

Atlas Care Homes Limited

Brownlee Court

Inspection report

Ormesby Road
Middlesbrough
Cleveland
TS3 7SF

Tel: 01642225546

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Brownlee Court is a care home providing personal and nursing care for up to 116 older people, some of who are living with a dementia type illness. At the time of the inspection the service was supporting 40 people.

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

Some people's care records required further information regarding their individual health needs and how this impacted on their day to day life. Some medicines records required reviewing to better instruct staff and support with stock checks. The provider's quality monitoring of the service had not been effective in identifying these issues. We have made a recommendation about this.

People told us they felt safe using the service and received their medicines on time. Relatives were confident family members were well cared for. One told us, "The best thing is everything. I can sleep at night knowing [person] is looked after."

There was a proactive approach to assessing and managing risk which allowed people to remain as independent as possible. Safe recruitment practices were in place to help ensure that only suitable people were employed at the service.

The home had appropriate checks and maintenance systems in place to ensure the environment and equipment was safe for people living at the service.

People's needs and wishes were assessed prior to moving into the service. People received care and support from experienced staff who were supported in their role. People were offered a nutritious and balanced diet.

People were involved in decisions about the care they received. People had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People, their relatives and staff had access to, and support from, a management team who they told us they would be comfortable raising concerns with.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 22 November 2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the care people received, infection control and staffing. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below

Brownlee Court

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 Care Act 2014.

Inspection team

Three inspectors and an Expert by Experience carried out this inspection. 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

Brownlee Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, an agency nurse, care coordinators, care workers, the cook and the maintenance officer.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke by telephone with six relatives about their experience of the care provided. We also spoke with several staff by telephone about their experiences of working at the home.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Some records required further detail to provide staff with clearer guidance on how they could support people with specific health conditions such as mental health conditions. Care records were regularly reviewed to ensure they reflected people's current needs.

We recommend the provider reviews their quality monitoring of the service to ensure people's care records provide the relevant detail to guide staff in supporting people's needs.

- Checks were carried out to make sure the building and equipment were safe.

Using medicines safely

- Some medicine records required improving. Medicine's that came in the form of a patch did not always record where the patch was to be placed on the person. Some quantities of medicine stock were not always recorded accurately, due to carried forward figures not being completed correctly. The management team took immediate action to address these concerns with records.
- People received their medicines on time. One relative told us, "[Staff] got [person's] medication sorted. [Person] is like a different person now. We cannot be more pleased."
- We observed part of a medicine round and the staff member was kind, courteous and gained consent prior to administering the medicines. Protocols for medicines to be taken when required were in place. People receiving their medicines covertly [hidden] had best interest assessments in place and full guidance on how to administer their medicines.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. We could see that visitors had their temperatures taken prior to entering the home and a questionnaire was completed. However, we were not asked to do this. We fed this back to the management team who acted on this immediately.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured the provider had safe procedures to admit people to the service,
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Infection, prevention and control measures were in place and increased cleaning procedures were put in place.
- We were assured that the provider was accessing testing, as required, for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. One relative told us, "The home followed government guidelines, they were quick in locking down,

hand sanitiser, masks in place. We see the staff wearing PPE. It's been very well run."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and their relatives told us they felt people were safe. One told us, "Yes, [person] is absolutely safe. [Person] has a crash mat and sensor in place, any concerns staff are straight onto it and get in touch with us."
- Staff were aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe. Staff had access to a whistle blowing policy which detailed how to report any concerns.
- Effective arrangements were in place to learn lessons from when things went wrong.
- Where accidents and incidents occurred, the management team would look at these, learn lessons from them and ensure any changes required were shared with the whole staff team.

Staffing and recruitment

- The provider had a robust recruitment process which helped to minimise risks to people. All staff were checked before they began work for the service to ensure they had the appropriate skills and character to work with people.
- There were enough suitably trained and qualified staff on duty to meet people's needs. One relative said, "I've never witnessed call bells not being answered. There's always enough staff about. When I pick [person] up, staff always answer the door promptly."
- The registered manager provided rotas to show agency staff have been used during the pandemic. Agency staff were block booked to ensure they only worked in this service. Agency staff received COVID-19 testing and specific training alongside permanent staff. Recruitment was ongoing to fill staff vacancies.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed before they came to the home.
- Care and support plans set out people's needs and preferences for how they wished to be supported.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications were made appropriately and conditions were met.
- Staff sought people's consent before undertaking any personal care and clearly explained to people before using any moving and handling equipment.
- Where people lacked the mental capacity to make specific decisions the service worked with others to make sure decisions made were in the person's best interests. This included healthcare professionals and people's representatives.
- Care plans set out how staff should support people to make choices.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their specific needs. Comments included, "Staff are knowledgeable and well trained. I spoke to the lead nurse, marvellous, experienced and reassuring. I could tell they had seen it all before" and "Staff are well trained. They are friendly with each other and know [person's] needs."
- New staff completed an induction programme when they began work and had opportunities to shadow more experienced staff.
- The management team were approachable and available when staff required advice or support.

- There was a supervision and appraisal system in place. Staff told us they felt supported.

