

Dennis Moore - Care Ltd

# Dennis Moore Care Ltd

## Inspection report

Brideoake Care Home  
Widdows Street  
Leigh  
Lancashire  
WN7 2AE

Tel: 01942601770

Date of inspection visit:  
20 March 2019

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## Ratings

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

# Summary of findings

## Overall summary

About the service:

Dennis Moore Care Ltd known to people as Brideoake Care Home is a residential care home which provides accommodation and personal care for up to 20 people. On the day of the inspection the home had full occupancy.

People's experience of using this service:

- There was a warm and friendly atmosphere when entering the home. There was lots of laughter and respectful conversations heard throughout the day.
- Some people had been at the home for a long time and they told us they were happy with the care they received. Relatives spoke highly of the care and commitment of the staff.
- Information about people's care and support needs were detailed in a person-centred support plan. Care plans were regularly reviewed and updated to reflect any changes in people's needs.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- The registered manager and staff worked closely with other healthcare professionals so people's health and wellbeing was maintained.
- At the time of the inspection the home was undergoing a large amount of building work. Environmental risk assessments had been completed to ensure the safety of people living, working and visiting the home.
- Health and safety certificates were up to date and valid.
- Systems were in place to help ensure the safety and protection of people who used the service. This included the safe management of medicines, effective recruitment and training.
- The home is a family run home with consistent management and oversight by the provider and the registered manager.
- Opportunities were provided for people who used the service, relatives and staff to feedback their views and opinions on the service provided. People spoken with told us they had no complaints about the service. However, they told us if they had any worries they felt the registered manager would address these immediately.
- People engaged with the registered manager and the provider throughout the inspection. People told us that the management team were very approachable and supportive.

Rating at last inspection:

Good and the last inspection report was published on 21 September 2016. For full details, please see the full report which is available on the CQC website at [www.cqc.co.uk](http://www.cqc.co.uk)

At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

Why we inspected:

This was a planned inspection based on previous rating for the home.

Follow up:

We will continue to monitor information and intelligence we receive about the home to ensure good quality care continues to be provided. We will reinspect the home in line with our timescales for Good services.

However, if we receive any information of concern 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?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Dennis Moore Care Ltd

## Detailed findings

### Background to this inspection

#### The 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was completed by two Adult Social care inspectors from the Care Quality Commission (CQC).

#### Service and service type:

Brideoake is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during the 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:

The inspection took place on 20 March 2019. This inspection was unannounced. This meant the service did not know we would be visiting on this day.

#### What we did:

We reviewed the information we had received about the service since the last inspection. This included the last inspection report, details about incidents that the provider must notify us about and we sought information from the local authority and professional who work with the service. We used the information sent to us in the Provider Information Return (PIR). This is information we require providers to send to us at least annually to give us some key information about the service, what the service does well and any improvements they plan to make. We used this information to plan our inspection and inform our judgement.

During our inspection we spoke with the provider, the registered manager, three members of staff, four

people who used the service, the maintenance person, a volunteer, two visitors and one healthcare professional.

We used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed people were relaxed and comfortable with the staff that were caring for them.

We reviewed three care files, medication and medication administration record sheet (MARs), two staff recruitment files, as well as records relating to the oversight and running of the home; environmental assessments, audits, policies and procedures.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- Risk to people were identified, assessed and documented. The service took a person-centred approach to managing risks, based on individual needs and abilities, allowing people independence and choice.
- The provider and the registered manager undertook environmental risk assessment and regular checks of the environment, fire equipment and water checks. Other checks were completed on lifting equipment and wheelchairs to ensure they were fit for purpose.
- Due to the building work at the home further risk assessments had been completed to ensure the safety of people living at the home, staff and visitors.
- A fire risk assessment was in place and was to be reviewed and updated when the building work was completed.

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

- People told us they felt safe living at the home. One person said, "Yes, I do think I am safe here. All the staff are lovely". A relative told us, "I know my [relative] is safe, I have no worries or concerns."
- The safeguarding and whistleblowing policies were up to date and were accessible for staff to refer to them if required.
- All staff had received training in protection of vulnerable adults and when we spoke with them they demonstrated a good understanding of the different types of abuse and what they would need to do if they had any concerns.
- The registered manager was aware of their responsibilities to liaise with the local authority if safeguarding concerns were raised.
- Accidents / incidents were reported and recorded, and actions taken to minimise any reoccurrences were in place.

Staffing and recruitment:

- The provider followed safe staff recruitment procedures. The registered manager continued to carry out relevant checks prior to new staff commencing in employment at the home.
- Sufficient numbers of staff were available to meet people's needs. Staff spoken told us they thought that staffing levels were satisfactory. One visitor told us, "I don't have a problem with the staff, there is always someone around."

