Ideal Carehomes (Number One) Limited

Brinnington Hall

Inspection report

Middlesex Road
Stockport
Cheshire
SK5 8HT

Tel: 01614063040
Website: www.idealcarehomes.co.uk

Date of inspection visit:
10 May 2018
23 May 2018
08 June 2018
10 July 2018
11 July 2018

Date of publication:
20 September 2018

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We initially undertook an unannounced focused inspection of Brinnington Hall on 10 May 2018. The inspection was prompted by a statutory notification we received of an incident relating in part to medicines management following which a person using the service died. This incident was subject to a criminal investigation and as a result this inspection did not examine fully the circumstances of the incident.

At this inspection we looked at the safety of medicines management arrangements at the home and at what action had been taken by the registered provider to prevent this type of incident happening again. Due to further medicines management concerns raised with us pharmacy inspectors returned to the service on 23 May and 8 June 2018. Ongoing concerns remained and we returned to the service on 10 and 11 July 2018 to complete a responsive comprehensive inspection.

Brinnington Hall 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. Brinnington Hall provides accommodation and personal support for up to 67 people. Sixty two people were using the service at the time of our initial visit on 10 May 2018.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager in place and was present during the inspection. The registered manager was supported by either the regional director or the compliance manager during our inspection visits.

At our comprehensive inspection undertaken in October 2016, the home was in breach of safe medicines management. At our last comprehensive inspection in July 2017, we recommended that whilst some improvements had been made to the management of medicines, all the issues had yet to be resolved. Plans were in place to change the supplying pharmacist and the home were being supported by the local Clinical Commissioning Group to help make these changes.

At this inspection we found that although the pharmacy had recently changed there were continued shortfalls in the safety of medicines management, including the reconciliation of medicines for a person recently admitted into the home.

You can see what action we told the provider to take at the back of the full version of the report.

Staff had received training in safeguarding adults. They could tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they would also be confident to use the whistleblowing procedure in the service to report any poor practice they might observe. They told us they

were certain any concerns would be taken seriously by the registered manager. Systems were in place to ensure staff were safely recruited.

Care records we reviewed included information about the risks people might experience and what action needed to be taken by staff to reduce them.

The home had achieved 98% compliance with an assessment undertaken by the local authority infection control and prevention nurse.

Staff told us they received the training and supervision they needed to be able to carry out their roles effectively.

The registered manager had taken appropriate action to apply for restrictions to be put in place, in a person's best interests, to be legally authorised by the local authority.

People told us they enjoyed the food. We found meal times were social occasions and saw the food provided was plentiful and very well presented.

People had access to the health care professionals they needed.

The registered provider had continued to make improvements to the home to help make it more dementia friendly.

The atmosphere at the home was relaxed and calm. Everyone we spoke with spoke highly of the staff and the kind and caring nature of the support they received.

Care plans were in place to help ensure staff provided the level of support necessary to manage the identified risks. Care plans were regularly reviewed to address any changes in a person's needs.

There were a wide range of meaningful activities on offer. People were supported to maintain links with their local community. People were encouraged to be maintain friendships and be socially active.

Systems were in place to manage complaints and reviews about the home were very positive.

People spoke highly of the registered manager and the efforts they had made to make improvements to the service. Staff we spoke with told us they enjoyed working in the service and felt valued by both colleagues and the registered manager.

We found that the managers demonstrated a commitment to continuing to drive forward improvements in the service. For example, a larger management team, a new electronic care planning system that enabled staff to spend more time with people and the new lifestyle manager.

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.

People's medicines were not managed and administered in a way that ensured people received their prescribed medicines safely.

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Requires Improvement

The service was not always well led.

Although it was acknowledged that the registered provider had taken significant action in dealing with medicines management concerns. The home continued to have problems with medicines management that governance systems had failed to identify.

Brinnington Hall

Detailed findings

Background to this 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 was planned to check 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.

