Brandreth Lodge Care Home Limited

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Inspection report

Stoney Lane
Parbold
Wigan
Greater Manchester
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Ratings

Overall rating for this service	**Good**
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?	**Good**

Overall summary

Brandreth Lodge Care Home is situated just outside the small rural village of Parbold in Lancashire. The home can accommodate up to 24 people requiring support with their nursing or personal care needs. Permanant or short term placements are available. The home has a small private car park. Brandreth Lodge is owned by Brandreth Lodge Care Home Limited.

This unannounced inspection was conducted on 15th October 2014 and was carried out by one inspector from the Care Quality Commission, who was accompamnied by an Expert by Experience. An Expert by Experience is a person who has experience of the type of service being inspected. Their role is to find out what it is like to use

Summary of findings

service. At this inspection this was achieved through discussions with those who lived at the home, their relatives and staff members, as well as observation of the day-to-day activity.

At the time of this inspection the registered manager was on duty. 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 and associated regulations about how the service is run.

At the time of this inspection there were 20 people who lived at Brandreth Lodge. We asked 14 of them and three of their relatives for their views about the services and facilities provided. We received positive comments from everyone. We also spoke with five staff members and the registered manager of the home. We looked at a wide range of records, including the care files of two people who used the service and the personnel records of two staff members. We observed the activity within the home and looked at how staff interacted with people they were supporting.

People who used this service were safe. The staff team were well trained and had good support from the management team. They were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who lived at the home.

Recruitment procedures adopted by the home were robust. This helped to ensure that only suitable people were appointed to work with this vulnerable client group. One person, who lived at the home said, "The staff are very good. When I needed to go to the hospital at Ormskirk they were excellent." Another commented, "Everyone is very good here and I really do feel safe and cared for."

The premises were safe and maintained to an acceptable standard. Equipment and systems had been serviced in accordance with the manufacturers' recommendations, to ensure they were safe for use. This helped to protect people from harm.

We found some areas of the home were in need of improvement, so that people were provided with a safe, hygienic and well-maintained environment in which to live.

Our findings demonstrated that the provider did not ensure that people who lived at the home and others who had access to the premises were protected against risks associated with unsafe or unsuitable premises, by means of adequate maintenance. **This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.**

People who lived at the home, or their relatives, were involved in making decisions about the way their care and support was being delivered. The planning of their care was based on an assessment of their needs and identified areas of risk. Regular reviews of needs were usually conducted with any changes in circumstances being recorded well. However, the plan of care for one person was a little vague and did not always provide staff with clear guidance about this individual's needs and how these were to be best met, including on one occasion advice offered by an external professional.

People were supported to maintain their independence and their dignity was consistently respected. Staff were kind and caring towards those they supported and individual interaction was an important aspect of life at Brandreth Lodge.

People told us they enjoyed their meals and were able to choose what they wanted to eat. Additional snacks and beverages were available throughout the day. Assistance was provided for those who needed it in a dignified manner and the dining experience was pleasant.

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?

Requires Improvement

This service was safe.

Only suitable people were employed to work at the home. There were sufficient staff deployed at all the times of day and night, who were aware of people's individual needs and any associated risks.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who lived at the home were protected by the emergency plans implemented at Brandreth Lodge.

On touring the premises we noted some areas were in need of improvement so that people were provided with a safe, hygienic and well-maintained environment in which to live.

Is the service effective?

Good

This service was effective.

The staff team were well trained and knowledgeable. They completed a detailed induction programme during the first few months of employment, followed by mandatory training modules, regular supervision and annual appraisals.

People's rights were protected, in accordance with the Mental Capacity Act 2005. Although there was no evidence to suggest people were being deprived of their liberty, the policies and procedures of the home provided staff with clear guidance about legal requirements, should someone be assessed as lacking capacity and in need of restricting for their safety and well-being. People were offered a choice of meals and their nutritional requirements were met. Those needing assistance with eating and drinking were provided with help in a discreet manner.

Is the service caring?

Good

This service was caring.

