

Ideal Carehomes (Number One) Limited

Brinnington Hall

Inspection report

Middlesex Road
Stockport
Cheshire
SK5 8HT

Tel: 01614063040

Website: www.idealcarehomes.co.uk

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

This was an unannounced inspection, which took place on 24 and 25 July 2017. We last inspected the service in October 2016. At that time we identified ten breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to unlawful restrictions, care records, management of medication, dignity, management of risks, recruitment and quality monitoring systems. Following that inspection the provider sent up a plan detailing what action they intended to take to ensure the regulations were met.

Brinnington Hall is a care home providing personal care and accommodation for up to sixty seven older people, some of whom live with dementia. The home is located in the Brinnington area of Stockport and is a large purpose built building with secure gardens. All rooms are single with en suite facilities. At the time of the inspection there were 64 people living at the home.

The service has a manager who was registered with the CQC. They were present throughout the inspection. 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.

Staff spoke positively about the registered manager who had just been appointed at the time of our last inspection in September 2016. They felt she was open and approachable and that necessary improvements were being made to enhance the service provided.

Issues and concerns had been identified with regards to the management and administration of people's prescribed medicines. Whilst some improvements had been made, this had not yet been resolved. We have made a recommendation about the safe and effective management of people's medicines.

All information and checks required when appointing new staff were in place ensuring their suitability for the position so that people were kept safe.

Staff were aware of their responsibilities in protecting people from abuse and were able to demonstrate their understanding of the procedures and confirmed they had completed relevant training.

Care plans were person centred and contained good information about the current needs, wishes and preferences of people. Where risks had been identified, additional plans and monitoring charts had been put in place so that staff could quickly respond to people's changing needs.

Suitable arrangements were in place in relation to fire safety and the servicing of equipment was undertaken so that people were kept safe.

All areas of the home were clean and well maintained and procedures were in place to prevent and control the spread of infection.

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Where able people were encouraged and supported to make decisions for themselves.

We found staff received on-going training and support essential to their role so they were able to do their job safely and effectively. Sufficient numbers of staff were available. Staffing levels were kept under review to ensure they were able to meet the current and changing needs of people.

People were offered a choice food and drink throughout the day. Where people's health and well-being was at risk, relevant health care advice had been sought so that people received the treatment and support they needed. People told us and records showed that people had regular access to health care professionals so changes in their health care needs could be addressed.

People were provided with a good standard of accommodation that was well maintained. We saw people's rooms were comfortable and had been personalised with their own photographs and belongings.

People were supported by staff in a friendly and respectful manner. Staff responded promptly when people asked for assistance and were seen to support people in a patient and unhurried manner. People's visitors told us that staff were kind and considerate and they were always made welcome when visiting the home.

A range of opportunities were made available for people to participate in activities both in and outside the home promoting their health and well-being.

We saw effective systems to monitor, review and assess the quality of service were in place so that people were protected from the risks of unsafe or inappropriate care.

The registered manager had a system in place for the reporting and responding to any complaints brought to their attention. People and their visitors told us the registered manager and staff were approachable and felt confident they would listen and respond if any concerns were raised.

The service had notified CQC of any DoLS authorisations, accidents, serious incidents and safeguarding allegations as they are required to do.

The CQC rating and report from the last inspection was on the provider web site and displayed in the entrance hall.

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.

We have made a recommendation about the safe and effective management of people's medicines.

Risks identified within the environment and to people's care had been assessed and planned so that people's health and well-being was maintained.

Required information and checks were obtained when recruiting new staff. People were cared for by sufficient numbers of staff who had received training on identifying and responding to allegations of abuse.

Requires Improvement ●

Is the service effective?

The service was effective.

Where people were unable to consent to their care and treatment the principles of the MCA had been followed so that decisions were made in the persons 'best interest'. The provider had sought the necessary authorisation for those people deprived of their liberty.

Opportunities for staff training and development were provided helping to ensure staff had the knowledge and skills needed to meet the specific needs of people safely and effectively.

Suitable arrangements were in place to meet people's nutritional needs. Relevant advice and support had been sought where people had been assessed at risk of choking or weight loss.

Good ●

Is the service caring?

The service was caring.