Before our last inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider was not asked to complete a further PIR prior to this inspection because we brought our responsive comprehensive inspection forward. Prior to this inspection we looked at the information we held about the service, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law.

Our initial inspection visit undertaken on 10 May 2018 was completed by an adult social care inspector and pharmacy inspector. Pharmacy inspectors returned to the home on 23 May and 8 June 2018. On 10 and 11 July 2018 an adult social care inspector and a pharmacy inspector returned to the home to complete a responsive comprehensive inspection.

During our inspections we spoke with the registered manager, the regional director, the compliance manager, the quality support manager, two deputy managers, the care manager, the lifestyle manager, four care staff, the maintenance person and the chef.

We spoke with eight people who lived at the home, three of whom had limited verbal communication due to dementia and four visitors to seek their views about the service provided. We also spent time looking around the home at the standard of accommodation. This included the communal lounge and dining areas, bathroom facilities, the kitchen, and a number of people's bedrooms.

We looked at five peoples care records, a range of records relating to how the service was managed including the medicines management system, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits. We also spoke with the local authority quality assurance officer to gain their overall view of the home, which was positive.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we rated the safe section of the report as requires improvement. This was because we made a recommendation about medicines management. At this inspection we found there were still shortfalls in how medicines were received into the home.

This inspection was promoted by a statutory notification we received of an incident relating in part to medicines management following which a person using the service had died. We first inspected the service on 10 May 2018 to assess if the homes systems for handling and recording medicines kept people safe. Due to ongoing concerns in relation to the reconciliation of medicines, we returned to the service on 23 May, 8 June, 10 and 11 July 2018.

The medication concerns identified all resulted from ineffective checks being made when medicines were received into the home. One person was given medicine that was nor currently prescribed to them and another person was not given a medicine that was prescribed for them. In May 2018 a third person was given a wrong dose of medication for three weeks.

During our visits on 10 May and 10 July 2018 we saw that people were prescribed medicines to be given "when required", we found that not all medicines prescribed in this way had written guidance to help staff administer them safely.

During our inspection visit on 10 May 2018 we found that people's prescribed creams and ointments were not consistently applied, recorded or managed. We found 'out of date' creams in two people's bathrooms and in a medicines refrigerator. One person was not having their gel applied to their knees when they needed pain relief. Carers with insufficient training were authorised by the home's electronic system (PCS) to apply a steroid cream to a person's face. Incorrect use of this cream can permanently damage a person's skin. We were told that carers were not applying this cream and administration records on the electronic recording system were wrong. During our final visit in July there was a new system for storage of medicines in people's rooms, however, we saw some creams were not locked away and there was no risk assessment to show it was safe to store them in this way.

On our inspection visit on 23 May 2018 we observed a medicine not being safely administered: we saw tablets had been left in one person's room next to their chair. The staff member told us they had left the tablets that morning and had forgotten to go back. They also confirmed that they had incorrectly recorded that the person had taken them. This is unsafe practice and meant the person did not get the right support to take their medicine.

During our inspection on 8 June 2018 we saw that one person's medicines had been left by the night staff in the trolley in a small open medicine's cup with a scrap of paper in it explaining who they belonged to. The cup fell out when the medicines trolley door was opened. Medicines must not be removed from their packaging until immediately before they are given to prevent them being misused. This same person had had not been given a medicine for four days prior to our inspection because staff had a query about it that

had not been properly followed up. We also saw four people were given medicines with or after food instead of the prescribed before food.

During the inspection on 10 July 2018 we also found that three people were not given their medicine properly with regard to food. This meant there was risk these medicines might not work properly. We found that the exact time that doses of Paracetamol were given were not recorded which meant that doses could be given too close together placing people at unnecessary risk.

We saw that two people did not have a photograph with the MARS so that they could be identified by staff when giving medicines. When entries on the MARS were hand written we saw they were not double signed to show that they had been checked for accuracy. This was of concern because of a recent medicines error caused by inaccurate recording.

We saw that the doctors had recently reviewed people's medicines and that the changes made had been accurately recorded and actioned in a timely manner.

