

Century Healthcare Limited

# Brimstage Manor Nursing Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Brimstage Manor is a care home providing nursing care to up to 46 people living with dementia. At the time of the inspection, there were 41 people living in the home.

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

Medicines were not always managed safely as we found gaps in the recording of medicines administered, they were not always stored in line with guidance and they were not always administered as prescribed. There were sufficient numbers of safely recruited staff available to support people. The environment was safely maintained and risks to people had been assessed and mitigated. When necessary, referrals had been made to the local safeguarding team appropriately.

A new system of regular checks had been implemented to monitor the quality and safety of the service, however they were not always effective in identifying areas that may require improvement. Feedback regarding the management of the service was positive and the registered manager took responsive action to address concerns raised during the inspection.

People's consent to their care was sought and recorded in line with the principles of the Mental Capacity Act 2005. 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. People's nutritional needs had been assessed and specialist diets and preferences were catered for. Staff were supported through regular training, supervision and appraisals, to ensure they had the necessary skills to meet people's needs effectively. People's needs had been assessed and they were supported to access relevant health and social care services when needed

Care plans had been rewritten since the last inspection and most were detailed and based on the needs and preferences of the individual. Two of the four care files reviewed required further updating to ensure they reflected people's most up to date needs. There was a range of activities available, both in the home and in the community and relatives were encouraged to participate in these. A system was in place to manage complaints and people knew how to raise their concerns. Staff were trained to support people at the end of their lives.

Staff had developed meaningful relationships and knew the people they supported well, including their individual preferences regarding their care. People's independence, dignity and privacy were promoted and protected by staff. One person told us, "The staff are great and look after me well" and a relative said, "The staff are extremely kind, the most caring place we found."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 November 2018) and there were breaches of regulation identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found that some improvements had been made, but further improvements were required and the provider was still in breach of two regulations. The last rating for this service was requires improvement. The service remains rated requires improvement. This service has now been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to the safe management of medicines and the governance of the service at this inspection.

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

Since the last inspection we recognised that the provider had failed to comply with the conditions of their registration as they had not had a registered manager in post since March 2017. The provider accepted a fixed penalty and paid this in full.

#### Follow up

We will request an action plan for 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors, a specialist advisor who was a Pharmacist and an 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 single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality and safeguarding teams. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and nine relatives about their experience of the care provided. We spoke with seven members of staff, as well as the registered manager, general manager and operations manager. We used the 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to safe recruitment and additional records regarding staff support and training. A variety of records relating to the management of the service, including policies and procedures and audits were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# 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 as requires improvement. At this inspection this key question has remained the same. 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.

### Using medicines safely

At our last inspection we found that medicines were not always managed safely as pharmacist advice was not sought for people who received their medicines covertly, medicine fridge temperatures were not monitored and protocols were not in place for people who were prescribed medicines as and when required. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection, we found that some of these issues had been addressed, but further concerns were identified and the provider was still in breach of regulation regarding this.

Prior to the inspection we received information of concern in relation to the administration of medicines. We took this into account when we looked at the systems and processes relating to the management of medicines.

- Medicines were not always stored as required. For instance, records of fridge temperatures showed the fridge was not always maintained within the recommended temperature range.
- New medication administration records (MARs) were not always checked by a second nurse. This increased the risk of errors occurring. For instance, one person had received a new MAR chart that day, which had one medicine missing and this was highlighted by CQC. Records showed another person had missed two doses of one of their medicines as it had not been added to a new MAR chart. However, further investigations by the registered manager after the inspection, suggested the person had received the medication and it was a recording error.
- Records showed that there were some gaps in the recording of administration, with no explanation as to why the medicines had not been given. One out of date medication was observed in the trolley. This was raised by CQC and discarded straight away.

Failure to manage medicines safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

- All staff administering medicines had undergone training and had their competency assessed.
- There were detailed records for each person to advise staff how people preferred to take their medication. When people were prescribed medicines as and when required, there were clear records to inform staff when these medicines should be administered.