People spoke positively about the staff and care provided. Staff were seen to be polite and respectful towards people and were patient when offering assistance. Suitable aids and adaptations were provided to promote people's independence.

Good ●

Staff spoken with were able to demonstrate their knowledge of people's individual needs and preferences and were able to provide examples of how they encouraged people to be as independent as possible.

People's records were stored securely so that people's privacy and confidentiality was maintained.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and contained sufficient information about the current needs, wishes and preferences of people.

A range of activities and events were provided helping to promote people's health and wellbeing and maintain links with the local community.

The provider had a system in place for the recording and reporting of people's complaints and concerns. This helped to demonstrate people's views were listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

Systems to effectively monitor, review and improve the quality of service provided were in place to help ensure people were protected from the risks of unsafe or inappropriate care and support.

The service had a manager who was registered with the Care Quality Commission (CQC).

The provider had notified the CQC as required by legislation of all events, which occurred at the home which potentially impacted on the health, safety and well-being of people.

The CQC rating and report from the last inspection was on the provider web site and displayed in the entrance hall.

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 as these are only requested on an annual basis. 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 such as, accidents and incidents, which the provider is required to send us by law.

We also contacted the local authority quality monitoring team, clinical commissioning group (CCG) and Healthwatch Stockport. We were told that previous concern had been identified with regards to the safe management and administration of people's medicines. Following a further monitoring visit, improvements had been found. This information was considered as part of our inspection.

This inspection took place on the 24 and 25 July 2017 and the first day was unannounced. The inspection team comprised of three adult social care inspectors and an Expert by Experience, on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

During this inspection we spent time looking around the home at the standard of accommodation. This included the communal lounge and dining areas, bathroom facilities, the kitchen, laundry and a number of people's bedrooms. We spoke with 12 people who lived at the home and eight visitors to seek their views about the service provided.

As some of the people living at Brinnington Hall were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us

understand the experience of people who could not talk to us.

In addition we spoke with four care staff, two deputy managers, the chef, laundry assistant, maintenance man, quality support manager, registered manager and regional director. We looked at five peoples care records, a range of records relating to how the service was managed including ten medication records, four staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

We asked people living at Brinnington Hall if they felt safe and if their needs were met properly. People we spoke with said they felt safe living at Brinnington Hall and were well looked after. They told us: "I feel safe as there are people around me who can help me", and "I wouldn't feel safe anywhere else. I was frightened living at home because houses nearby kept getting broke into. That doesn't happen here."

The relative of one person also commented; "Mum is far better off here than at home as she kept falling. It's peace of mind for us that she is safe and not on her own."

During our last inspection we identified the provider had not ensured a safe system of medication management was in place ensuring people received their prescribed medicines safely and effectively. This was a breach of Regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider sent up a plan detailing what action they intended to take to ensure the regulations were met.

Prior to this inspection we had been informed by the local authority quality monitoring team that a medication review had been undertaken in June 2017 with the CCG. Issues were identified in relation to the safe management and administration of people's medicines. One of the actions taken by the service was to change the supplying pharmacist to someone more local to the home. The CCG advised us that following the change there had been a "few teething problems". A meeting had been held between the CCG, pharmacy and the medicines coordinator at the GP practice and they were confident the next cycle of medication would be greatly improved.

During this inspection we looked at the management and administration of people's medicines on two of the floors and spoke with people to check they received their prescribed medicines.

We were told by the registered manager and regional director that on-going issues were still being experienced with the new pharmacy. Concerns had been raised with regards to the accuracy of the medication administration records (MARs) supplied. A review of the current MARs showed that the printed dates for administration were incorrect and two dates at the end of the cycle had been omitted. MARs received for the forthcoming month were correct. We discussed the on-going concerns regarding people's medicines with the registered manager and regional director. We were told the service had attempted to resolve the issues with the current supplier however were unhappy with the service provided. We were told they had approached another supplier with experience of working with care providers.

We were also made aware that following a medication audit it had been identified that the MAR's had not been accurately completed. An internal investigation had been completed and action taken with regards to those staff involved.