The registered manager told us that they had done all the ordering and the booking in of the new cycle's medicines so they could be sure that no errors had been made. We saw that medicines had been properly booked in and when we did stock checks on medicines they could all be accounted for and the records showed that they had been given as prescribed.

We found that one person's medicine had not been given as prescribed because staff had not followed the directions on the label properly. If directions are not followed, medicines may not work properly and people's health could be at risk of harm.

Most people had an adequate stock of medicines but we saw that one person had run out of their eye drops and another person ran out of their creams. If medicines are not available people may suffer from the symptoms they were prescribed for.

The records about the use of prescribed thickeners were not accurate because they were not made by the staff thickening the drinks. Thickeners are prescribed to be added to people's fluids who have swallowing difficulties to prevent them from choking on liquids that are too think for them. These records must be accurate to show that thickeners have been used properly.

During our inspection on 10 July 2018 we saw that the new system for reconciling people's medicines when they first came to the home was in place. However, we saw that one person did not have their prescribed medicine for five days after they had come to live at the home because their medicine had not been obtained in a timely way. This placed their health and wellbeing at unnecessary risk.

The home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medicines management was unsafe, putting people's health at risk of harm.

We asked people living at Brinnington Hall if they felt safe and if their needs were met properly. We looked to see if arrangements were in place for safeguarding people who used the service from abuse. A relative said, "My [relative] is very happy here. Home is here. I have peace of mind. I was dreading it and I didn't need to."

We found policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other

issues of concern. Training records we looked at and staff we spoke with confirmed they had received training in safeguarding. Staff knew about the safeguarding and whistle-blowing procedures, what they would do if they suspected abuse and who they would report it to. All the staff we spoke with said they would have no hesitation in raising any concerns. Staff said, "It's better to be safe than sorry. Yes, I think they would listen and take action" and "If something didn't sit right with me I would have to say."

During this inspection we reviewed the personnel files for three staff members employed at the home since the last inspection. We saw staff personnel files were well organised and contained an application form including a full employment history, at least two written references, copies of identification documents and information about terms and conditions of employment. All of the personnel files we reviewed contained information to show that a Disclosure and Barring Service (DBS) check had been carried out prior to commencing employment. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Safe recruitment procedures help to ensure vulnerable people are protected and only suitable candidates are offered employment at the home.

A review of people's care records showed that risk management plans had been put in place providing direction to staff on how to reduce or eliminate those risks. We saw that records had been reviewed, were appropriate on the new electronic system and we found that where changes had occurred the records had been updated. We saw risk assessments had been carried out for pressure area care, nutrition, MUST, moving and handling, falls, eating and drinking, continence, depression, pain and dependency levels.

Clear records were maintained of any accidents or incidents that had occurred. Records included a description of the incident and any injury, action taken by staff or managers. The records we looked at showed that people had been observed for a period of up to 48 hours following a fall. This included details of how the person was and any action the staff had to take. Motion sensors were placed in people's rooms where it had been assessed that they were at risk of falls. The maintenance person told us that the call system could also be monitored to ensure that staff responded quickly to people's calls. Any call over three minutes was highlighted and reviewed. Staff were provided with moving and handling training from the registered providers internal training team.

We asked the registered manager how staffing levels were determined so that sufficient numbers staff were available to meet people's needs. We were told that levels were based on the assessed needs of people. We were shown a dependency assessment which was used to calculate the hours of cover required.

The assessment took into consideration the level of support people needed such as where people required two staff to provide their care. This information was kept under review so that adequate numbers of staff were available to meet people's changing needs. Staffing rota's reflected the numbers of staff required. Night staff said, "We have a good team on nights and the regular agency are good."

We were aware that there had been a high turnover of staff, which was largely due to the registered manager's determination to employ the staff with the right skills, attitude and values to support people.

