

MDS Healthcare (Care Homes) Limited

Brandreth Lodge Nursing Home

Inspection report

Stoney Lane
Parbold
Wigan
Lancashire
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Tel: 01257464434

Date of inspection visit:
10 August 2021

Date of publication:
14 September 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Brandreth Lodge Nursing Home is registered to provide accommodation and nursing care for up to 24 people. There were 17 people living in the home at the time of the inspection. The home is set in its own grounds in a residential area of Parbold.

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

People told us they felt comfortable and happy living in the home. The registered manager and staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. Apart from the kitchen, the home had a satisfactory standard of cleanliness. There were sufficient staff deployed to meet people's needs. Whilst Police checks and references had been obtained prior to new staff working in the home, we noted there were gaps in two staff members' history of employment. The registered manager assured us this issue would be addressed.

Individual risks associated with people's care had been recorded and reviewed as part of the electronic care planning system. However, not all environmental risks had been assessed and mitigated. We noted risks associated with a working freezer and an unused cooker stored in the dining room, the conditions in the kitchen and the uneven driveway had not been assessed.

Staff maintained appropriate records for the administration of medicines. However, the controlled drugs register did not accurately reflect the quantity of controlled drugs stored in the home.

Since the last inspection, the provider had installed new boilers and we noted kitchen fitters visited the home during our inspection. The provider had arrangements to check the safety of appliances, installations and equipment. All safety certificates were complete and up to date.

The registered manager had carried audits to monitor the quality of the service, however, we found some shortfalls during the inspection. People and staff were complimentary about the leadership and management of the home. They told us the registered manager was caring, supportive and approachable.

Following the inspection, we asked the provider to send us evidence of their oversight of the service. Whilst the information received demonstrates the provider had carried out some checks, our findings demonstrated risks to people's health and safety had not always been assessed and mitigated.

Rating at last inspection

The last rating for this service was good (published 13 March 2018). We also carried out an unrated targeted inspection to look at the infection prevention and control measures in place (published in 16/02/2021).

Why we inspected

The inspection was prompted following concerns identified by the local council's food safety officer. Three

areas were identified as requiring improvement and the home's food hygiene rating was decreased. As a result, we undertook a focused inspection to review the key questions of safe and well-led. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence the provider needs to make improvement. 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 Brandreth Lodge Nursing Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

During this inspection, we have identified a breach in relation to Regulation 17 – Good governance.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Brandreth Lodge Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this focused 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.

As part of this inspection, we looked at the infection control 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 an inspector.

Service and service type

Brandreth Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC; the manager was also the owner. This means they 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 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 also spoke with a senior environmental health officer, who sent us details of their visits to the home.

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 observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with five people living in the home, three members of staff, the cook and the registered manager.

We conducted a tour of the premises with the registered manager. We also reviewed a range of records. This included two people's care records and risk assessments on the electronic care planning system, medication records including the controlled drugs register and two staff members' recruitment records. A variety of records relating to the management of the service were also reviewed.

After the inspection

We continued to seek clarification from the provider to confirm evidence found. We also asked the provider for further information, including a copy of the gas safety certificate and confirmation of works due to be carried out in the home.

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection, this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Environmental risks to people's health and safety had not always been assessed and monitored. Whilst the registered manager had carried out some environmental risk assessments, we noted the risks associated with the storage of a working freezer and an unused cooker in the dining room, the conditions in the kitchen and the uneven driveway had not been assessed.
- The provider had arrangements for routine repairs and maintenance of the premises and had installed new boilers since the last inspection. Whilst we observed the maintenance officer was painting a corridor, we noted several areas would benefit from redecoration. We also noted a carpet was thin and wrinkled outside the laundry steps. The safety certificates pertaining to installations and equipment were complete and up to date.
- Individual risks associated with people's care and treatment had been assessed and reviewed as part of the electronic care planning system.
- The provider had a business continuity plan and contingency plans which described how people would continue to receive a service in adverse circumstances. We also saw staff had developed personal emergency evacuation plans for each person, which included information on the support people would need in the event of a fire.

Preventing and controlling infection

- The registered manager had implemented infection prevention and control measures which included the use of PPE. We noted all care staff were wearing PPE appropriately during the inspection.
- The environment had a satisfactory standard of cleanliness, apart from the kitchen, which had noticeable grease and dirt at the side of the aga and cobwebs on the ceiling. These issues were being addressed by a senior environmental health officer. The registered manager explained this was due to the position of the aga. We noted kitchen designers visited during the inspection and they were due to draw up plans for a full kitchen refurbishment. Following the inspection, the provider informed us a new kitchen was due to be installed later this year.
- The staff informed us a sluice on the first floor had not been working properly for approximately 12 months. This meant the staff had to carry empty commode pots in bin bags to the ground floor sluice for cleaning. Following the inspection, the provider informed us the sluice had been working intermittently. They also sent us details of a quote for a new sluice and advised us they had verbal agreement this would be installed at the end of August 2021.