We asked people how their medicines were managed. Eight of the people we spoke with told us they received their medication on time. One person who required medicines every four said they always received

it on time. However another person told us they had been without a barrier cream for 4 days. Whilst they had reminded staff of this, it had not been received. We addressed this with the registered manager who arranged for the visiting district nurse to check there had been no deterioration in their skin. No concerns were identified. However it was acknowledged that staff had failed to act promptly and follow up on the prescription to prevent any delay in receiving treatment.

During our review of the records we found that most records were complete but that on one person's MAR a signature confirming they had received their medicines was missing. We were shown that this had been identified during an audit of the medicines and that appropriate action had been taken by the service, including confirming with the member of staff concerned that the persons had received their medicines.

We recommend that the provider considers current good practice guidance on managing people's prescribed medication safely and effectively and takes any further action required to update their practice accordingly.

We completed stock checks of people's medicines. Two people's records did not reflect the information on the MAR. We were shown a separate record which identified why the medicines stocks did not match. One had been as a result of the tablet being splashed with water the other because the blister compartment containing the tablet had opened prior to being administered and staff had felt it unsafe to give the person. We saw that record showed the service had followed correct procedure in each case to ensure people received their medicines as prescribed. All other medicines we checked had the correct amount remaining, indicating that all medicines had been administered and recorded correctly.

The MARs were well organised and included a photograph, information on any allergies the person had, medical conditions and how they preferred to take their medicines, for example with water. Where people were prescribed creams, charts were in place which indicated where the cream should be applied.

Medicines that are controlled drugs (subject to tighter controls because of the risk of misuse) were stored in the way required by law. We checked the controlled drug (CD) cupboard. We saw that this was kept locked with the key stored in a separate locked container. The key to this was held by the person in charge of medicines on that shift. The stocks of controlled drugs were counted at the start of each shift change. A review of records showed that records and stocks corresponded.

We saw medicines management policies and procedures were in place to guide staff on the storage and administration of medicines. We found that where medicines were prescribed 'as required' (PRN) protocols were in place. These guided staff on what the medicine was for, how they would know if the person required it along with any potential side effects. This ensured that any 'as required' medicines were being administered safely and appropriately.

Medicines were stored securely in locked trolleys in a lockable room that was only used for the storage of medicines. Keys for the medication room and trolleys were kept by the person responsible for medicines administration on each shift. Staff responsible for administering medicines confirmed they had received training for this task and that their competency to administer medicines had been checked. There was also a system in place to assess the competence of staff to administer medicines safely.

The temperature of both the medicines room and the medicine's fridge had been checked and recorded daily. We saw that over the last month the temperatures had remained within recommended levels. This ensures that medicines are stored correctly and remain effective.

We saw that several people were prescribed 'thickeners'. Thickeners are added to drinks, and sometimes food, for people who have difficulty swallowing, and they may help to prevent choking. We found that instructions for one person in relation to the amount of thickener were in place in people's care plans. However they were not on fluid monitoring charts or on the sheet in the cupboard where the thickener was stored, which just identified the person was prescribed thickener. A discussion with staff showed they knew when the thickeners were to be given and how much was required for the person. To ensure the safety of the person who uses the service the amount of thickener to be added must be an exact amount as prescribed. We discussed with the registered manager the possibility of ensuring that the written instructions for staff were more specific; such as how many scoops of the thickener to be added to the actual amount of fluid. The registered manager agreed that this would be a much safer way of ensuring the thickeners were mixed to the correct consistency. We also suggested that the instructions could be more accessible for all staff. On the second day of inspection we saw the satisfactory system to guide staff had been put in place.

During our last inspection we identified the provider had failed to ensure care and support was consistently provided in a safe way, and that adequate and proportionate actions to reduce risk were not always taken. This was a breach of Regulation 12 (2)(a)(b) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following that inspection the provider sent up a plan detailing what action they intended to take to ensure the regulations were met.

At this inspection we reviewed how the service assessed, monitored and mitigated potential risks to people to help ensure their health and well-being was maintained. We saw that risk assessments included pressure areas, nutrition and hydration, risk of choking, mobility, moving and handling, falls, medicines, weight loss, personal care and continence. A review of people records showed that 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 regularly and we found that where changes had occurred the records had been updated.

