

Spring View Healthcare Ltd

# Brindley Manor Nursing Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Brindley Manor Nursing Home is a care home that provides nursing and personal care for up to 43 people within one large, adapted building. The service provides support to younger and older people who may have physical disabilities, sensory impairments, mental health needs and/or be living with dementia. At the time of our inspection, 38 people were living at the home.

People were supported by staff who had received training in, and understood, how to protect them from avoidable harm, discrimination, and abuse. There were enough staff to meet people's needs safely and staff were recruited safely. People were assisted to have their medicines they needed to remain well by staff who had received training to do this. Systems had been put in place to reduce the likelihood of the spread of infection.

People's needs and choices were assessed in order to develop effective care plans and achieve positive outcomes for people. Staff received an effective induction, training, and support to enable them to fulfil their duties and responsibilities. People were supported to have a balanced diet and any risks associated with their eating and drinking were assessed and managed. Staff and the registered manager worked collaboratively with external professionals to ensure people received coordinated care. The provider had a programme of ongoing refurbishment and redecoration of the home environment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's privacy and dignity was promoted and respected by staff and the registered manager. People received individualised care, shaped around their individual needs, choices, and preferences. Staff treated people in a kind and caring manner and took the time to get to know them well. People's confidentiality was protected by the systems and procedures in place.

Staff worked in partnership with people when planning and reviewing their care. Staff supported people's participation in a range of things to do for fun and interest. People and their relatives were clear how to raise a complaint about the service and felt comfortable doing so. People received appropriate support at the end of their life.

People were encouraged and supported to express their views about the service. The registered manager and provider worked together to promote a positive, open culture within the service. Staff were clear about their responsibilities and felt able to approach the registered manager and or provider for any additional support needed. The registered manager had processes in place to learn from incidents or events to reduce reoccurrence. Quality monitoring processes were in place to review and maintain good standards of care for people.

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

#### Rating at last inspection

This service was registered with us on 4 January 2021, and this is the first inspection. The last rating for the service under the previous provider was good, published on 9 October 2018.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brindley Manor Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Brindley Manor Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector, a specialist advisor who is a nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Brindley Manor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brindley Manor Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used information gathered as part of monitoring activity that took place on 18 May 2023 to help plan the inspection and inform our judgements. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 5 people who lived at the home and 5 relatives about their experience of the care provided. A further relative wrote to us. We spent time seeing how people were cared for. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 9 members of staff including the registered manager, a nurse, a nurse associate, care staff, the home administrator and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 6 people's care records, multiple medication records, and records showing what support staff had provided to people so their care needs would be met. We looked at records relating to the quality, safety, and management of the home. These included checks undertaken on staff recruitment records, minutes of meetings, audits undertaken and the cleanliness of the home. After the site visit, we continued to liaise with the registered manager. The registered manager sent us documentation we asked for and clarified any queries we had.

# Is the service safe?

## Our findings

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

This is the first inspection of this registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were confident their loved ones were safe in the home. One person told us, "I do feel safe here, all the staff are nice to me." One relative said, "I do feel that my relative is safe here, they (staff) give them a good wash down, (and) they make sure my relative is moved so they don't get bed sores."
- The provider had systems and policies in place and staff had received training in how to protect people from harm and abuse. A staff member told us, "If ever I had any concerns about a person, I'd immediately report it to the manager or a nurse."
- The provider and registered manager understood their responsibility to report allegations of abuse to the local authority and the Care Quality Commission (CQC). For example, when previous concerns had been raised the nominated individual provided a response to reflect the actions taken to assure themselves of people's safety.