Using medicines safely

- Medicines were not always managed safely. Whilst appropriate records had been maintained for the

administration of medicines, there were discrepancies in the controlled drugs register. We noted there was quantity of a controlled medicine unaccounted for in the register. Some of the medicine had been signed out as returned to the pharmacy, but it was still in the cabinet. Further to this, the person's care records suggested this medicine should be given 'as necessary' by the GP in October 2020, but this had not been followed up by the staff.

- We saw another person was prescribed a controlled medicine. According to the register the person was last administered the medicine on 21 June 2021, however the medicine had expired in April 2021.
- The registered manager carried out a monthly medicines audit and assured us this situation would be investigated and appropriate action taken immediately.

Staffing and recruitment

- We observed there were sufficient staff on duty on the day of the visit. The registered manager had access to a staff dependency tool and had been able to deploy additional staff in line with people's needs.
- We looked at two staff members' recruitment records. Whilst both staff had completed an application form and Police checks and references had been obtained, we found gaps in their histories of employment. The registered manager assured us this matter would be discussed with head office and the application form reviewed.

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

- The provider had established systems and processes to safeguard people from abuse. One person told us, "The staff are absolutely spot on. They can't do enough for you" and another person commented, "It's lovely being here. I don't want to ever leave." Staff knew they could report any concerns about people's welfare to other authorities including the police, social services and CQC.
- Staff had completed training and had access to a safeguarding policy and procedure which set out actions to take in the event of a safeguarding concern.
- Staff had recorded accidents and incidents on appropriate forms. The registered manager collated the information and carried out a detailed analysis every three months to identify any patterns or trends. The registered manager also completed a 'Falls cross' which provided a visual representation of the number and time of falls in the home. Any lessons learnt were disseminated to the staff team via handover and individual meetings.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Risks had not always been assessed and managed effectively. Whilst the registered manager had carried out audits of the quality of the service, we found several shortfalls during the inspection.
- One person commented about the difficulty they had walking on the driveway. This was because at the time of the inspection the drive surface at the front of the home was badly damaged and there were several potholes. There was no risk assessment seen to assess the risk to people's health and safety and independence.
- At the time of the visit, the first floor sluice was not in operation and staff had to pass by the kitchen with empty commode pots in bin bags to reach the ground floor sluice. There was no risk assessment seen to assess the infection control risk.
- People had ready access to a working freezer and an unused cooker stored in the dining room. The risks to people living in the home from this situation had not been assessed.
- The controlled drugs register did not accurately reflect the amount of controlled drugs held on the premises and one person's medicines had expired.
- At the time of the visit, the standard of cleanliness in the kitchen was unsatisfactory. Following an inspection by a food safety officer from the local council in June 2021, three areas were identified as requiring improvement. This had resulted in a decrease in the home's food hygiene rating to 1.
- We also found shortfalls in the recruitment of new staff and the management of controlled medicines.
- We asked the provider for details and evidence of their checks and audits of the service during 2021. Whilst the information received demonstrates the provider had carried out some checks, our findings showed risks to people's health and safety had not always been assessed and mitigated.

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

- The provider was no longer providing the nursing care and was providing personal care to some people under the age of 65 years. This meant the provider must apply to CQC to remove a regulated activity of treatment, disease, disorder and injury. They must also update their statement of purpose and notify us of changes to the bands of people who receive a service to accurately reflect the operation of the service.

- The provider had failed to submit two statutory notifications in a timely manner. The registered manager assured us this was an oversight and would send the notifications retrospectively.
- Following the inspection, the provider informed us the potholes in the drive would be repaired immediately, a new sluice was due to be installed and the kitchen was due to be refurbished. They also informed us the internet was due to be upgraded to allow for planned improvements of the electronic care planning system.

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

- The registered manager and staff were committed to delivering a person-centred service which achieved positive outcomes for people. During the height of the pandemic the registered manager and the cook moved into the home for five months to minimise the risks to people using the service. We observed a positive and welcoming culture within the service.
- People and staff spoke positively about the way the service was managed and the registered manager's leadership style. One person told us, "The home is very well-managed. Everything is absolutely brilliant."

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

- The registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. People told us the registered manager and staff were open and honest. Good relationships had been developed between the registered manager, staff and people living in the home.
- The registered manager utilised individual meetings with staff and handover meetings to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings.

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

- We looked at how people were consulted and involved in the service. We found the registered manager had displayed a board in the reception which set out responses to people's suggestions and comments. However, we saw no evidence to demonstrate people had been given the opportunity to attend residents' meetings and the last customer satisfaction survey had been carried out in 2019. The registered manager explained they intended to reinstate residents' meetings and carry out a satisfaction survey.
- The registered manager and staff team fostered and encouraged working in partnership with other professionals and agencies.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service and had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. (Regulation 17 (1) (2) (a) (b)).</p>