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

- People's eating and drinking needs were met. People and their relatives told us the food was home cooked, nutritional and they had a choice. One person told us, "There is plenty of food and they always bring the tea trolley round." One relative told us, "[Person] has put a stone on since coming out of hospital. The chef and the manager talked to [person] about the food they like, and they try to do different things for [person]."
- Staff worked with other health professionals to make sure people received food and drinks according to their needs. Care plans were updated following assessments by a speech and language therapist (SALT) to reflect any recommendations needed to minimise risks for people.
- Kitchen staff had completed training to meet people's needs. The cook was fully aware of people's individual dietary and nutritional needs.
- Where people were at risk of losing weight, records showed people had been referred to dieticians and SALT in a timely manner.

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

- People were supported to access healthcare services and receive ongoing healthcare support.
- Care records showed staff monitored people's health and reported any concerns. One visiting health professional told us, "Its lovely coming in to see people 'getting pampered', the care is good."
- People had received their first COVID-19 vaccination. A plan was in place for people to receive their second vaccination.

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

- The design and décor of the home met people's needs. The layout of the building provided adequate space for people with mobility needs.
- The home was in the process of being refurbished. This included the installation of Wi-Fi which had been identified as an issue within the building during lockdown when people were using technology to speak with relatives.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and their dignity and their independence was promoted. One person told us, "I am happy here. The care is good. They don't push it on you. I feel safe."

Relatives told us, "Kind? Staff treat my [relative] like their own [relative]" and, "It's a very personal service. Regular staff, old and young, it's a good mix."

- Staff could clearly explain how they respected people's right to have their privacy and dignity promoted. One member of staff said, "I always treat people how I would want my own family to be treated."

- Staff helped people to develop their independence. Care records reflected the steps staff should take to encourage people to be independent.

- The service had received many compliments about the support they had provided during the pandemic. Compliments read, 'The residents are so lucky to have you all looking after them. The home is definitely one I would recommend to others. As relatives we are kept informed with everything that is happening by a newsletter. All I can say is well done to you all throughout this bad time, you have all taken care of our loved ones so well' and 'My [relative] is happier than when living at home. Gives us peace of mind in a safe and welcoming place. [Relative] is in good hands here.'

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

- People were involved in their care where they chose to.

- Care plans documented that people and, where appropriate, their relatives had been involved in making decisions about their care. One relative told us, "Yes I'm involved in [person's] care plan and DoLS. I absolutely feel I am listened to. There are meetings for residents and relatives, you can speak up. Staff act on suggestions, they sort it."

- Staff used appropriate communication methods to support people to be involved in their care planning and reviews.

- Information was available on how people could access advocacy services. Advocates can represent the views and wishes for people who are not able to express their wishes.

Is the service responsive?

Our findings

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

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

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

- People received care and support which met their needs. Care records showed people were involved in planning their care and changes were made when needs or wishes changed.
- People's cultural and spiritual needs were considered as part of their assessment.
- Staff handed over information about people between each shift. This meant staff coming on duty had up to date information to support people effectively.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had information in place to support people's individual needs. This included documents in larger print.
- People's communication needs were recorded in care plans. We saw staff ensuring people always had their hearing equipment and glasses at hand.

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

- The service provided a range of daily activities which had continued during the pandemic. These were socially and culturally relevant to peoples' needs.
- During our inspection people were singing and dancing to songs from the past.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place.
- People and their relatives felt able to share any concerns with the management team and felt they would be listened to. One relative told us, "I'm confident in raising concerns. The manager always says, 'any problems just give us a ring'. They are very helpful when I do ring."

End of life care and support

- The service worked with people, their relatives and professionals to develop end of life care plans to ensure people received joined up, dignified care at this important time of their lives.
- Staff received end of life training to ensure they had the necessary skills and expertise to support people at this important time.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality

- The provider's quality monitoring systems of the service needed improving.
- Some internal audits had failed to identify the issues found during this inspection regarding information in some people's care records and the inaccuracies found within medicines records.

We recommend the provider undertakes a review of their quality monitoring systems of the service.

- The registered manager was committed to providing a good service to people and took immediate action to make some of the improvements required. One relative told us, "The home is well managed. I can't fault the place."
- There was a commitment from the whole staff team to provide person-centred care by engaging with people using the service.
- Notifications to the CQC had been made when incidents occurred.

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; Continuous learning and improving care

- Policies, procedures and best practice guidance was available and accessible to staff to support them in their roles.
- The management team understood their duty of candour responsibility to learn lessons and apologise if something was to go wrong.

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

- Feedback was sought from people and their relatives to share their views on the quality of the service received.
- During the pandemic people and their relatives had been kept in touch with each other using technology, 'Pod' visits and window visits. One relative told us, "It was hard at the beginning of the pandemic, but staff made it easier. They have always been there for us at the end of the day. We can see [relative] is happy. We get sent photos of [relative] doing things, we are happy. We were offered visits in their 'Pod' but knew [relative] wouldn't cope with that."
- Staff meetings were held to give staff the opportunity to express their views and opinions on the day-to-day running of the service. During the pandemic these had been undertaken using technology and through staff

surveys.

- Care records demonstrated the service worked in partnership with wider stakeholders to meet people's needs. Records noted the involvement of GP's, tissue viability nurses, chiropodists and dieticians.