Systems and processes to safeguard people from the risk of abuse

- A safeguarding policy was in place to guide staff in their practice. Staff had completed safeguarding training and were knowledgeable about safeguarding processes and how to raise concerns.
- Safeguarding referrals were made to the local authority appropriately.

Assessing risk, safety monitoring and management

- Not all staff were fully aware of emergency evacuation procedures, or how to use the equipment. This was raised during the inspection and the registered manager arranged for training to commence that day. Some personal emergency evacuation plans required additional information to ensure staff were aware of people's needs in the event a full evacuation of the home was required.
- People and their relatives told us Brimstage Manor was a safe place to live. Comments included, "I feel content when I leave, that my [relative] is safe" and "I feel safe here yes, everybody knows everybody."
- Regular internal and external checks were made on the building, utilities and equipment to help ensure they remained safe.
- Individual risks to people had been assessed and measures had been taken to reduce risks.

Staffing and recruitment

- Staff were recruited safely as relevant recruitment checks were evident in staff personnel files. This helped to ensure that only people suitable to work with vulnerable adults were employed.
- Registrations to professional bodies were checked on a regular basis.
- When agency staff were utilised, the registered manager received information regarding their recruitment and training to ensure they had the skills to support people effectively.
- Most people told us there were enough staff to support people in a timely way. They told us, "There's always lots of staff about, they're very friendly and pop in and out of his room", "Mostly enough staff here, sometimes it takes a few minutes to find one, but I haven't needed to use the call bell often" and "There's usually enough staff around." Another person told us, "I am not sure if they're short staffed, there's enough but they need to be on the ball."
- We observed people being supported by staff in an unrushed manner and call bells were answered in a timely way during the inspection.

Preventing and controlling infection

- An infection control policy was in place to guide staff in their work. The home appeared clean and one relative told us, "The place is spotless."
- Gloves and aprons were available to staff to help prevent the spread of infection and these were used appropriately.
- Bathrooms contained liquid soap dispensers and paper towels in line with infection control guidance.

Learning lessons when things go wrong

- The registered manager had created a 'learning for safety' file. This included information regarding events from both within the home, and the providers other homes. It provided information regarding identified best practice, as well as learning from errors.
- Accidents and incidents were recorded appropriately. They were reviewed each month by the registered manager, to look for themes or trends to establish if any risk reducing measures could be implemented. However, we identified two incidents that had not been reported through the internal processes for further review. This was raised with the registered manager and clinical incident forms were created following the inspection.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving into the home, so that staff were aware of their needs and how they could be met effectively.
- In line with recent guidance, people had their oral health needs assessed and staff had access to a new policy to guide them how to best support people with these needs.

Staff support: induction, training, skills and experience

- Staff told us they were well supported and felt they could raise any issues or ask for additional training at any time. One staff member said, "I feel really well supported. I feel like I've had good guidance."
- Supervisions were completed regularly, and one staff member told us they were, "Very useful" and they provided the opportunity to put ideas forward and address any concerns.
- All new staff received a comprehensive induction. One staff member told us their induction was, "Very in-depth. It is the most thorough I have had."
- Records showed that staff had completed training to ensure they had the knowledge to meet people's needs safely. They also had their care competencies checked regularly.

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

- People and their relatives told us the food was enjoyable. Their comments included, "The food is good, my [relative] eats all they can get", "There's always snacks and drinks available", "The food is good, and all home cooked" and "The food looks good, [relative] always eats everything."
- Staff knew people's individual dietary requirements. Information regarding people's dietary needs and preferences was available to all staff in mealtime passports, which were available in the dining room for staff to refer to if necessary.
- Records showed that people were asked their feedback regarding meals and changes made based on the results of the feedback. There was always a choice of meal available and alternatives to those choices if required.
- Professional advice was sought if there were concerns regarding people's intake or ability to eat safely. Advice provided by professionals was reflected in people's care plans.

