

HC-One Limited

Brindley Court

Inspection report

Station Road
Longport
Stoke On Trent
Staffordshire
ST6 4ND

Date of inspection visit:
21 January 2020

Date of publication:
18 February 2020

Tel: 01782828410

Website: www.hc-one.co.uk/homes/brindley-court

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

Brindley Court is a residential care home providing personal and nursing care for people aged 65 and over, and younger adults with physical disabilities. The service can support up to 52 people. The accommodation is provided in a single building, arranged over two floors, with communal facilities including lounges and dining rooms on each floor, a hairdressing salon, and a secure garden. At the time of our inspection, 48 people were using the service, some of whom were living with dementia.

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

People were cared for by kind, caring staff who created a warm and welcoming environment. People told us the staff always respected their privacy and dignity and provided care in their preferred way. People were supported to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt safe and were protected from the risk of harm by staff who understood their responsibilities to identify and report any signs of potential abuse. There was a consistent approach to safeguarding and any concerns were taken seriously and investigated thoroughly in an objective way.

Risks associated with people's care and support were managed safely. People received their prescribed medicines when needed and there were suitable arrangements in place in relation to the safe administration, recording and storage of medicines. Staff were trained and supported to meet people's changing needs. The provider ensured there were enough, suitably recruited staff to meet people's needs and promote their wellbeing.

People's care and support plans reflected their needs and preferences and were regularly reviewed. People's diversity was recognised and promoted by the staff and systems were in place to meet people's communication needs.

People were supported to access activities that were inclusive and based on their interests. They benefited from close links with the local community, which increased people's opportunities for friendship. People had choice over their meals and were supported to access other professionals to maintain good health.

People were actively involved in the running of the home and their views on how the service could be improved were acted on as far as possible. People and their relatives had access to a formal complaints procedure and felt confident any issues raised would be resolved.

There was an open and inclusive culture, led by a registered manager who was committed to improving people's care and support. Governance arrangements were well embedded and effective in highlighting and rectifying any shortfalls. Staff felt valued and supported in their role.

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

Rating at last inspection

The last rating for this service was Good (published 8 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brindley Court

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 was carried out by one inspector 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

Brindley Court 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.

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, which included statutory notifications from the provider, which inform us of important events that happen in the service. The provider was in the process of completing a provider information return. 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. The registered manager shared the information they planned to include in their submission with us. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and nine relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, nurses,

care workers and the chef. We also spoke with two members of the provider's senior management team, who attended to support the registered manager during the inspection. 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 recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received information in relation to staff recognition systems.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People and relatives had mixed views when we asked if there were enough staff to meet their needs. For example, a relative said, "Oh yes there are enough to keep an eye on [name of person]". Another said, "Sometimes they could do with an extra body on".
- Our observations showed there were enough staff to keep people safe and meet their needs. Staff were available when people requested assistance and call bells were responded to promptly. Staff told us they were sometimes stretched during busy times, but they worked together to ensure people were not rushed. A staff member said, "Sometimes we struggle with short notice absences. We go with the flow, and don't rush [people's care] because that's when you forget something. There is always help from the nurses and the manager, who has covered shifts".
- The registered manager kept staffing levels under review and an additional member of staff had been deployed in response to feedback received in the resident/relative survey. Call bell response times were monitored, and people's dependency levels were continually reviewed to adapt staffing levels to meet people's changing needs.
- Recruitment systems were robust and ensured suitable staff were recruited to support people,

Systems and processes to safeguard people from the risk of abuse

- People felt safe and were protected from the risk of abuse because staff knew how to recognise and report abuse. One person said, "I would speak to anyone [if I was worried]".
- The provider had effective safeguarding systems which followed local safeguarding procedures. Any concerns raised were thoroughly investigated and reported to the local safeguarding team when needed and learning shared with the staff team to help reduce the risk of reoccurrence.
- The registered manager notified us of any safeguarding concerns in accordance with the requirements of their registration with us.

Assessing risk, safety monitoring and management

- People felt safe and well cared for by the staff. One person said, "I feel very comfortable and well looked after". Relatives we spoke with told us they had no concerns about their family members.
- Staff understood people's needs and followed risk management plans which gave them detailed information on how to manage identified risks, for example when supporting people to move using equipment or how to minimise the risks of developing sore skin through pressure damage.
- Risk assessments and risk management plans were reviewed and information on people's changing needs was shared at handover sessions between shifts. This ensured staff always had accurate information on how to care for people safely.

Using medicines safely

- Staff managed medicines consistently and safely. People received their medicines when they needed them. Staff spent time with people and checked to ensure the person had taken the medicine before moving on.
- Staff were trained and observed to ensure people received their medicines as prescribed.
- Staff kept accurate records which were monitored to ensure errors were promptly identified and rectified.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- The home was clean, and staff were observed to be using personal protective equipment when needed.
- Staff received training and understood their responsibilities to follow infection control procedures to keep people safe from the risk of infection.