From our observations and discussions with staff we found sufficient numbers of staff were available to respond in a timely manner ensuring people's needs were met. During our inspection we observed staff respond quickly to requests for assistance. Staff we spoke with said

In addition to the care staff team people were supported by front of house managers, housekeepers, laundry, kitchen and maintenance staff.

We spent time with the maintenance person who showed us the checks they carried out to ensure the environment was safe. Checks were made in relation to fire safety, Legionella, for example, disinfecting shower heads. We saw that checks had been undertaken to the homes electrical system and gas safety.

The weather at the time of this inspection was exceptionally hot and due to the window restrictors in place the service was struggling to get heat out of the building. Eight further fans had been purchased and arrived on the day of the inspection to help keep people cool.

One person we spoke with said, "I can't give [maintenance person] enough praise. [Maintenance person] helped me sort out my room and put my photographs and pictures up. [Maintenance person] is wonderful."

We looked at the business continuity plan which had been reviewed June 2018. There was information about people to be used in an emergency and personal emergency evacuation plans (PEEPs) which were held in the reception area, where it was accessible to the emergency services. This information helped to ensure the safe evacuation of people in the event of an emergency.

We looked in several bedrooms and all communal areas. The accommodation was found to be clean and tidy and no malodours were detected. At this inspection we did not look at hygiene standards throughout the home including the laundry. This was because the day before our inspection the local health protection nurse had visited and assessed the homes infection protection and control system. The housekeeping team were delighted the home had been rated as 98% compliant.

Good

Is the service effective?

Our findings

At our previous inspection we found the service was effective. At this inspection we had no concerns and the service continued to be good in this area.

During our inspection we visited all communal areas, several bedrooms and the bathrooms. We found the home to be bright and well decorated. Furnishings were of a very good standard and the rooms were decorated with photographs, paintings and ornaments.

Each floor had a lounge and dining area as well as a small kitchen area where people and their visitors could make drinks and snacks if they wished. All bedrooms were single occupancy and had en-suite toilet, wash basin and shower facilities and promoted people's right to privacy and dignity. Bedroom doors were of different colours and looked like a front door. This helped people to find their room and gave a sense of ownership. Some people referred to their rooms as flats. Each room had a small fridge to keep food and drink in if they wanted to.

Consideration had been given to those people living with dementia. Aids and adaptations were provided such as, sensor lights, pictorial signage to identify bathrooms and toilets, photos or pictures on people's bedroom doors and colour grab rails in the corridors and bathrooms. These helped to encourage people to move around the environment safely and independently.

We looked round the building with the maintenance person. They showed us the continuous improvements the service had made to make the home's environment more dementia friendly since our last inspection. We saw that the home had created a hairdressing salon, a general store and a pub with a pool table. These areas looked like facilities you would access in the community. A corridor garden area had also been created. The work undertaken had been carried out to a high standard. The home was also in the process of changing their lighting system which helped to reduce glare and was also more efficient.

We saw that the home had purchased 30 new chairs which looked nice and were practical. However, we saw it was difficult for people who were small and frail to get comfortable in them because they were slippery and other people were finding that they were making them sweat in the exceptionally hot weather. This was brought to the attention of the regional manager and they took immediate action to address the problem. People had access to a garden and patio area where they could enjoy the good weather.

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. Where people lack the mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we checked to see if the service was working within the principles of the MCA. We saw information to show that applications to deprive people of their liberty had been made to the relevant supervisory body (local authority). We saw that information was available to guide staff on the MCA and DoLS procedures. We were also told the new electronic care planning system had been set to help ensure that staff asked the right questions about mental capacity and consent. Assessments had been carried out around mental capacity in relation to DoLS, receiving appropriate care and treatment and administering medicines.

Staff told us that they had undertaken an induction when they first came to work at the home. The induction programme explored all modules outlined by the Care Certificate. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers. This helps to prepare staff, particularly those new to care, in carrying out their role and responsibilities effectively. Induction training had been increased from two to twelve weeks so as not to overload new staff. The registered manager also showed us a copy of a 'Back to Basics' training plan they had put in place to standardise the service, enhance teamwork and improve 'customer' experience.