Staff interacted well with those who lived at the home. People were fully involved in planning their own care and were provided with the same opportunities, irrespective of age, disability or belief. The staff team had completed a nationally recognised training programme for end of life care.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

Summary of findings

People were respected, with their privacy and dignity being consistently promoted. They were supported to remain as independent as possible and to maintain a good quality of life.

Is the service responsive?

Good

This service was responsive.

People received person centred care. An assessment of needs was done before a placement was arranged. Plans of care reflected people's needs and how these needs were to be best met. Regular reviews were conducted, with any changes in needs being clearly recorded. .

People were supported to maintain links with the local community by accessing various leisure activities of their choice.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

Is the service well-led?

Good

This service was well-led.

There was a sound management structure within the home and people we spoke with were fully aware of the lines of accountability and who they should speak with about specific areas. Staff spoken with felt well supported and were very complimentary about the way in which the home was managed.

The home focused on a culture of openness and transparency. There was a good system in place for assessing and monitoring the quality of service provided, with lessons learnt from any shortfalls identified.

The home worked in partnership with other agencies, such as a wide range of external professionals, who were involved in the care and treatment of the people who lived at the home.

Brandreth Lodge Care Home Limited

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

We last inspected this location on 17th October 2013, when we found the service was meeting all the regulations we assessed.

This unannounced inspection was conducted on 15th October 2014 and was carried out by one inspector from the Care Quality Commission, who was accompanied by an expert by experience, who had experience of care services for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we looked at all the information we held about this service, such as notifications informing us of significant events, such as serious incidents, reportable accidents, notifiable diseases, deaths and safeguarding concerns.

The registered manager of the home had completed a Provider Information Return (PIR). This 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. Before our inspection we reviewed the information provided within the PIR.

We asked people who were involved with the service for their views about the overall operation of the home, such as GPs, community nurses, a dietician, a chiropodist, a pharmacist and a physiotherapist.

During this inspection we spoke with 14 people who used the service and three relatives. We interviewed seven members of staff and tracked the care of two people who lived at the home. We toured the premises, viewing a selection of private accommodation and all communal areas. We observed the day-to-day activity within the home and we looked at a wide range of records, including three care files, a variety of policies and procedures, training records, medication records, three staff personnel records and quality monitoring systems.

Requires Improvement

Is the service safe?

Our findings

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Good

Is the service effective?

Our findings

At the time of this site visit there were 20 people who lived at Brandreth Lodge and eight staff members were on duty. People told us their needs were always met in the way they wanted them to be. One person commented, "It's great here. I get everything I need. They (the staff) will do anything for us. If we ask for something, it is done as soon as they can do it. They don't have us waiting for hours on end."

At the time of our site visit no-one who lived at the home lacked the capacity to make decisions and we did not observe anyone being unnecessarily deprived of their liberty. However, there were detailed policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005, which provided staff with clear, up to date guidance about current legislation and good practice guidelines, including information about Deprivation of Liberty Safeguards (DoLS).

All new employees were guided through the common induction standards programme, which covered important areas, such as the role of the health and social care worker, personal development, effective communication, equality and inclusion, health and safety, safeguarding and person centred support. These specific areas were further supported by the development of individual action plans for staff, which was considered to be good practice.

A recently appointed member of staff told us that she was currently working through her induction pack with her mentor, which lasted for a minimum period of twelve weeks. This member of staff told us she did shadowing shifts with a more experienced member of staff before she was able to work alone. She said "Pauline (the registered manager) is always around. She is very approachable and is always watching what is going on."

Another member of staff said, "When I first started to work at the home I had two weeks induction with an allocated nurse. I feel we are very well supported by Pauline and the senior staff. We are always reflecting on best practice. I think Pauline does a very good job. This is a very good home. I have been in many homes and this is one of the best."

Staff spoken with told us meetings were held, so the staff team could get together and discuss any areas of interest in an open forum. This also allowed for any relevant information to be disseminated to the staff team. We saw an agenda for a recent staff meeting/group supervision, which included CQC's new inspection methodology and the home's medication procedures.

Staff spoken with told us they had regular individual supervision meetings and annual appraisals with their line managers. Records showed these covered areas such as, reviews of work performance, staff straining, support and development, work targets and standards required, personal needs, self-assessments and objectives. A recent extract from one member of staff stated, "I love my job here and having such a good rapport with both residents and colleagues. I have a good support network, which also helps me to deal with any problems and Pauline, the manager, is a fantastic boss."