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

- Changes had been made to make the environment more suitable to people living with dementia. This included themed corridors, tactile walls and use of pictorial signage to help guide people around the home.
- Rooms were personalised and contained people's own photographs, furniture and pictures.

- A lift gave access to all floors of the home. Bathrooms had been adapted to help ensure all people could access them.

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

- If there were concerns regarding people's health and wellbeing, referrals were made to other health professionals in a timely way, for their specialist advice.
- Relatives confirmed that staff were quick to seek medical advice if their relative was unwell and that they were kept informed. They said, "I'm notified immediately if [relative] has to see a GP" and "They communicate well, I often get calls to let me know how [relative] is."

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

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 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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications to deprive people of their liberty had been made appropriately and a register was maintained to monitor these to ensure they were reapplied for before they expired. Applications and authorisations were reflected in people's care plans and conditions were met.
- People's consent to their care was sought and recorded in line with the principles of the MCA.
- Best interest decisions were recorded when people lacked the capacity to make specific decisions and records showed that relevant people were involved in these decisions.
- People were supported in the least restrictive way possible. Staff supported people to access the community when they were not safe to go alone.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback from people regarding the care provided to them was positive. One person told us, "The staff are great and look after me well."
- Relatives told us their family members were treated well and with respect. Their comments included, "The staff are extremely kind, the most caring place we found", "If I was ill I wouldn't mind being here, they are caring and good at their job", "Well looked after and cared for, all you could ask for really", "They are brilliant" and "It's very nice here, pleased with the way they care for [relative], no problems at all."
- Comments viewed in recent surveys from family members stated, "The care of my [relative] is excellent and I would certainly recommend the home to anyone" and "I am very happy with the care [relative] is receiving in this home. All staff are friendly and caring." A compliment letter from a family member also reflected how staff not only cared for and supported people living in the home, but also family members. It read, "Your care and love went beyond your love for [name] and you cared for myself and indeed all of our family. You made many difficult days bearable. Truly you are the best."
- We observed warm and friendly interactions between staff and people living in the home and it was clear that staff knew people well. For example, we saw a staff member reassuring a person who had become distressed. The staff member used their knowledge of the person's family and past, to generate relevant conversations that helped to reduce their agitation.
- People's diverse needs were known and respected. Policies were in place in areas such as equality and diversity, to ensure staff were aware of the importance of treating people as individuals. People were supported to maintain and practice their faiths and beliefs and care plans supported this.

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

- A service user guide was available to people when they moved into the home. This provided information about the service and what people could expect, to help them make decisions about their care.
- People were supported to make decisions, and when necessary, support and advice from advocacy services was requested.
- People's feedback was sought regularly, in areas such as meals and activities and it was clear that changes were made based on the feedback.

Respecting and promoting people's privacy, dignity and independence

- Care plans were written in ways that reminded staff to provide care that encouraged people to maintain their independence. They described what people could do for themselves and what they required staff to support them with.

- Staff were able to describe ways they protected people's privacy when providing care and we observed people's dignity being maintained throughout the inspection.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At the last inspection we found that care plans lacked detail, did not accurately reflect people's needs and were not person centred. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was no longer in breach of regulation regarding this. Although further improvements were required.

- All care plans had been rewritten since the last inspection. They were detailed and based on the needs and preferences of each individual. However, some plans did not reflect people's up to date needs and required further updating. For instance, one person required one to one support from a staff member for several hours throughout the day, but this was not reflected within their care plan. Staff were aware of this need and the care was provided. The registered manager ensured the care plan was updated by the end of the inspection.
- People's preferences and wishes in relation to each aspect of their care and treatment were reflected throughout the care plans. This enabled staff to get to know people as individuals.
- The service user guide reflected the service ethos; not discriminate against people on the grounds of race, nationality, language, gender, religion and beliefs, sex or sexual orientation or social standing.