We saw a copy of the staff team training record which showed there was a wide range of training available for staff to undertake online. Training included, managing challenging behaviour, dementia awareness, safeguarding adults, the Mental Capacity Act (MCA), end of life as well as basic health and safety training modules such as infection control. We saw that established staff had completed all the training and new staff were in the process of starting the training following completion of the Care Certificate. We were informed that all staff had received training from the new pharmacy in how to use the new medicines system. The registered provider had also introduced a Medication Awareness and Administration Theory Test and Safe Administration of Medication Workbook to check staff competencies, which we saw were being completed by staff and marked by the registered manager to help ensure staff competence in medicines management.

Staff told us they received supervision and we saw supervision records on the recruitment files we reviewed. Where there were concerns about a staff members performance, counselling sessions were undertaken with them or group supervision sessions to address any issues.

We looked at how people's dietary needs were met. The chef was aware of people's dietary needs and said that care staff kept them up to date with any changing needs. We looked at the kitchen and storage areas to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. Sufficient supplies of fresh, frozen, tinned and dried foods were available. Supplies were delivered on a weekly basis, which meant food was regularly rotated.

We saw a good choice of meals was available throughout the day. The chef confirmed that alternative options were provided if people did not want the menu options available. We observed the lunch time period in one of the dining areas. Support for people was well organised and staff spent time talking and assisting people where this was needed. We saw people were actively offered a choice of meals.

People told us, "The cook is lovely there is nothing they will not do for you" and "It's not to everyone's standard, but the heatwave has knocked everyone off. I like the fish and mushy peas but I would like a curry." We saw that due to the exceptionally hot weather staff were encouraging people to drink as much as possible so that they would not experience dehydration. One person asked why they were being asked to drink so much and the staff member replied, "Because we are worried about you."

One person told us about how they came to move into Brinnington Hall and the distressing health condition they had experienced prior to the move. They said, I only weighed 46 kilos when I came here. My family cannot believe where I was to where I am now. I have made 100% progress. I am a vegetarian and I am happy with the meals provided." We saw that the new electronic care records gave a clear graph of weight monitoring and highlighted weight loss and gain.

A relative said, "They could not have been kinder when my [relative] was ill. They kept me informed and did everything they could." Care records we looked at showed that people had access to a range of health care professionals including doctors, speech and language therapists, district nurses and opticians. We were told that a weekly surgery was held at the home by a visiting doctor from the local surgery.

Good

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

During this inspection we spent some time speaking with people who used the service, their visitors and staff. We also spent time observing how staff interacted and supported people in meeting their individual needs.

People who lived at the home said they were all well cared for and looked after. Some of their comments included, "They look after me well. They are all very kind", "Everybody is fantastic. It's a good place. I want for nothing. I am happy with my life and more so now", "It was pretty miserable having to give up my home but it's like a holiday camp here! I thought it would be the end of the world but it isn't" and "It's nice and quiet here. Nice people coming and going all the time. I should know I worked as a nurse." A staff member said, "I love the people here. They think they are in a hotel. It's calm."

People appeared well dressed and cared for. One person said about the hairdresser, "She's a good hairdresser. Top notch." People we spoke with said they could make day to day decisions, such as choosing their own clothes, how they spent their time or what to eat.

We spent time with four people who lived with various stages of dementia. Given time they were able to tell us some information about their earlier lives and express positive gestures about life at the home, for example, by smiling or nodding. We spent time observing how they were spoken to and supported by staff. Staff were seen to understand people's individual needs. Interactions were seen to be kind, compassionate, good humoured and people were treated with respect.

One person told us about how kind staff were towards people who lived with dementia when they were experiencing concerns such as, wanting to leave the home to see their parents. They told us that the staff offered reassurance and gave them, "A little bit of hope." They said, "I have learnt so much from living here one thing is time does not matter."