Staff spoken with discussed their training programmes with us. We were told these covered a wide range of areas, such as fire awareness, safeguarding vulnerable adults, infection control and health and safety. This information was supported by training certificates retained on each staff personnel file. We were told these examples were annual mandatory training courses, but staff confirmed that additional training was also provided specific to the needs of those who lived at the home, such as diabetes and dementia care.

People spoken with felt that their health care needs were being well looked after, apart from one person, who was keen to become more mobile and would have liked more help and encouragement from the staff team. This was reported to the manager following our visit to the home, who was fully aware of this individual's needs and had already addressed the situation.

People's nutritional needs were being met. This was supported by risk assessments to reduce the possibility of malnutrition. People's weight was monitored and appropriate action was taken, should the results vary. For example, additional advice was sought from relevant community professionals, as was needed. People we spoke with said they enjoyed the food and the mealtimes. We sampled lunch in the dining room with those who were eating in this area. The main course was well cooked and enjoyable. However, the dessert was not as enjoyable and two of the people dining at the same table agreed with this.

Good

Is the service effective?

We saw two people being served an alternative meal, which was well presented. There was also a cooked meal provided at approximately 5pm, as well as morning and afternoon snacks, with a choice of drinks.

One person told us, “The only things I would change is the entrance and the uneven car park, which are not very inviting.” We discussed the outdoor areas with the manager of the home and it was evident she was aware of the issues, but explained about the difficulty of making changes to the external grounds, because the home was in a conservation area. We were told the provider was investigating this further.

Good

Is the service caring?

Our findings

Brandreth Lodge is a fairly small home and, as a result, staff we spoke with understood people's individual preferences and needs.

We saw staff treating people with respect and providing assistance in a kind and caring manner. It was evident that staff members and those who lived at Brandreth Lodge had easy and friendly relationships. People felt that staff listened to them and considered their wishes. Staff we spoke with were fully aware of people's needs and how they wished care and support to be delivered. Visitors told us they could visit the home at any time. One relative told us, "We are happy with the care (name removed) receives and she does seem well looked after. She is obviously happy here."

People we spoke with confirmed they were given the opportunity to make some decisions about the care and support they received and the plans of care we saw supported this information. One person, who was on respite care told us he was being very well cared for and was enjoying his stay at Brandreth Lodge.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions, if the individual so wishes.

Information was available for staff, which outlined areas, such as equality, diversity and inclusion. Staff members had signed to indicate they had read and understood certain written policies and procedures. This helped to ensure everyone who lived at the home was provided with the same opportunities, irrespective of their age, disability or beliefs. This was evident from our observations during the course of the day and from speaking with those who lived at the home.

People told us that their independence was encouraged in a positive way and their privacy and dignity was consistently promoted. Assistance from staff was carried out with respect and consideration.

We recognised that a good skill mix of staff were employed, with qualified nurses being on duty at all times. Most people we spoke with told us they did not have to wait for assistance for long periods of time and those we spoke with felt enough staff were on duty. However, one person told us that they sometimes had to wait because someone was already using the toilet. We observed one resident being informed, very politely, that the toilet was engaged and was asked if she could just wait until the person who was using the toilet had finished. We discussed this with the manager of the home. We were told this situation sometimes occurs because staff do not assist people to use other toilet facilities within the home when the toilet nearest to the lounge is engaged.

All staff who worked at the home had completed the full six steps to success end of life care programme, which was provided by the local hospice this year. A very detailed policy was in place in relation to end of life care, which stated, 'This policy is to ensure that care and support is delivered in a sensitive and coordinated way, that does everything possible to give people who use our service choices at the end of life and a good death.' This helped to ensure people who were at the end of their life experienced a peaceful ending.

Good

Is the service responsive?

Our findings

People we spoke with said they were able to see a doctor when they needed to do so and we were told that a General Practitioner visited the home each week , when people who lived at the home could be seen if they wished to get medical advice.