Concerns were identified at the previous inspection with regards to the support and action required where people were at risk of falling. During this inspection we saw aids and adaptations were made available such as walking aids and pressure mats which alerted staff if people at risk were trying to mobilise without the help of staff. 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.

During our last inspection we identified that the provider had not taken all reasonably practicable steps to reduce the risks in relation to emergency evacuation of people living at the home. This was a breach of Regulation 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider sent up a plan detailing what action they intended to take to ensure the regulations were met.

During this inspection we reviewed the emergency procedures in place. We saw individual Personal Emergency Evacuation Plans (PEEPs) had been developed for each person living at Brinnington Hall. PEEPs describe the support people would need in the event of having to be evacuate the building. We saw that copies of the PEEPs were held with people's care records as well as being stored in a file kept in the reception area. This meant that information was easily accessible to the emergency services in the event of a fire.

A fire risk assessment had been completed in February 2017. Remedial action was required in a number of areas. We asked the registered manager if work had been completed as required. An updated action plan

was received to show work had been completed. The provider also had a contingency plan, which provided information and relevant contact details and action required should there be a loss of mains, supplies or failures within the building.

We were told the maintenance person was responsible for completing internal checks to the building helping to ensure the premises and facilities were safe to use. These included checks to small electrical appliances, water temperatures, fire exits, equipment and the fire alarm. Fire drills were also completed on a monthly basis. A list of those staff involved was recorded.

Other records to show equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions and were seen. These included checks to the gas safety, 5 year electric check, call bells, fire alarm and detection, passenger lift and hoisting equipment.

During the inspection we noted that windows, particularly to the 1st and 2nd floors of the building were not restricted in accordance with health and safety guidance. We were shown that windows were fitted with restrictors however these had been overridden by visitors to the home. Current guidance recommends that windows are fitted with 'tamper proof' restrictors. We raised this with the registered manager and regional director. On the second day of our inspection we saw maintenance staff adjusting the windows so that restrictors could not be overridden. This helped to ensure that people were not placed at potential risk of harm or injury.

We asked the registered manager how staffing levels were determined so that sufficient numbers of 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 if 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.

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 there were enough staff available, adding, "Staff [ratio] to dependency is brilliant."

In addition to the care staff team people were supported by domestic, laundry, kitchen and maintenance staff. On-going recruitment was taking place to fill current vacancies. We were told that staff retention had improved and the team was more stable. Existing members of the team covered additional shift were possible. If not regular agency staff were used so that continuity of care could be offered.

At our last inspection we identified that robust recruitment practices were not in place. We found there were gaps in employment which had not been explored, references had not been sought for all applicants and people had commenced employment before all satisfactory checks had been completed. This was a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following that inspection the provider sent up a plan detailing what action they intended to take to ensure the regulations were met.

During this inspection we reviewed the personnel files for four people employed since the last inspection. We found all the 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.

We also asked the registered manager what information or checks were completed prior to agency staff being used at the home. Information showed that confirmation of all recruitment checks and training had been sought from the agency prior to workers completing a shift at the home.

Having robust recruitment procedures helps to ensure people are protected and only suitable candidates are offered employment at the home.

During the inspection we spent some time looking at hygiene standards throughout the home. We looked in several bedrooms and all communal areas. Accommodation was found to be clean and tidy and all but two bedrooms had no malodours. We were told this was due to the specific needs of people and that a programme of deep cleaning rooms including carpet cleaning was carried out. Records we looked at confirmed what we were told.

We saw suitable hand-washing facilities were provided in all areas where personal care was provided including bedrooms, communal toilets and bathrooms. Personal protective equipment (PPE) such as, disposable gloves and aprons were provided and staff were seen wearing them when carrying out tasks. Yellow 'tiger' bags were also used for the management of clinical waste. The service had policies and procedures to guide staff and records showed that staff had completed training in health and safety and infection control procedures. This helps staff to understand what they need to do to minimise the risk of cross infection to people.

We looked at the system in place for managing people's laundry. The laundry was well organised with individual storage boxes for each person. We were shown the tags used to label people's clothing so that items were returned to the right person. There was a system in place for keeping dirty and clean items separate. Any soiled items were placed in red alginate bags and placed in the washer. Soiled items can be placed in these bags which then dissolve when put in the washing machine. This helps prevent the risk of spread of infection or disease.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. 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. One staff member said, "I would report anything to the senior or deputy, they would document it" and "100% confident the manager would sort things out."