Assessing risk, safety monitoring and management

- The risks to people's health, safety and welfare were assessed, recorded, and kept under review. This included consideration of people's nutrition and hydration, pressure care needs and mobility needs.
- Staff had a good understanding of people's risks and used this knowledge when assisting people with their individual needs and the monitoring of these to reduce risks to people's safety. We saw staff supported a person to move safely and staff spent time reassuring another person which had a positive impact on the person's emotional wellbeing.
- We found no evidence of harm to people, however, the accuracy of recording when staff had assisted people to reposition could be further improved. Supporting people to reposition helps to reduce the risk of people developing sore skin. The registered manager gave assurances they had addressed this with staff to make sure risks to people were consistently reduced.
- The provider had systems and procedures in place designed to ensure the safety of the premises and the equipment within it. This included regular checks on the home's fire safety system.

Staffing and recruitment

- People and relatives provided varied responses about staffing arrangements. One person told us, "When I press the buzzer there are no delays and someone comes to me very quickly." Another person said, "The staff are not very quick answering the buzzer, if they are doing lunches then there is a long wait."
- Staff we spoke with told us staffing arrangements supported them to meet people's individual needs safely. Staff described how they worked as a team to ensure people's safety needs were responded to even in busy periods. One staff member said, "We work together as a team, there is never a time we leave anyone without the care they require."

- We saw there were sufficient staff to respond to people's needs without unnecessary delay, and call bells were generally answered promptly. The registered manager had worked hard to improve the recruitment of permanent staff to ensure staffing levels remained consistent, and continuity of care was provided.
- Staff recruitment processes in place were safe. The staff records we viewed showed the application process, references being obtained from previous employer and the use of the Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People were supported to take their medicines in a safe way.
- People told us they had no concerns with the support they received with their medicines and were offered pain relief when required.
- Where people had medicines prescribed for as and when required (PRN) clear documentation was in place to guide staff on how and when to support with these.
- Medicines were stored and managed in a safe way, in line with best practice guidance.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The registered manager was aware staff's infection prevention and control practices required strengthening to further reduce the risk of infections. In some communal bathroom and toilet areas items had been left by staff which included a towel and a bar of soap. All items were removed immediately.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were supported to see their relatives and friends and the service worked in line with current government guidelines. One relative who visited regularly told us they felt welcomed into the home when they visited.

#### Learning lessons when things go wrong

- The provider and registered manager had processes in place to ensure learning from incidents and events at the service.
- Staff understood how to record and report any accidents and incidents.
- The registered manager monitored and took action to implement any required learning from accidents and incidents and shared these with the staff team.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the home. This allowed the registered manager to assess risks to people and if staff were able to support people in a safe manner or required further training.
- People's cultural and social needs were identified so staff could be aware and meet these.
- Health and social care professionals' views were also considered when people's needs were assessed so care remained as effective and responsive as possible.

Staff support: induction, training, skills and experience

- People and their relatives believed staff had the knowledge and skills to effectively support people with their individual needs. One person said, "I don't have any sores at the minute which is good, and they (staff) check me all the time" and a relative told us, "Emotionally, mentally and (family member) physical needs are being met to a high standard."
- New staff completed the provider's induction training programme to help them understand and settle into their roles.
- Staff we spoke with told us they received appropriate support and training opportunities were readily available. One staff member said, "I've had a lot of training, it's really helpful in supporting people with their needs."
- Staff had opportunities to meet on a one-to-one basis with their supervisor which they told us made them feel supported to continually develop and improve their working practices.

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

- People were offered a choice of food and were able to request anything they liked from the kitchen. One person told us, "The food is usually very nice."
- Relatives spoke highly about the quality of food provided for people. One relative told us, "The food is fantastic can't praise this enough, when people won't eat, or eats very little, (family member) for whatever reason, having a very tasty healthy meal is essential and it's a joy to go have lunch with her."
- People's ability to eat and drink safely was monitored. Where needed, advice from healthcare professionals was sought and modified diets such as soft meals and thickened fluids were provided. Information was available in the kitchen so catering staff were aware of people's needs.
- People's ability to maintain a healthy weight was monitored and where people were consistently losing weight, they were referred to the GP. Where people needed support to maintain their weight, their calorie intake was increased by adding cream and butter to their food and offering extra snacks.