A wide range of external professionals were involved in the care and support of those who lived at Brandreth Lodge, so that people received the health care and treatment they required. We asked 12 of these people for their feedback about the quality of service. We received six responses, which provided us with consistently positive comments, such as, 'I have only ever seen carers and nursing staff treat the residents with respect, dignity and kindness' and 'I have visited Brandreth Lodge for many years. I must say it is one of the better homes I visit. The atmosphere is 'homely' and the staff very friendly. Members of trained staff are very competent and have extensive knowledge of their clients.'

Records showed that one person had received input from a physiotherapist, with a clear exercise programme being implemented. Although the individual concerned and staff supporting him were fully aware of this exercise programme, the mobility plan of care did not incorporate specific instructions made by the physiotherapist. This was recognised as an isolated incident, as other plans of care included special instructions from health care professionals.

The manager told us that new care records were in the process of being introduced. We randomly selected the records of three people who lived at the home, who had quite different needs. One of these files had been transferred to the new way of working. All three files were well organised, making information easy to find. We chatted with the people whose records we examined and discussed the care they received, which was provided in accordance with their preferences and in line with their plans of care.

Assessments of people's needs had been conducted before they moved into the home. This helped to ensure the staff team were confident they could provide the care and support required by each person who went to live at Brandreth Lodge.

Plans of care had been developed from the information obtained at the pre-admission assessment and also from other people involved in providing support for the individual. The needs of people had been incorporated into the plans of care. These had been generated with the involvement of the person who used the service or their relative and it was evident that regular reviews of the care plan had taken place.

We found the plans of care for two people to be well written. They clearly showed these people had been involved in planning their own care and support. This helped the staff team to develop a clear picture of what people needed and how they wished their care and support to be delivered. However, although the third plan of care contained sufficient information for staff members to be able to provide appropriate care, it was not as detailed and person-centred as the other two we examined.

We noted that one person, who used a wheelchair to mobilise around the home and who lived upstairs required assistance to access the ground floor. He said he liked to spend some time in his bedroom and sometime downstairs. We were told that when this person wanted assistance to access the ground floor he preferred to call staff from his mobile phone, rather than use the nurse call system provided. This promoted his choice and independence.

A system was in place for recording complaints, although none had been received at the time of our visit to this location. Written policies provided people with information about the complaint process and timescales in which complaints would be dealt with. One relative wrote on a recent survey, "'I don't have any complaints at all. I would recommend Brandreth Lodge to anyone. The staff are marvellous, nothing is too much trouble for them."'

The staff at Brandreth Lodge were seen to be supportive in helping people to maintain outside contacts and enabling them to continue to engage in their hobbies. We were told of an example where one person and his regular visitor liked to enjoy a takeaway meal together and a staff member would drive the visitor to collect it. One person commented, "I feel I made a good choice in coming here and the staff are very good. I choose to spend most of my time in my room but I enjoy the garden when the weather permits."

The nurse call system was answered in good time. This meant that people were not waiting for assistance from

Good

Is the service responsive?

staff for long periods of time. However, one person who lived at the home, whose room was possibly the farthest away from the central activity, felt that an intercom system would be beneficial. This person told us, "Staff are pretty good at responding if I need to call them, but they often have to make two trips as I am not able to let them know in advance what I actually need."

People who lived at the home told us they were happy to be at Brandreth Lodge and were satisfied with the activities provided. We were told an activity co-ordinator had recently been appointed, who was in the process of discussing individual leisure preferences with those who lived at Brandreth Lodge. A trip to a garden centre was being arranged and those who were interested in attending were in the process of deciding which centre to visit.

We saw one person, who had become quite anxious receiving individual support from a care worker, which was provided in response to their specific needs at that moment in time. Some residents were playing dominoes in the lounge after lunch. We were told bingo and sessions of exercising to music were also arranged. Other activities included gardening, occasional trips out and visits by external entertainers. Some residents attended the Parbold show in August, which was opened by one of Brandreth Lodge's residents. One person told us with interest, "I have lived locally for quite some time and remember this house before it was a care home . I still get out and about when I want to and was pleased to be able to open the Parbold show this summer." Another commented, "It is fine here and very enjoyable. I would love to talk more with you, but I have booked a taxi and am off to my regular session of 'knit and natter', which is more knit than natter unfortunately. I hope you are still here when I get back." The visitors of one person, who lived at the home told us, "We call in twice a week and also visit another relative in a care home about ten miles away. We chose this place as our relative was familiar with it from visiting a friend here some years ago. We are happy with the care she receives and she does seem well looked after. She is obviously happy here as we tried to persuade her to move, so that we could visit both relatives in one home but she refuses to leave."