Is the service effective?

Our findings

The people we spoke with who lived at Brinnington Hall felt the staff knew them well and were able to meet their needs. They told us, "I get on well with the staff. I can ask them if I need anything and they always help me", "The staff know me well. They know what I like to eat" and "The girls are all caring and lovely."

At our last inspection we found the provider had failed to ensure they were acting in accordance with the Mental Capacity Act 2005 (MCA), in that people were being deprived of their liberty without the lawful authority to do so. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider sent up a plan detailing what action they intended to take to ensure the regulations were met.

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 now working within the principles of the MCA. We saw information to show that 31 applications to deprive people of their liberty had been made to the relevant supervisory body (local authority). Of these eight applications had been authorised. The outcome of the remaining applications had yet to be concluded by the supervisory body. The registered manager was also aware that further applications were to be completed. These had been prioritised relation to potential risks to people.

We saw that information was available to guide staff on the MCA and DoLS procedures. We spoke with four care staff to check their understanding of the procedures. All were able to demonstrate some understanding of the MCA principles and DoLS procedures. Staff told us and records confirmed that the majority of staff had completed up to date training. This training is important and should help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded.

We looked at how people were involved and consulted with about their care and support. Care records we reviewed contained evidence that the service had identified whether each person could consent to their care. This included trying different methods of explaining including showing the person leaflets and 'easy read' information. We saw that, where appropriate, relatives had been consulted about people's wishes. Where relatives were legally able to make decisions on behalf of their relative, a copy of the authorisation had been requested by the service to confirm the arrangements in place.

All the people we spoke with said they were able to make day to day decisions, such as choosing their own

clothes, how they spent their time or what to eat. The majority of people also said they had been involved in the development of their care plan.

At our last inspection we found the provider had failed to ensure staff received appropriate training, support and supervision. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider sent up a plan detailing what action they intended to take to ensure the regulations were met.

During this inspection we looked at how staff were supported to develop their knowledge and skills. We saw that a comprehensive two week induction programme was provided for staff. New staff were assigned a mentor who would work through an induction work book providing all relevant information about their role and what was expected of them. In addition new staff were expected to complete relevant training as well as having a period of shadowing an existing staff. Two staff members we spoke with confirmed they had completed an induction and had found it helpful. They confirmed that an opportunity to shadow existing staff was provided prior to working alone. This provided new staff with an opportunity to meet with people as well as learn the routine within the home and what was expected of them.

A review of the induction records showed that these were not always completed in full. The registered manager acknowledged that due to some staff changes reviews of practice had not been completed. The regional director told us that it had been recognised that the current programme was too intensive and that a new six week programme was to be introduced. This would provide the staff team with the time and opportunity to complete the programme fully. 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 worker, in carrying out their role and responsibilities effectively.

We saw that other opportunities were provided for staff to discuss their work on an individual and group basis. Staff told us occasional team meetings had been held as well as individual supervision sessions. The registered manager had developed a supervision schedule identifying when meetings were to be held with staff. Records we looked at confirmed what we had been told. Staff told us that the communication book and shift handovers carried out at each shift change kept them informed about people and events within the home

A discussion with the registered manager, staff and a review of records showed that training opportunities were made available to enable staff to develop their knowledge and skills. Training was provided through e-learning as well as practical training facilitated by internal trainers or external training providers. We saw that training over the last year had included; moving and handling, fire safety, managing behaviours, infection control, MCA, safeguarding, dementia awareness, medication, nutrition, and equality and diversity. The completion of training was monitored and highlighted to the registered manager where validation of training had expired. This was then followed up by the staff member concerned.

Staff spoken with told us they felt supported and had received the training they needed to carry out their role. Ancillary staff said they too were offered all training provided for care staff. Staff told us, "We are encouraged to develop", "There's lots of support provided", "We get regular training" and "Team work is good."