Supporting people to live healthier lives, access healthcare services and support; staff working with other

agencies to provide consistent, effective, timely care

- People were supported to access healthcare advice and support as needed to maintain their health. Records showed that people had been able to access GP advice and support when needed and had been supported to attend hospital appointments.
- Once a week the advance nurse practitioner from the GP practice completes a ward round to review people's health needs. Staff told us this collaborative way of working was supportive in promoting people's health needs.

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

- People's rooms were personalised and decorated to their taste. One person told us, "I had some new curtains the other week as the other curtain rail kept falling down and I was pleased they [registered manager] had it fixed."
- People had access to communal spaces where they could enjoy recreational activities and outdoor areas for people to use during good spells of weather.
- The provider had redecorated parts of the home environment and had plans to ensure continual improvements to the home environment were made, including continuing with redecoration. These improvements had been noted by people and their relatives. One relative said, "The home is always clean, the décor is nice, and they are currently doing a lot of decorating and refurbishing which is good."
- There were some areas of the home environment where equipment was being stored such as a lounge area. The registered manager was already aware and had plans to take action in regard to the storing of equipment.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training in and promoted people's rights under the MCA. They understood the need to respect and support people's decision-making.
- Where DoLS authorisations had been granted for individuals, the registered manager reviewed and complied with associated conditions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives described how staff provided people's care and support in a kind and compassionate manner. One person told us, "I like all the carers, they are kind, nothing is too much trouble." One relative said, "I do think the staff are caring. They are really good with both of us, and they have a chat and a laugh with my relative and that really helps to keep my relative's spirits up."
- Staff we spoke with clearly understood the importance of treating people they supported with respect. One staff member said, "Everyone (staff) is really caring and respectful to the residents (people living at the home)."
- Staff knew people well and recognised their role in promoting people's equality and diversity. One staff member described the culture at the home as being, "... really good" and "... care to people to lead the life they want."

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

- Staff supported people to make decisions about their day-to-day care and support, such as what they wanted to eat and drink, and how they wanted to spend their time. One person told us, "The carers (staff) are always asking me if I want to go downstairs for activities and I have said no as I prefer my own company." Another person said, "They treat me well, they know that I only like black tea and that is what they bring, which is appreciated."
- People's communication needs had been assessed and guidance given to staff on how to promote effective communication with individuals.
- The registered manager understood where to direct people for independent support and advice, and supported people to contact these services as needed.

Respecting and promoting people's privacy, dignity and independence

- People were addressed by staff in a warm, polite, and respectful manner.
- Staff took steps to promote people's privacy, dignity, and independence, and met their intimate care needs discreetly. One person told us, "The carers (staff) are all good at moving me, they treat me gently which is lovely. I tell them the clothes I want to wear, and they help me to dress. I like to wear a dress if I am going downstairs and they help me choose one."
- The provider had procedures in place to protect people's personal information and staff followed these.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were in place which reflected people's needs. Relatives told us they had been kept up to date with the information in people's care plans and were happy the plans were reflective of their family member's needs. One relative told us, "I feel that the office and I have good communication and they keep me informed as to how my relative is and that is important to me."
- Systems were in place to ensure staff were updated when people's needs changed. At the end of each shift a handover was given to ensure the staff coming on duty had all the information needed.
- Where people had nursing needs, for example, wound care, records showed care was provided in line with good practice guidance. In addition, care was taken to support people's emotional and mental health needs. An example of this was the registered manager and staff working with healthcare professionals to improve a person's sense of wellbeing.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff met people's communication needs. There was large print and easy read documentation available where this was needed.
- Staff understood accents could impact on people's understanding of the information shared. One staff member told us how they spoke clearly and slowly when communicating with people.