Learning lessons when things go wrong

- There was an open culture at the service which encouraged staff to report any concerns.
- Accidents and incidents were thoroughly investigated to identify any learning which may help to prevent a reoccurrence.

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 and relatives were positive about the effectiveness of the care and support staff provided. One relative said, "They all know what they are doing and are friendly".
- People's needs were assessed and planned for in line with evidence-based guidance and prompt referrals were made to external services to make sure people's needs were met holistically.

Staff support: induction, training, skills and experience

- Staff were supported to fulfil their role through training, observations of their practice and regular supervision and appraisal meetings. One member of staff said, "I enjoy the training, I learn something new every time. I've just had my appraisal, but I know I can go to the manager [any time] if I have any concerns".
- New staff shadowed more experienced staff during their induction period, until they and their manager were confident they were able to work unsupervised. One staff member told us, "I've only been here a short time but being able to shadow has helped me to get to know most of the people on this floor already".

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

- People had choice and were fully involved in making decisions about their meals. A resident representative liaised with the registered manager and chef to ensure people's preferences were met, including any cultural, ethical and religious needs, for example vegetarian meals, Halal or Kosher diets.
- People told us they enjoyed their meals and had access to sufficient amounts of food and drink throughout the day.
- People were protected from the risk of poor nutrition, dehydration and swallowing problems. When any concerns were identified, staff monitored people's weights and acted on advice from relevant professionals, including the dietician and speech and language therapist to ensure people's needs continued to be met.

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

- People were supported to manage their day to day health and had access to ongoing support from their GP and other professionals including physiotherapists, occupational therapists, chiropodists and dentists. A relative told us, "[Name of person] has seen the district nurse and the GP is called if needed".

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

- The home was purpose built to meet people's needs, with several different areas where people could choose to spend their time, including having access to safe, outside space .
- Pictorial signage and scenes of the local area were displayed in the corridors, which helped people to

orientate themselves.

- People personalised their bedrooms to their own taste. One person's relative told us, "It's personalised and home from home here for [name of person]".

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.

- People and relatives told us, and our observations confirmed that staff sought people's consent before providing support. A relative told us staff understood how their family member communicated consent, "Staff do ask, and they observe [and act on] body language".
- Staff had received training in the MCA and DoLS and understood their responsibilities when people lacked the capacity to make certain decisions. We saw they recorded their actions and assessments appropriately, which assured us people's rights were being upheld.
- We saw appropriate authorisations to deprive people of their liberty had been obtained from the local authority and staff followed the requirements in the DoLS.

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

- People had good relationships with staff, who always treated them with kindness and respect. One person said, "The staff are good and caring". A relative said, "They are absolutely lovely, everybody always speaks, [name of person] loves them all".
- Relatives were equally positive about the staff and praised the warm and caring environment they created. One relative said, "I have no worries and leave here with peace of mind. I know that the staff do more than I could manage at home". Another said, "It's fantastic, there's a good set of staff and we can relax knowing [name of person] is in safe hands".
- Staff showed genuine affection for people and their relatives. One member of staff stopped to hug a relative and ask after their family member, which was clearly appreciated. The person's relative told us, "It's like a community here. The staff are very respectful and treat everyone as they would their own family".
- Staff were committed to providing good care and went out of their way to support people, for example supporting a person to attend a close family member's wedding, which had been very important to them. One staff member had been nominated by a person's relative for a "kindness in care" award, which praised their 'moment of kindness' in recognising that their family member was unwell and needed to go to hospital without delay.

Respecting and promoting people's privacy, dignity and independence

- Staff were courteous and polite and respected people's privacy and dignity. They were discreet when asking people if they required support with personal care and encouraged them to be as independent as they wished. One member of staff told us, "We close the bedroom door and curtains for privacy and cover people with towels. I offer them a flannel and let them do what they can".
- Staff were encouraged to notice and challenge any failings in how people were treated at the home. Two staff members had recently spent 24 hours as a resident, with several temporary health needs. The registered manager told us they shared their experience with the staff team afterwards. They said, "It really opened their eyes, for example they've said they make sure they answer call bells more promptly, letting people know they are coming to help".

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

- People were encouraged to play an active role in the day to day running of the home, which had a positive impact on their self-esteem. Resident representatives met with the management team to give their views on issues including the food, activities and staff recruitment. The registered manager told us, "[Name of person] sits in on staff interviews. They ask their own set of questions and give their opinion on the person after the

interview. The other day they came up to me and pointed out a new member of staff saying, 'that was down to me', they were so proud of themselves".

- People's families were encouraged to support their relatives to make decisions when it was appropriate, and advocates were available if needed. An advocate is a person who supports people to express their wishes.