We saw people received visits from family and friends. Interactions with staff were polite and friendly, particularly on arrival when they were greeted by the front of house managers. Relatives said, "In all the time I have been coming into the home I have never heard a staff member speaking inappropriately to people, even when they are difficult. It is always as calm as this", "I wouldn't mind coming to live here" and "All the staff are approachable, friendly and funny."

We were told that the new lifestyle manager was working at creating life histories for people although this was work in progress. A relative told us that when their relative had been admitted to hospital a nurse had commented how impressed they were with their relative's life history. Whilst we were talking to a person who was struggling to recall their work a staff member was immediately able to access their life history on their handheld pad to support the person tell us.

We found staff worked well together and there was a calm and relaxed atmosphere throughout the home. Staff we spoke with said they enjoyed working at the home

We spoke with two night care staff. One night staff member who had many years' experience but new to the service said, "I really like it, really. The staff have been very helpful and listen. Its person centred, absolutely. I am slowly calming down. We don't get people up here unless they are ready too. It feels like a family and not coming to work."

People liked the view from the home. On the first floor we saw that there was a large window overlooking the main road. People said that they liked to see people passing by and getting on with their daily lives. A bowling green had also been built and people had a grandstand view. Unfortunately, the weather had scorched the grass and it was yet to be used.

We saw that people could move around the home freely and had access to their bedrooms when they wanted. Staff respected people's decision to spend their time in the privacy of their own room. Each person's bedroom door had a photograph of them and something that was important to them. This helped people to orientate themselves and promoted independence by helping to find their bedroom independently.

Good

Is the service responsive?

Our findings

At our previous inspection we found the service was responsive to people's needs. At this inspection we had no concerns and the service continued to be good in this area.

People we spoke told us they were happy living at Brinnington Hall and that staff knew them well.

Since our last inspection we saw that the home had introduced the role of lifestyle manager to look at activities in the home and available within the local community. The fact that this was a management role had given a higher profile to this area. A relative said, "Activities have definitely improved even though they weren't bad before." The day before our inspection we were told that an ice cream van had visited the home. Everyone we spoke with had enjoyed this event and no-one had been left out.

We spent some time talking to the new lifestyle manager. The lifestyle manager was part of the management team raising the importance of activities, empowering people and social inclusion. We spent time talking with the lifestyle manager, who had previous teaching experience. They said they were passionate about activities for people and had many plans in place for the future.

We saw a copy of the Social Committee Meeting held on 31 May 2018. This gave information about what happened at the home and how people were involved in activities. We saw that people had named the new pub on the top floor 'Top Floor Tipples'. People said that they enjoyed the 'Italian Pop Up' and plans were in place for Indian and an American Pop Up on Independence Day. People said they had enjoyed the Royal Wedding getting dressed up, the bunting and table decorations and Pimm's to drink and fancy cakes. Plans were in place to watch the world cup matches on the big screen in the cinema room. We saw that some people were involved in an exercise group where as others enjoyed poetry sessions.

People had enjoyed a recent trip to 'Eddie Bears' picnic, which was close by. Trips had been arranged to the local garden centre, Ashton Moss on Wyedale and Broadstone Mill for shopping. People wanted to go on a barge trip and this was being considered.

The registered provider using new computerised technology had a live stream system which meant that homes across the group could join together for church services, bingo sessions and competitive inter-home quiz tournaments and win prizes.

At times some people because they lived with different types of dementia could present behaviours that challenge others. We talked about three people where this had happened and what action had been taken to reduce their behaviours. The registered manager said, "We try and think outside the box. In one case a person thought a resident who was very frail was his wife. The person was constantly trying to get the person out of their chair, which was not safe to do so. The home bought the person a budgie to care for which had reduced their fixation with the person. Another example was a person who had previously been a mechanic had started to become agitated and started taking things apart. The home organised a work placement at a local garage where the person could work on an old vehicle and this had helped to reduce their behaviours.

They went to the garage in work clothes and a high visibility jacket.