During our last inspection we found the provider had not adequately assessed people's needs in relation to their dietary requirements. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated

Activities) Regulations 2014. Following that inspection the provider sent up a plan detailing what action they intended to take to ensure the regulations were met.

At this inspection we looked at how people's dietary needs were met. 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. We looked at the kitchen, food stocks and spoke with the cook. Sufficient supplies of fresh, frozen, tinned and dried foods were available. Supplies were delivered on a weekly basis and regularly rotated. This helped to ensure food served was fresh and suitable for consumption. The chef was aware of people's dietary needs and said that care staff kept them up to date with any changing needs.

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. Hot food was provided at each meal with drinks, fruit, crisps and biscuits also being served during the morning and afternoon. People told us; "The food is good", "Can't complain, I enjoy it" and "I always have what I like."

We observed the lunch time period in two of the dining areas where the majority of people chose to eat. Support was well organised and staff spent time talking and assisting people where this was needed. We also saw some staff join people for lunch. This provided a more relaxed environment and encouraged people to remain at the table and eat their meal.

All of the care records we reviewed contained information about each person's needs and risks in relation to their nutritional intake. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition and were reviewed monthly and up to date. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition. We saw that people were weighed regularly and that, where necessary, staff took appropriate action such as making a referral to their doctor for advice and support.

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. Where any issues or concerns arose regarding people's health then an appointment was arranged for them to see the visiting doctor. We saw that records were kept of any visits or appointments along with any action required. In addition the registered manager had introduced a communication book between staff and the visiting district nurses. This helped to ensure people's healthcare needs were properly communicated and addressed.

We did receive feedback from one person who said a hospital appointment had been 'forgotten' the week prior to the inspection. We discussed this with the registered manager. We were told this person was independent and would notify staff if transport was required for any appointments. This had not been done. Alternative arrangements were to be made.

Brinnington Hall provides accommodation and support for up to 69 people. Accommodation is provided on three floors and is accessible via a passenger lift. 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 on-suite shower facilities. People had access to a garden and patio area where they could enjoy the good weather.

Consideration had been given to those people living with dementia. Aids and adaptations were provided such as, sensor lights, handrails, assisted bathing, raised toilet seats, pictorial signage to identify bathrooms and toilets, photos 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.

Is the service caring?

Our findings

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: "All the staff are brilliant. They know me and are very good. They look after me. I can talk to them and I can do what I want to do", "The staff know me and call me by my Christian name", "They [staff] are all friendly. I can ask any of them to help me and they do help", "The night staff are lovely. They make it homely and are very kind", "I have been looked after well here" and "If I don't want to get up early I don't have to although I do like to get up as I might miss something."

We saw people received visits from family and friends. Interactions with staff were polite and friendly. Two visitors we spoke with said they were always made welcome and that staff were, "Friendly and polite." One staff member told us, "Families are grateful and it's very rewarding."

Staff we spoke with said they enjoyed working at the home and clearly had a good understanding of the individual needs of people. Two staff we spoke with said, "I like it here, it's my second home. The atmosphere is amazing" and "I am a key worker for four people. I make sure things are right, contact families, go to reviews and check their bedrooms and wardrobes are okay."

During our last inspection we found issues in relation to upholding peoples' dignity and treating them with respect. Staff were less than discreet when talking about people's care and people's hygiene standards were not as good as they should have been. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider sent up a plan detailing what action they intended to take to ensure the regulations were met.

During this inspection we saw no instances where staff were indiscreet about people. One visitor spoke highly of staff and their attitude towards people. They said they heard staff speak with their relative and other people living in the home with sensitivity and empathy. From our observation we saw people had been assisted to address their personal appearance and looked well cared for, were clean and appropriately dressed. The home also employed both male and female care staff. This enabled people to have same gender support if they wished. Staff completed personal care charts to show what care had been provided.

We saw that people were able to 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. We saw that one person had a picture of them walking in the hills or another of the person at a social event. This helped people to orientate themselves and promoted independence by helping to find their bedroom independently. One person we spoke with told us, "I like to keep independent and the staff respect my wishes."

Staff encouraged people to maintain their independence and offered support and encouragement when needed. We observed care staff transferring people to a chair from a wheelchair. This was carried out by two staff who explained what they were doing offering encouragement and reassurance.