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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People enjoyed a regular programme of activities and events, that were inclusive and based on people's interests. On the morning of our visit, people enjoyed armchair exercise, led by an external instructor. The room was full, and people were clearly enjoying themselves, demonstrated by lots of laughter and chatter. The registered manager told us, "Everyone wants to join in, they love it".
- The registered manager and staff used creative ways to encourage person-centred activities. For example, "stop the clock" had been trialled, whereby all staff spent five minutes with a person, supporting them with an activity that was important to them. For example, giving a person a hand-massage or tidying up their bathroom. The registered manager said, "People told us it made them feel special".
- The registered manager liaised with the home's resident representative for activities, to get feedback on the programme of events, to ensure it met people's needs and preferences.

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

- People received personalised care that met their individual needs and preferences. A relative told us their family member hadn't initially settled in their bedroom. They told us, "[Name of person] is sociable and wants people around them. I spoke with the manager about my concerns and another room was offered. We accepted, and the change was made straight away. They've settled really well now; there are always people going past the room".
- People and their family members were happy with their care plans, which included people's life histories and any cultural or religious beliefs. People were supported to follow their faith and attend regular church services and Holy Communion, in line with their wishes.
- People's relationship needs were considered, and any protected characteristics recorded to ensure their preferences for how they lived their life were fully understood and respected.
- People's care was reviewed regularly, including 'Resident of the Day', which gave each person an opportunity to discuss all areas of their care and support.

End of life care and support

- When people were at the end of their life, the registered manager and staff were committed to ensuring their views were respected and acted on. A relative told us how they had decided that the home was right for their family member. They said, "I'm a nurse and I've worked in palliative care myself. There's a lovely atmosphere here, staff are friendly and approachable, I felt [name of person] would be looked after".
- The registered manager and staff worked closely with palliative care professionals and ensured any medicines were available when needed, to ensure people would have a comfortable and pain-free death.

- People's needs, and preferences were recorded in an end of life care plan, which included any cultural or religious beliefs, to ensure they were respected.
- People and relatives were supported in the grieving process. A memory service was held, where people, family members and staff lit a candle to remember loved ones and people who had passed away at the service.

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.

- We saw that people's communication needs were assessed and planned for, for example people's sensory needs in relation to wearing glasses or a hearing aid were identified and met. The registered manager was aware of the standards and told us how information was made available to people in large print when needed, or flash cards were used to support people with limited verbal communication. This showed the provider was meeting the standard.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise any concerns and complaints and were confident the registered manager would listen and resolve them. One relative said, "The manager always has time for me".
- There was a complaints policy and a procedure for logging and tracking any complaints, which showed that any complaints had been responded to promptly. The registered manager also recorded informal feedback to ensure concerns were acted on, "Some people don't want to complain formally but I want them to be able to tell me and know I will always address things".

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 remained the same. 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, inclusive atmosphere, with good teamwork evident. The registered manager was supportive and approachable. People and relatives said, "The manager is good and runs a happy ship", and, "Nothing is too much trouble".
- The registered manager led by example and communicated a clear vision about how they expected care to be provided. People, relatives and staff described this as "Treating people as family". The registered manager told us, "I instil this in staff right from the start; people are our extended family".

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

- There was a comprehensive quality assurance system which was effective in identifying and addressing issues. The registered manager had clear oversight of the service and was committed to ensuring people received good quality care.
- Additional oversight of the home was carried out by the provider's senior management team, who visited monthly to monitor key clinical information, such as when people had pressure sores or had experienced weight loss.

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 registered manager was open and transparent throughout our inspection and was clearly dedicated to their role. They understood their responsibilities under Duty of Candour and we saw that they were open and transparent with people and their families when accidents and incidents occurred.
- A copy of the latest inspection rating and report was on display at the home as required. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

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

- People were involved in the running of the home in a meaningful way. Their views were actively sought through resident's representatives, who met regularly with the registered manager.
- People and their relatives also had the opportunity to give their views at residents/relatives' meetings and through an annual survey. The outcome of the survey was published using a "You said, we did" board. Improvements were made whenever possible, for example, staffing numbers had been increased following

feedback received in the 2019 survey.

- People were actively involved in building links with the local community. For example, one person had been instrumental in securing funding for a garden project. The registered manager explained how the person had put a plan together and written to local businesses for donations. They told us, "We've got the funding now and a student from a local school will be coming to get things started in the spring".
- Staff felt valued and involved in the running of the home and their achievements were recognised through an employee of the month scheme and the "Kindness in Care" awards. A member of staff told us, "There is good communication, we work very well together, the manager asks for our views". Another said, "We are all about kind care and go out of the way with everything; I'm happy to come in on my day off if needed, it's all about the people".

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to continually improving people's care. They told us about a project they were fundraising for; to purchase an interactive touch screen table, which connects to Wi-Fi. They told us, "It will be ideal for supporting people on a one to one basis, as it's portable. People will be able to play games and talk to family and friends".
- The service worked closely with other professionals to ensure people received effective, joined up care. The registered manager described how they were able to get prompt access to physiotherapists and occupational therapists when people's mobility needs had changed, to reduce the risks of falls.