Meeting people's communication needs

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

- People had individual communication care plans which helped ensure staff communicated with people in ways that they could understand. For instance, one person required staff to use a white board to help communicate effectively with them and this was recorded in their plan of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a range of activities available to people both within the home and in the local community. An activity coordinator was employed, and they organised group and one to one activities. People had recently enjoyed a trip to a local pub for lunch and some people's relatives met them there.
- We observed people enjoying a sing a long during the inspection and a relative told us, "We have been

particularly impressed with the number of activities, which [relative] thoroughly enjoys."

- Relatives told us they could visit the home at any time and one relative told us, "They always make us feel welcome."

#### Improving care quality in response to complaints or concerns

- A complaints policy was available and information on how to make a complaint was included within the service user guide and was on display within the home.
- Relatives told us they knew how to make a complaint should they need to. One relative told us, "I only made one complaint and it was resolved well" and another relative said, "Any complaints I would take to [registered manager] in the office."
- Records showed that any complaints received were investigated and responded to.

#### End of life care and support

- Care plans showed that people had been given the opportunity to discuss their end of life wishes. These were recorded so staff could provide support during this time in line with people's preferences.
- Nursing staff had recently completed training in end of life care and the service had achieved the locally recognised Six Steps award.

# 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 requires improvement. At this inspection this key question has remained the same. 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.

### Continuous learning and improving care

At the last inspection we found that systems in place to monitor the quality and safety of the service were not always effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements to the governance systems had been made, but further improvements were required to ensure they were always effective.

- The systems in place to monitor the quality and safety of the service had been reviewed and updated since the last inspection. We found however, that they did not identify all the issues we highlighted during the inspection, so were not fully effective.
- We also identified several incidents that had not been reported through internal governance systems to ensure they were investigated thoroughly, and measures put in place to reduce the chance of them recurring. The registered manager ensured these incidents were reported following the inspection.

Failure to ensure systems were in place to effectively monitor and improve the quality and safety of the service is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took responsive actions during the inspection, to address any issues raised.

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

- Feedback regarding the management of the service was positive. Staff told us, "The manager is fabulous, I could not praise them enough", "I love it here, [manager] has a lovely manner but gets things done" and "Morale is the best it has been." A comment in a recent staff survey read, "Good positive leadership is helping towards a culture that staff work together for the clients."
- Relatives agreed that improvements had been made in the service and told us, "Since [manager] has come into post things have much improved. There is a warmer, friendlier atmosphere. We have noticed that [relative] is less anxious and happier when we visit."
- Staff told us they were well supported in their roles and could raise any concerns they had with the registered manager. The registered manager told us they always listened to staff feedback and took action when required. For instance, staff had highlighted the need for an additional member of staff to be on duty

at night and this had since been implemented.

- It was evident that changes were made based on feedback provided. For example, when people had completed comment cards, any actions taken based on the information shared was recorded on the back of the card for people to see.

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

- Staff told us that they would not hesitate to inform the managers of any issues or concerns they were aware of.
- Relatives were kept informed of any incidents that involved their family member as required.
- Accidents, incidents and complaints were regularly reviewed and acted upon to ensure the service acted in an open and transparent way.

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

- The provider had previously failed to comply with the conditions of their registration as they had not had a registered manager in post since March 2017. The provider accepted a fixed penalty and paid this in full and a registered manager is also now in post.
- The registered manager was fully aware of their responsibilities. They were aware of events and incidents that needed to be notified to CQC and these had been submitted appropriately.
- Ratings from the last inspection were displayed as required.
- A range of policies and procedures were in place to help guide staff in their roles.

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

- Systems were in place to engage with people and seek their feedback regarding the service. This included care plan reviews, meetings, quality assurance surveys and a complaints process.
- The registered manager maintained good working relationships with other health and social care professionals, to ensure good outcomes for people. They took part in local initiatives, such as those with health services and the local authority, to help ensure they provided best practice support to people.
- The provider arranged regular registered manager and matron meetings, enabling staff from all their services to get together, share best practice and learning experiences.



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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not always managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems in place to monitor the quality and safety of the service were not always effective in identifying areas in need of improvement.