For those people not able to tell us about their experiences, we spent some 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 and compassionate and people were treated with respect. We found staff worked well together and there was a relaxed atmosphere throughout the home.

Peoples care records included information for staff on how best to communicate with people who had communication difficulties. One record identified that the person at times found it difficult to find the right work and that staff were to encourage the person to speak at their own pace and also to use gestures to help the person communicate what they wanted.

Care records also gave staff information on how they could maintain and promote peoples independence. These included details of what aspects of daily living people could do for themselves. One person's bathing record identified that they needed staff to ensure the shower was at the correct temperature and then they would be able to wash themselves and that if staff laid out the person choice of clothes they would be able to dress themselves.

Care records included information about how people who had behaviour that could challenge the service could best be supported. We saw that information included what might make the person unhappy or anxious, how staff would know this was happening and how staff could prevent this happening or react if the person did become upset. One records indicated that when the person was anxious they would walk up and down the corridor. It also identified a time to staff when this was likely to happen so that they could be aware beforehand. Records we saw showed that staff use ABC charts to record and analyse when people exhibited behaviours that challenged the service. This looked at what the person was doing before they became upset, what they did during the event and what staff did to prevent the situation escalating and what happened afterwards. We saw that staff used respectful terms when completing these charts.

Is the service responsive?

Our findings

Six people we spoke told us they were happy living at Brinnington Hall and that staff knew them and what their likes and dislikes were.

During our last inspection we found that information detailed in people's care records was variable, with some being more detailed about how the person was to be cared for based on their individual needs and wishes. Some records had not been kept under review. We also found that records were not easily accessible for staff to refer to. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider sent up a plan detailing what action they intended to take to ensure the regulations were met.

In discussion with the registered manager and regional director it was acknowledged that previously some people living at the home had not been appropriately placed. This had impacted on others living at the home and staff. Since September 2016 work had been carried out to ensure where people required additional support, a more appropriate placement was sought. The registered manager explained that a more thorough assessment was now completed so that placements at Brinnington Hall were suitable ensuring people's needs could be met. One staff member told us that the atmosphere within the home was 'better', adding, "It's calm, everyone is well placed."

During this inspection we reviewed the assessment and care planning process. We looked at the care records for five people to see how their needs were assessed and planned for. We found they contained copies of pre admission assessments. We saw these assessments were detailed and person centred. They included information about people's medical conditions, allergies, skin integrity, communication, hygiene and personal appearance, nutrition, mobility, manual handling, medication and capacity as well as an assessment of their overall support and dependency needs. This meant the service could ensure people were suitably placed and that staff knew about people's needs before they moved in.

We saw that these assessments were used to develop detailed care plans and risk assessments. Records showed that all activities of daily living had been planned for.

Care records we looked at also contained person centred information about people's preferences and what was important to and for the person. We saw this included life history, future aspirations and wishes. Peoples preferred name to be used by staff was identified as well as their routine when rising in the morning and retiring to bed. One record identified that the person did not drink coffee at night as it kept them awake but liked to drink wine or water before going to bed. This was provided. Another identified that the person liked to wear smart casual clothing. The care records we reviewed gave staff sufficient information to ensure they were able to provide people who used the service with the care and support they needed and wanted.

We saw that information about the people specific medical condition was in their care records. This would help staff understand people's symptoms and support them in providing appropriate support. Monitoring records were also used to help ensure people's health and well-being was maintained. These included food

and fluid intake, repositioning and personal care. All the records we looked at were fully completed.

Staff showed us that care records were kept in a locked cupboard in the kitchen area on each floor. This meant information was easily accessible to staff when needed.

We looked at what opportunities were made available to people offering variety to their day. We spent time speaking with people, reviewing records and observing people's daily routine. Information about people's hobbies and interests had been explored and were detailed on their care records. One visitor said they had been asked to complete a social and family history so this could be included in their relatives care plan.

