be more independent. They had installed memory boxes outside each person's room. These will contain items that are important to people that they recognise and will help people be able to recognise their own rooms. They

were also changing the way the staircases and lift were used so that people will be able to use the lifts independently. This will hopefully increase some people's independence around the home.

- Staff had kind and respectful interactions with people, treating them with dignity. Staff received training to support these practices. People's relatives gave us similar feedback; one person's family member told us, "Mum is treated with respect."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- Each person had a personalised care plan that they and their family members were involved in putting together. During care planning and in ongoing engagement people's choice and control was always promoted.
- Staff consulted with people and supported them as much as possible with their lifestyle choices. Care and support at the home was not routine, or task orientated. For example, when we visited, we saw that people had a whole variety of times when they got up in the morning and went to bed and that these times were chosen by the people themselves, often on the day.
- Staff had in-depth conversations with people that helped them explore their preferences. For example, during conversations it was discovered that one person used to enjoy playing a particular musical instrument. Staff arranged for the person to have one; this promoted their wellbeing and interaction with others at the home. Another person had been an avid reader and staff arranged for a variety of books to be brought to the home and regularly changed so the person had a changing library with a variety of books to choose from and could keep the ones they enjoyed.

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 had ensured they adapted their communication to meet people's needs. They had provided information for people in audio and adapted visual formats. This had been planned in partnership with people, their family members and health care professionals.

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 develop and maintain their relationships with others. People were encouraged to interact and enjoy spending their time with each other. One person told us, "I get on with everyone here." Another person said, "There is always something to do." A third person told us, "We have quite a bit of fun."
- People and their family members described a range of activities that took place at Hilbre Manor that people enjoyed, which promoted people socialising together. These included visiting singers, Mother's Day celebrations, Easter Bonnets, origami, flower arranging and bowling. Food was used as a talking point and a

prompt to socialise, people enjoyed retro sweets and people were able to pick take away food that they enjoyed eating together. One person told us, "We are having an Easter egg hunt tomorrow. I'm really looking forward to it." Another person told us, "I have good friends here, we have a laugh."

- Staff members told us how they encouraged people to maintain their social connections with friends and family when they came to live at Hilbre Manor and to maintain contact with family members who live far away. The provider told us that they had started making links with local community-based organisations such as schools and churches; to help people get more involved with their community as it was becoming safer to do so.

Improving care quality in response to complaints or concerns

- The provider had a system in place for ensuring that any concerns were recorded and responded to appropriately. There was a low threshold for recording concerns, which fed into a culture of learning and seeking to improve. The records kept were candid.

- People and their family members told us that they felt listened to and spoke positively about the experience of raising a concern. One family member told us, "I was reassured by their response...they are listening."

End of life care and support

- Nobody was receiving end of life care when we visited. Staff have received training on how to provide safe and effective end of life support that met people's needs and choices. Two staff members have been designated end of life champions and received additional training in line with current best practice.

# 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 inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure the systems in place to monitor the quality and safety of the service were robust and effective. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection there were effective systems in place to monitor the quality and safety of the service.

- The provider had oversight of the safety and quality of the service being provided and had a clear understanding of the management of risk at the home.
- The provider had ensured a series of checks and audits had taken place to assess and monitor the safety and quality of the service. These had been thorough, detailed and candid; the information from these had fed into an overarching improvement and maintenance plan in place for the home. This had led to a series of improvements being made.
- People living at the home and their family members praised changes that had taken place at the home. One person told us about the provider, "They have made lots of changes, good ones." One person's family member told us, "They are investing time and money." Another told us, "They are putting a lot of effort in."

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

- The home had a very positive culture that promoted people's choice, independence and wellbeing. People praised the atmosphere at the home and the approach from the registered manager and staff members. One person told us about the registered manager, "He's approachable and you can have a laugh with him." Another person said, "If you need anything you can ask him." People described Hilbre Manor as a "nice home" and somewhere they felt safe, comfortable and listened to.
- People's family members were all very positive about the care and support their relatives received. One family member told us, "You can tell that they love her." Another relative said, "I like the atmosphere at the home."
- Staff members described the registered manager and other senior staff as approachable, open and responsive; they told us that they helped them to be effective in their roles supporting and enabling people.

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 was knowledgeable about their responsibilities with regard to the duty of candour. They had been open, candid and straightforward in the assessment and sharing of information with relevant parties when something had gone wrong. This had contributed to a positive culture of honesty, learning and continuous improvement amongst senior staff and the whole staff team.
- The provider had a system in place to help ensure that any safeguarding or other information of concern was shared with relevant parties as appropriate.

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

- There was a culture of consulting with and involving people as much as possible in making decisions regarding their own care and support.
- People's family members told us they felt included and involved in care planning and were reassured by open and candid ongoing communication. One person's relative told us, "There is good communication; they always let us know what is happening straight away." Another person's family member told us that when something had gone wrong, they felt reassured by the approach from staff. They told us, "They are quick and good with communication. They keep us in touch and always keep us up to date. There is always somebody available on the phone."

Continuous learning and improving care

- There was a culture of learning and continuous improvement at the service. The registered manager kept records of anything that had gone wrong or had the potential to go wrong at the service. The records were detailed, and the provider had a low threshold for recording this information; this meant that they were able to look for patterns and trends, make changes and improvements.
- We saw examples of how learning from audits and checks had been shared with the staff team in a positive manner with the aim of developing and improving the service provided.