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

- The provider and registered manager had supported relatives to visit their family members. One relative told us, "The staff are wonderful... all very welcoming."
- People had support to participate in fun and interesting things. One person told us, "I do enjoy all the different activities and people who visit us here. There have been ukulele and guitar players, youngsters from a local school, a woman who brought her child and dog in and we have had parties. Lots of variety which is good."
- The provider employed activities coordinators to plan, arrange and support people with recreational activities. These activities included one-to-one time with people, fun exercise sessions and group games,

reminiscence work, sing-alongs, and a visiting therapy dog.

Improving care quality in response to complaints or concerns

- People's relatives were clear how to raise concerns and complaints with the provider.
- The provider had a complaints procedure in place to ensure all complaints were handled fairly and consistently. We saw the most recent complaint they had received regarding the service had been investigated in line with this procedure including an apology provided.

End of life care and support

- The registered manager was enthusiastic about providing people with responsive and effective end of life care, so people remained comfortable and pain free. This included opportunities for staff to receive training from the local hospice to support people in receiving good quality end of life care.
- Systems and procedures were in place to identify people's wishes and choices regarding their end-of-life care, and staff and the management team worked with community healthcare professionals to address these at the appropriate point in time.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and open culture at the home, where staff and the registered manager alike wanted people to receive the best outcomes in their care. For example, the registered manager was open when discussing people's issues that had arisen during the inspection and took action to resolve these.
- Staff told us they enjoyed providing people's care. Staff commented on the registered manager being approachable and there was a strong sense of teamwork between the current staff team. One staff member told us, "I enjoy working here, we work together as a staff team and the manager is good at listening and supporting us."
- Staff spoke about people they supported with a clear commitment to people's continued health and wellbeing.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their responsibility to inform people and relevant others in the event something went wrong with people's care. If things did go wrong, apologies were given to people, lessons were learned, and these were used to improve the service.

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

- The registered manager and staff were clear about their roles at the service. The registered manager was supported by the provider. The registered manager told us the nominated individual visited regularly to provide support and monitor the quality assurance systems. This happened during our inspection as the nominated individual was present to provide support.
- There were effective audits in the home, this allowed the registered manager and provider to monitor the quality of care provided and to make improvements when needed.
- Staff worked well together, and there was a shared spirit of providing a good quality service to people. One staff member told us, "I absolutely love working here. We have regular staff meetings, usually last day of the month or last Friday in the month. I feel that I can raise any concerns that I may have."
- The registered manager understood their responsibility to notify us of particular events at the service in line with their registration regulations via statutory notifications as they are required to do by law.

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

#### characteristics

- People were encouraged to be involved in their care and staff took time to make sure people's choices and preferred routines were maintained. Relatives told us they were fully involved in their family members care and praised the staff for their caring ways. One relative told us, "All (staff) very welcoming and all work with a smile on their faces, which I particularly love as it makes it a happy place for everyone. All the entertainment is exceptional the girls (staff) work very hard to make sure things are catered for in everyone's interests."
- Staff told us they too were encouraged by the registered manager to express their views and ideas for developing and improving the care provided. There were handover and staff meetings, so all staff were kept up to date and made aware of any changes.
- The registered manager and staff team took account of people's individual needs including preferred lifestyle choices. For example, people were supported to personalise their individual rooms.

#### Continuous learning and improving care

- Ongoing improvements were being made to care documentation to ensure the risks to people's health, safety and welfare were assessed, recorded, and kept under review. There had been a transitional period whereby care documentation was transferred from paper formats to an electronic system of recording.
- The registered manager was receptive to all feedback during the inspection and open and transparent during the process. Action was taken immediately when feedback was provided on some areas identified for improvement. In addition, the registered manager sent us information to show the actions they had taken.
- The registered manager and provider shared a sense of wanting to continue to learn and improve care. The registered manager told us their ambition was to make ongoing improvements and continue the good quality care for the benefit of people living at the home.

#### Working in partnership with others

- The staff and registered manager worked in partnership with other agencies to ensure positive outcomes for people. This included health and social care professionals.