We were told there was a 'social committee' involving people who lived at the home. The committee met regularly and discussed events within the home, such as visiting performers, trips and events and the resident's fund. The registered manager told us that following requests, there were plans to develop two of the lounges currently used as 'quiet' lounges. One on the ground floor a café area had been created for events and tea parties. In the corner of the room there was a selection of smart hats for people to wear during the tea parties. Another room on the top floor was also going to be used as a cinema. The registered manager told us that people who used the service had picked the decoration and furnishings in both these rooms and that comfy cinema seats people had requested had been ordered. People we spoke with who attended, said they enjoyed the meetings as they were able to express their views and air any concerns. People said their views were listened to and acted upon.

We saw that regular social events were held. These included 'pop up' restaurants. The evenings were themed around a particular country, and involved music and food from that country. We saw that there had recently been an American themed night and that a Spanish night was planned. We saw that other events planned for the coming weeks included; a singer, a harpist and a jazz night. There was also a planned trip to a local country park and museum. On the first day of the inspection the activity arranged was a professional singer. People and their visitors were seen to enjoy the entertainment.

People we spoke with said they were encouraged to follow their interests such as reading and singing. One person who was interested in writing poetry was very proud as she had been given an award for the 'most active resident'. On the ground floor there was a large book case in the corridor which contained a library of books people could help themselves to. In the downstairs lounge we saw a tank with fish in. We were told this was purchased as one of the people who used the service had an interest in keeping fish.

During this inspection 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 was displayed within the home as well as the information provided about the service and was therefore easily accessible to people and visitors.

People said they knew who the manager was, and have had the opportunity to raise any issues they may have. People were happy that their concerns were listened to and improvements had been made. One person we spoke with told us, "I would go to the Manager, and if that didn't work I would ask my relative to complain for me". The relative of another person said, "Things have improved with the laundry and the food following a meeting with the manager." This helps to demonstrate people's views are taken seriously and acted upon.

Is the service well-led?

Our findings

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

The registered manager was supported by the regional director, quality support manager and two deputy managers. The care manager role was currently vacant. During the inspection we spoke with nine staff. We were told that since the registered manager had been in post, improvements had been made. Staff commented; "She's so friendly and approachable", "There has been a massive difference with the new manager", "The door [manager's office] is always open; you can speak to the manager" and "She knows what she wants, she has a vision [for the service]."

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 "You can have a laugh but if there is something to be said they [managers] say it", "Good teamwork and communication", "Amazing team work" and "All the staff get on well together."

At our last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the lack of consistent and effective quality monitoring of the service so the improvements could be quickly identified and acted upon. Following that inspection the provider sent up a plan detailing what action they intended to take to ensure the regulations were met.

We looked at how the registered manager monitored and reviewed the service provided. We saw information to show that checks were carried out to ensure people were kept safe.

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. Checks were carried out on the medication system and care plans. Monitoring systems were also in place exploring areas such as, staff training and development, complaints and accidents and incidents. To support the registered manager the quality support manager was visiting the home each week to assist in completing the work required. One member of staff we spoke with told us, "You can see the improvements being made since [registered manager] started at the home" and "It feels like it's on the up."

In addition the regional director carried out a comprehensive audit of the service. A copy of the recent audit was seen. Where areas of improvement were identified an action plan had been put in place with timescales for completion. The regional director said they felt the registered manager was 'making progress'.

The regional director told us that an electronic care planning system was to be introduced. This had already been trialled in two other homes owned by the provider and the response had been positive. The regional director told us this would provide a more effective method of monitoring themes and trends on an

individual basis as well as across the service.

We were told and information showed that a number of staff meetings were held including heads of department, care and senior staff and ancillary staff this helped to keep everyone informed about events within the home.

We also looked at what opportunities were made available for people who used the service and their visitors to comment on the service provided. The registered manager told us that satisfaction surveys were distributed on a monthly basis and explored a different area of the service. For example, the menus and food provided or people's care experience. Due to the registered manager being relatively new they had sent all the questionnaires to enable them to get an overview of people's experiences across the service provision. We saw that responses had been received in all areas. Where it had been identified that improvements were needed a response had been made, 'you said, we did'.

We saw the service had policies and procedures in place, which were kept under review. We saw there was a Statement of Purpose. This document provided people who used the service and other interested parties with details of the services and facilities provided at Brinnington Hall. This should help to inform people about what to expect from the service.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of events such as safeguarding's, accidents, incidents and DoLS authorisations. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

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.