We attended the morning handover from the night staff senior to the day staff. Every person who lived at the home was discussed. Staff spoke positively about people and clearly knew them well. At the time of this inspection the weather was exceptionally warm and this had led to a change in people's routines with people going to bed later and getting up later in many cases. We heard examples of people's likes and dislikes, for example making sure that people's pillows were in the right place and ensuring a person had their 'work shoes' on. Action required during the day was discussed, for example, hospital appointment.

We were made aware that the home had recently started to transfer their handwritten care records onto a new electronic care planning system. Staff told us that although it had taken time for some staff to get used to the technology the introduction of the electronic system had made a significant difference in supporting good team work, as staff had immediate and up to date information about a person and most importantly it had cut down on the time taken to complete documentation so they were able to spend more time with people. The system also alerted them if a task had been missed so prevented omissions of care. The new care record system produced highly detailed one-page profiles about people. The registered provider had ensured additional support to the home to transfer written information onto the system, which was ongoing at the time of our inspection.

During this inspection we reviewed the assessment and care planning process. We looked at the new electronic care records for five people to see how their needs were assessed and planned for. Information included a photograph of the person, their care needs and social information and what was to be monitored, for example, were a thickener was uses and nutritional intake and what support was need during the night including sleep checks and positional turns to prevent pressure areas developing, skin integrity check, application of creams, meals, ensuring daily recommended fluid intake, meals, day of the weight check, keeping room tidy, record of activities and ensuring water is available at all times.

The new electronic care planning system also gave an overview of any diagnosed conditions the person may have and information about them for staff to consult. These included, Alzheimer's disease, Parkinson's disease, epilepsy and rarer conditions for example, blepharitis an eye condition.

End of life plans were in place which included people's religion and cultural needs, for example in one plan the person wanted a humanist funeral, to stay at Brinnington Hall rather than to die in hospital, arrangements for final days, symptom control and after death arrangements. The registered manager told us that they were working together with district nurses to ensure better end of life care for people who used the service/

We asked the registered manager to show us how they handled complaints and concerns brought to their attention. We saw a copy of the homes complaints procedure on display as well as the information about the service easily accessible to people and visitors. All complaints and concerns were recorded including verbal complaints. Records detailed the nature of the complaint, supporting evidence and the outcome and recommendations, for example, counselling with staff member, amendments to a care plan and group supervision.

We saw feedback from an online review system about Brinnington Hall. Out of 36 responses 28 rated the home as excellent, seven as good and one satisfactory with 30 extremely likely to recommend Brinnington Hall. Comments included, "The staff are patient, hardworking and kind and all residents are treated with respect and understanding. Great food too!", "I would like to congratulate you on one of the very best care homes I have ever had the pleasure to visit. This place is like a top-class hotel" and "So glad [friend] is in

such a lovely environment. Although dementia is taking hold, with the help of staff [friend] seems to be coping very well."

Requires Improvement

Is the service well-led?

Our findings

The service had a manager who was registered with the Care Quality Commission (CQC). They were present throughout our inspection visits.

At our last inspection the well led section of the report was rated Good. At this inspection we have rated this section as requires improvement. This was because of our ongoing concerns regarding the reconciliation of medicines as detailed in the Safe domain of this report.

At our inspection in October 2016 we made a requirement that the home needed to improve the safety of medicines management. At our last inspection in July 2017 we found that improvements had been made to medicines management but there was further planned work to do. We recommended that the provider considered current good practice guidance on managing people's prescribed medication safely and effectively and take any further action required to update their practice accordingly.

During our inspection on 10 May 2018 we were made aware by the registered manager that the home had changed their supplying pharmacist to one with care home system experience. The supplying pharmacist had been changed following the first two medication reconciliation incidents. All staff had received training from the new pharmacy in how to use the new system.

We looked at what action the registered manager had taken following the initial incident. The registered manager had formally notified CQC of the incident, reported the incident to the local safeguarding team who assessed this as no further action, held a senior meeting on 15 March 2018 which discussed medicines concerns including reference to discharge sheets. We saw that as well as improvements made to the medicines training being undertaken by staff, new incident forms and medicines self reflection forms had been introduced.

