

Century Healthcare Limited

Brimstage Manor Nursing Care Home

Inspection report

Brimstage Road
Brimstage
Wirral
Merseyside
CH63 6HF

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Brimstage Manor is a care home providing personal care to up to 46 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 38 people using the service.

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

Brimstage Manor Nursing Care Home had an open and transparent culture resulting in an organised, supportive and well-run service. The registered manager was clear about how the service should be provided and they led by example.

Staff were caring and treated people with kindness and respect. There was enough staff on duty to meet people's needs. Incidents and accidents were managed safely, the managers took necessary actions to keep people safe and minimise the risk of reoccurrence.

The provider had systems in place to protect people from the risk of abuse and people told us they felt safe. Risk assessments were completed to help identify and minimise risks people faced. Infection control measures were safe. Steps were taken to learn lessons if things went wrong.

The registered manager provided clear direction and good leadership. Feedback about the service was consistently positive. All the relatives we spoke with would recommend the home to others. Staff felt valued and supported, and were confident people received good care. Systems and processes for monitoring quality and safety were effective.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (1 June 2021).

At our last inspection we recommended that the provider reviews and updates its procedures to ensure guidance regarding testing is adhered to in order to minimise risks. At this inspection we found staff completed testing for COVID-19 in line with government guidance to prevent the risk of spreading the virus.

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.

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 changed from requires improvement to good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brimstage Manor Nursing Care Home on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brimstage Manor Nursing 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

The inspection was carried out by one inspector and Expert by Experience. 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

Brimstage Manor 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.

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.

At the time of our inspection there was not a registered manager in post. A new manager had been in post

for several months and had submitted an application to register. Following the inspection, the application was successful.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. 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 three people who used the service and 14 relatives about their experience of the care provided. We spoke with six members of staff including the manager, operations manager, care workers and catering staff.

We looked at a range of records. These included five people's records related to their care and support and a variety of people's medicine administration records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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

- Systems and processes ensured people were safeguarded against the risk of abuse and lessons were learnt when things went wrong.
- Staff received safeguarding training and had a good understanding of how to keep people safe from abuse. Staff told us they felt confident about raising concerns and that the registered manager and nominated individual would act on them promptly.
- The provider had robust accident, incident and safeguarding procedures in place. Staff completed the relevant reports, investigations took place when necessary and lessons were learnt and shared with staff.
- Staff were aware of the providers whistleblowing policy; they told us they would be confident using this necessary.
- Accidents and incidents were investigated appropriately.

Assessing risk, safety monitoring and management

- Risks to people safety and welfare were assessed appropriately.
- Risks associated with people's care had been identified and plans were in place to minimise risks occurring. Staff told us they had access to risk assessments, and they provided the right information to support people safely.
- Personal Emergency Evacuation Plans (PEEPS) were in place, they were informative and gave staff guidance in evacuating people from the service.

Using medicines safely

- Medicines were used safely.
- Staff had access to current medication administration procedures. Staff with responsibilities for administering medicines received the appropriate training and had their competency levels checked regularly.
- Medication policies were complied with and staff followed medication administration guidance, ensuring people received medication support in line with their care plan.

Preventing and controlling infection

At our last inspection we recommended the provider reviews and updates its procedures to ensure guidance regarding testing is adhered to in order to minimise risks. The provider had made improvements.

- We found staff completed testing for COVID-19 in line with government guidance to prevent the risk of

spreading the virus.

- Staff did not always follow infection prevention and control measures.
- Staff did not always wear protective masks when delivering care and support. Putting people in the home at risk of infection. For example, we saw three staff members in a person's bedroom either not wearing masks appropriately or not wearing them at all. The provider took immediate action.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visiting was in line with current government guidance.

Staffing and recruitment

- Staffing and recruitment was safely managed .
- There were enough staff to ensure people received safe care. The provider had increased the number of nurses and care staff on duty. Staff told us that recent increases in staff numbers was having a positive impact on staff morale. One staff member said, "Staffing numbers have been addressed by the new manager and we are able to work as we should which has helped the team a lot."
- Staff were recruited safely. The provider followed safer recruitment processes, this was to ensure staff were of good character and had the skills and knowledge to carry out their role safely.
- A Disclosure and Barring Service (DBS) check was completed for all staff prior to their appointment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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.

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. 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.

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

- The home had a positive culture that promoted people's choice, independence and wellbeing. People's relatives praised the atmosphere at the home and the approach from the registered manager and staff members. One relative told us about the registered manager, "It is extraordinarily well-managed. [Name] has made a massive difference and it has improved a lot." Another relative said, "[Name] is a breath of fresh air and she is on the ball and leads her team well. She is visible."
- Staff members described the registered manager and the provider as approachable, open and responsive; they told us that they motivated and helped them to be effective in their roles supporting and enabling people.
- Staff demonstrated a commitment to their role and told us they were passionate about their contribution to achieving positive outcomes for 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 understood the requirements of the duty of candour, ensuring they were honest and open about any incident or accident that had caused or placed a person at risk of harm.
- The provider notified CQC of incidents they were required by law to tell us about. This is so we can check appropriate action has been taken.
- Concerns, incidents and accidents were reviewed. The provider was open and transparent and willing to learn and improve people's care.
- The home ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams and GP practices.

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

- The provider had effective quality monitoring systems in place. Action plans were produced from audits and they were used to continually review and improve the service.
- The registered manager and provider were committed to the continuous development of the service. They assessed the quality of the service to drive additional improvements. they used included regular reviews of people's care and regular observations of staffing numbers and audits.

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

characteristics

- 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 relatives told us they felt involved in care planning and were reassured by open and ongoing communication from the registered manager and provider.

Continuous learning and improving care; Working in partnership with others

- There were systems in place to monitor the quality and safety of the service.
- 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.
- Staff meetings took place regularly; staff told us they were able to share their views and that the registered managers door was always open if they had to raise any issues.
- Referrals were made for people to relevant professionals when required for specialist advice and support.
- There was regular contact with people and relevant others to ensure consistency of care for people.