Good

Is the service well-led?

Our findings

The general mood in Brandreth Lodge was of a committed and happy workforce and there was a good atmosphere. The surroundings were comfortable and fresh smelling. The residents, relatives and staff members we spoke with all considered that Brandreth Lodge was well run under the leadership of the current, long serving, manager.

The home focused on a culture of openness and transparency. There was a good system in place for assessing and monitoring the quality of service provided, which identified any shortfalls, so that actions could be taken to better any areas in need of improvement.

The manager was evidently fully aware of her role and very much involved in the support people needed. She was able to discuss people's needs well and those who lived at the home were aware of the management structure of Brandreth Lodge. The manager had worked at the home for 23 years, the last 4 being in the position of registered manager. People we spoke with felt the home was well managed and their opinions and wishes were taken into consideration.

Staff spoken with told us they felt well supported by the management team of the home. One commented, "I am so well supported. I like Pauline, she is a good manager."

A wide range of surveys had been conducted for those who lived at the home, their relatives, staff members and stakeholders in the community. This allowed the provider to obtain feedback from a variety of people with an interest in Brandreth Lodge. An extract written by one relative stated, 'I would like to say that mum feels very much at home at Brandreth Lodge. The staff are very kind and obliging and are like friends to mum. The level of cleanliness is excellent.' We were told the area manager visited the home every month and conducted an inspection, which was followed by a report of his findings. This information was confirmed as accurate by the records we saw.

The home had conducted a variety of audits, which included care planning and falls risks. These were found to be very detailed processes. The manager was responsible for submitting a weekly report to the operations director in relation to the environment, staffing levels, staff training and medication audits. Any shortfalls were then transcribed into an action plan, so that systems could be implemented, in order to constantly improve and monitor the quality of service provided. The home had recently achieved a food hygiene rating of 5 by the Environmental Health Officer (EHO), which is 'very good', the highest level possible.

It was established that staff meetings were held periodically. This allowed relevant information to be disseminated to the staff team and encouraged workers to discuss any topical issues in an open forum. Meetings entitled, 'Your Service, Your Voice' were held regularly for those who lived at the home and their relatives. Minutes of these meetings showed any good news items were shared with those present. These included the 105th birthday celebration of one resident, who recently opened a local show. Another resident won 1st prize at the local village show for her tapestry and a younger gentleman bravely did the ice bucket challenge in aid of charity. Other areas of interest discussed were the meals served at the home, sky TV, podiatry services and internet connections.

A wide range of updated policies and procedures were in place at the home, which provided staff with clear information about current legislation and good practice guidelines. This helped the staff team to provide a good level of service for those who lived at Brandreth Lodge.

The manager was actively involved in the operation of the home and we saw staff being monitored and observed whilst carrying out day-to-day activities.

The manager told us performance work books were regularly completed for the local Clinical Commissioning Group (CCG). CCG's are a core part of the health and social care system. In April 2013 they replaced the Primary Care Trusts (PCT's). CCG's have a legal duty to support quality improvement in general practice. The information provided to the CCG by the registered manager formed an essential part of the quality auditing system, which covered areas, such as infection control awareness and reporting procedures, drug errors, falls audits, pressure sores, urinary tract infections, staffing and agency use, complaints, service users' experience and safety. All areas were followed up with a detailed action plan, where necessary.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises The provider did not ensure that people who lived at the home and others who had access to the premises were protected against risks associated with unsafe or unsuitable premises, by means of adequate maintenance. The provider did not ensure that people who lived at the home and others who had access to the premises were protected against risks associated with unsafe or unsuitable premises, by means of adequate maintenance. The provider did not ensure that people who lived at the home and others who had access to the premises were protected against risks associated with unsafe or unsuitable premises, by means of adequate maintenance.