Using medicines safely:

- Peoples medicines continued to be managed safely.
- Records showed that medication was administered as required. Each person had a medication

administration record (MAR) which detailed the medicines they required and when they were administered. These had been completed accurately.

- Medicines were safely stored in a lockable trolley in a locked treatment room.
- We saw that some medicines required storing at a low temperature. A medicines fridge was available, and fridge and room temperatures recorded daily.
- We observed a member of staff administering medicines. This was done considerately and unrushed.

Preventing and controlling infection:

- Care staff had completed training in infection prevention. Staff had access to personal and protective equipment, for example disposable gloves and aprons.
- Infection control audits had been completed and from our walk round the home it was evident a high standard of cleanliness was maintained. One visitor spoken confirmed the home was always clean and fresh which they thought was a big bonus.

Learning lessons when things go wrong:

The provider and the registered manager were actively involved in all aspects of the service and were keen to learn and listen to people's comments to make improvements and enhance the experiences of people lived at the home.



# 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

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the importance of gaining consent from people prior to completing any care tasks and we saw throughout the inspection that people were offered choices and remained in control. For example, what food they wished to eat and where they wished to eat it.
- We found the registered manager continued to work within the principles of the MCA, so people's rights were protected. Information was available to guide staff with regards to capacity and consent. In the care files we looked at we saw that capacity assessments had been completed. Staff confirmed they had completed training in MCA.
- Best interest meetings were evidenced in some of the care files we looked at where people were people lacked capacity to make decisions and choices for themselves.

Staff support: induction, training, skills and experience:

- The service supported staff to access training and kept a training matrix to show when people had completed essential training, or when refresher training was due. Staff confirmed they completed an induction programme on commencing work at the service.
- People we spoke with thought the staff had the necessary skills to carry out their jobs effectively.

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

- People were encouraged and supported to maintain a healthy diet. The meals were home cooked and menus had been devised with the registered manager, people living at the home and the kitchen staff. We

were told if people wanted an alternative to the meal offered this was not a problem. People spoken said the food was good.

- As part of our inspection we used a Short Observation Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed people were relaxed and comfortable with the staff that were caring for them and assisting them with their meal. Staff offered encouragement and sat chatting with them during their meal.
- We saw in the care records we looked at a nutrition and hydration plan which included if people were at risk of choking and whether a special diet was required due to a medical condition.
- People's weight was monitored so any changes in weight could be identified and responded to.
- Where concerns had been raised regarding food and fluid intake, monitoring charts were in place and had been accurately completed by staff.
- People's needs were supported by a consistent staff team. Several of the staff spoken with had worked at the home for a number of years.

Staff working with other agencies to provide consistent, effective, timely care:

- Where necessary the registered manager had made referrals to the other healthcare professionals such as the dietician or the Speech and Language Therapy team (SALT) for their advice and support.
- We spoke with a visiting healthcare professional who told us that she found the staff to be very helpful and that they acting on any advice when given. They told us they were very happy with the care their patients received.

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

- A relative spoken with described the home has having 'A lovely warm and welcoming feeling when you walk in'.
- At the time of the inspection the home was in the process of refurbishment, so design and decoration were a work in progress. However, from our walk round the home we observed that bedrooms were decorated to a high standard and personalised with people's own possessions brought with them from home.
- The lounge / dining area and other communal areas were comfortable and allowed people choice of where they wished to spend their time.
- On completion of the refurbishment people will have access to private garden areas.
- The home had suitable aids and adaptations. For example, grabrails, raised toilet seats and assisted bathing equipment.

Supporting people to live healthier lives, access healthcare services and support:

- The service worked closely with a range of healthcare professionals such as GPs, the community nursing team. One relative told us, "When [relative] was taken ill, they [staff] called the doctor out. They [staff] let me know what is going on. They are very good like that."
- Care records noted visits any visits form healthcare professionals and other appointments such as hospital visits, opticians and podiatry.
- We saw referrals to professionals when any issues or concerns had been identified, such as concerns around skin integrity and poor nutritional intake.
- The home had recently completed Nursing and Residential Triage Tool (NART) training. The aim being to reduce the number of high intensity people being admitted to inpatient care and to support staff to make the correct decision if calling for clinical assistance.

# 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

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:

- One person told us they were happy living at the home. Another said, "They [staff] are always pleasant and helpful." One relative told us, "The home is very good, very caring. Staff are like family." Another said, "The staff are so caring. You can't fault the place."
- Throughout the day we observed and heard staff interactions with people. We observed people were relaxed and comfortable in staff presence. We heard respectful and appropriate banter between staff and people living at the home.
- We saw that people were treated with kindness and addressed by their preferred name.
- Policies, staff training, assessments and people's records explored equality and diversity and promoted and demonstrated anti-discriminatory practice.
- The staff upheld the rights of people they supported and ensured they determined their care needs and how these were met.