We spent time talking with the registered manager and the registered provider's compliance manager about the systems they had in place to ensure that they had oversight of the service. We saw that the system showed that information in the form of a monthly return was sent by the registered manager to the compliance manager who then monitored trends and issues. We saw that prior to March 2018 the system showed improved medicines management.

Although significant efforts had been made to make improvements to medicines management arrangements there continued to be problems. This particularly related to the reconciliation of medicines when people were admitted into the home or returning from a hospital admission where changes had been made to people's medicines. We remained concerned about the effectiveness of the governance systems in place to check the booking in of medicines to the home, understanding and interpreting medicines information given to the home and taking timely action to rectify any problems found during this process.

The home was in breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the home continued to have problems with

medicines management systems that governance systems had failed to identify.

Following our inspection we sent the registered provider a letter seeking reassurance that the matter would be resolved and what action the registered provider would take to resolve the problems.

The registered manager told us they would take full responsibility for medicines management going forward. We were also aware that there had been significant changes to the management team on site at the home, with two new deputy managers in place and a new care manager had been appointment. The registered manager was receiving the full support of the regional director and the compliance manager to make the improvements necessary. We also received, at our request, an action plan about what improvements were to be made by the registered provider.

We contacted the local authority commissioning team to request assurance that they were aware of our ongoing concerns about medicines management and their monitoring of the home.

Before our inspection we checked the records, we held about the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

The registered manager was supported by the regional director, quality support manager, and a new deputy manager. The new deputy manager told us they had settled well at the home. They said, "It's a relaxed environment and not task orientated. There is always something going on. [Registered manager] is visible, supportive and open to new ideas."

We were informed that as part of the additional improvements to the home that agreement had been reached to increase the number of deputy managers, night care managers and senior carer staff. A new care manager was also to be appointed. The registered provider had reduced the number of homes covered by the regional directors so that they had more time available to support the homes and in particular Brinnington Hall.

This would help to achieve better management oversight on each of the three floors at the home. The registered provider was well on the way to achieving this with people recruited to post and waiting to start or interviews arranged.

During the inspection we spoke with five staff. We were told that since the registered manager had been in post, improvements had been made. Staff said, "I think [Registered manager] is great. A breath of fresh air. [Registered manager] has built the home up." "[Registered manager] is very open I could tell her anything. She has made a big improvement here" and "I was shocked to see [registered manager] helping out as part of the team. I love the management team. They're really helpful."

We also spoke with people who used the service and their relatives to seek their views about their experiences and quality of support provided. People spoke positively about the registered manager and the team. We were told

A relative said, "[Registered manager] tries extremely hard and is always ready to listen to you." It was clear from discussion that the service was going through a period of change, with a new management team, a new electronic care planning system and a new supplying pharmacist.

We asked the registered manager and regional director about the key achievements in the service since the last inspection. We saw the service had put plans in place using the characteristics in the CQC Key Lines Of Enquiry (KLOES) and had plans in place towards developing Brinnington Hall to an outstanding rated service. We saw evidence that the service was working to

They told us that the new computerised care planning system was in 'real time' and gave external managers remote visibility of the service to help them monitor the service. The app system meant that they could 'drill down' into the detail of the areas of care to help them monitor trends and patterns at the home. The regional director gave an example of how they were monitoring people's fluid intake. Information inputted was being remotely monitored by an administrator who had a care background to check targets were being met.

We looked at how the registered manager monitored and reviewed the service provided. The registered manager told us that monitoring of the service was carried out by members of the management team. In the absence of the care manager, deputy managers were assisting the registered manager in checking the service provided.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection on their website and in the entrance hall of the home.

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 Medicines were not managed safely; medicines records were not always accurate and medicines were not always administered as prescribed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The homes governance systems did not identify all the shortfalls in safe medicines management.