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

- People were supported to express their wishes, needs and preferences and were consulted about in reviews of their care plans. Relatives, where appropriate were also consulted and invited to reviews. One person told us the staff communicated with them very well.
- Staff understood people's routines, preferences, likes and dislikes.
- Staff supported people to make decisions about their care. These were recorded in the care plans. For example, time of getting up and going to bed and preferences for a shower or bath.

Respecting and promoting people's privacy, dignity and independence:

- We observed during the day staff considered people's privacy and provided care in a discreet and dignified manner.
- Where people were in their bedroom or bathroom we observed that staff knocked on the door and waited before entering. People had the choice of having a key to their room if they wished.
- Relatives spoken with told us they had no concerns on how staff maintained people's dignity. For example, asking people if they needed to go to the bathroom was done quietly and respectfully.
- From our observations we saw the people were well groomed and appropriately dressed. People had access to the homes hairdressing salon.
- Aids and adaptations were provided where people needed assistance to help keep them safe as well as enabling them to maintain some independence.
- People were supported to maintain their independence and engaged in a range of activities.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- The service continues to involve people, and relevant others, in the assessment and care planning process.
- Care plans were person centred and included information about what was important to them, and what they enjoyed and what they did not like to do. There were sections in the care plans relating to people's health and social care needs.
- We saw the care records were regularly updated and any changes to people's care needs were recorded to ensure that staff had current information.
- Multi-disciplinary records indicated any involvement with health and social care professionals.
- In the event of a person having to go to hospital, a hospital transfer sheet was available. This informed hospital staff about the person, contact details, their medication and medical history.

Improving care quality in response to complaints or concerns:

- Information was available on how to complain and was readily available to people. The information was also the service user guide which was given to people when they moved in to the home. This was available in large print and easy for people to read.
- People spoken with raised no worries or concerns about living at Brideoake. People told us, "It's lovely, I have no complaints". A relative spoken with said, "It's great, the staff are great, and I have nothing but praise for them." Another said, "If I was worried about anything I would speak to the manager."
- The registered manager had not received any complaints. However systems were in place for the reporting, investigating and responding to any issues or concerns brought their attention.
- The home had received a number of compliment cards thanking the staff for the care and support to their relatives and the support offered to the family.

End of life care and support:

- People were encouraged to complete advanced care plans which included how they would like to be supported at the end of life.
- We saw some staff had completed training in this area to ensure that people's last days were pain free and they could be cared for by staff who they knew and could trust.
- Staff had worked closely with healthcare professionals to ensure pain relief was available when required and involved families whilst recognising they also needed support.
- As part of the refurbishment the home will have two bedrooms used for caring for people approaching end of life. Families can stay in the rooms with their relative. Families would have access to make drinks and refreshments for themselves without having to leave their relatives alone.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home was a family run home. Both the provider and the registered manager had a 'hands on' approach and had daily contact with people living at the home, relatives and staff.
- From speaking with staff, it was clear they understood their roles and responsibilities.
- Staff said they worked well as a team and felt supported by the management. They told us that the management team were approachable and always available for advice and support.
- Staff had access to up to date policies and procedures to refer to as and when required.
- Audits were completed on a regular basis. Audits were in place for medicines, infection control, safeguarding, accidents and incidents and the general running of the home. Any actions identified were addressed within a given timescale.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People and their relatives spoke highly of the management team. A healthcare professional told us that, "Brideoake currently had a strong management team working at the home and were committed to driving improvements."
- The provider had a real focus on workforce developments and recognition of the staff team with one staff member receiving an award in care from Wigan Council.
- Visitors spoken with told us, "It's a really good home, well run. I would have no hesitation recommending this home to other people."
- The service had a statement of purpose and a service user guide which outlined the aims and what people could expect from the service.
- CQC were kept informed of any incidents and events in line with legislation.

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

- The registered manager checked informally with people living at the home regarding their satisfaction with the service and if any improvements were required.
- Residents and relative meetings were held on a regular basis to provide an opportunity to raise any issues or concerns. People had been kept fully informed on the progress of the building work and the changes planned for home.
- Staff told us they too were actively involved and were encouraged to share their views and ideas through

supervisions and team meetings.

Continuous learning and improving care:

- The service worked well with other healthcare professionals and worked with other groups to achieve best outcomes for people. For examples community circles, hubs and volunteers.