

Dennis Moore - Care Ltd

# Brideoake Care Home

## Inspection report

Widdows Street  
Leigh  
Lancashire  
WN7 2AE

Tel: 01942601770

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02 September 2021  
20 September 2021

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Brideoake Care Home is a residential care home registered to provide personal care and support with daily living tasks to 20 people aged 65 and over. At the time of inspection 20 people were receiving support across the two floors of the home.

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

People were kept safe from risk and harm and staff had a good understanding of safeguarding processes. Infection control practice was robust and staff wore PPE appropriately. Risks in relation to the provision of care, environment and wellbeing of people had been completed; however, we have made a recommendation for further detail to be added. Dependency assessments had been regularly carried out to ensure staffing levels were sufficient. Some staff had not completed important training and there were significant gaps in training records. The provider informed us following the inspection of their plan to bring staff up to date with their training by October 2021. We have made a recommendation that training is brought up to date in the stated time scale.

The provider had robust auditing systems in place; however, we have made a recommendation audits are developed to evidence ongoing improvement. People, relatives and staff reported feeling confident in raising concerns with the management team. Relatives told us they were involved in people's care planning and were kept up to date with any changes. Staff reported they felt well supported by the management team and they received regular supervisions, with the flexibility to choose how often this occurred.

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.

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

### Rating at last inspection (and update)

The last rating for this service was Good (published 25 May 2019).

### Why we inspected

We received concerns in relation to infection control practice and good governance. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

The overall rating for the service has not changed and remains good. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brideoake Care 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Brideoake Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 one inspector.

#### Service and service type

Brideoake Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the home to support the inspection.

Inspection activity started on 02 September 2021 and ended on 20 September 2021.

#### 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the nominated individual, the registered manager, the trainee deputy manager, senior care workers, care workers, domestic workers and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We made observations relating to the provision of care to help us understand the experience of people who could not talk to us.

We reviewed a range of records. This included four people's care plans and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of record relating to the management of the service, including policies and audits. We also reviewed records relating to the safe provision of care.

#### After the inspection

We continued to seek clarification from the provider to validate evidence and understand actions they would take around areas needing further development. We sought further feedback from professionals who work with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were sufficient numbers of staff deployed to meet people's needs. The provider used a dependency tool to assess time needed to support people and staffing levels were above the assessed need.
- Robust recruitment processes were in place. Recent recruitment records showed staff being recruited safely with appropriate checks and a formal induction process.
- We reviewed the providers training matrix and found there were significant gaps. We discussed this with the provider, who acknowledged training had not been completed as expected, citing the COVID-19 pandemic and the increased workload as reasons. The registered manager explained that a plan had been implemented to ensure training would be brought up to date by October 2021.
- The registered manager said, "We're going to build time into shifts which is for staff to complete training, we've made a plan which means if all staff complete their training it will be up to date by October. We will be giving staff formal warnings who haven't complied with completing training by the end of October."

We recommend the provider ensures the plan for staff training is immediately implemented and gaps in training are addressed by end of October 2021.

### Assessing risk, safety monitoring and management

- People had risk assessments in place in relation to the provision of their care and wellbeing. Risks had been assessed in relation to other key areas, such as the environment. Risk assessments provided guidance for staff to help them support people to reduce the risk of avoidable harm; however, in some cases further detail would have improved the clarity of the guidance.

We recommend the provider reviews risk assessments and ensures information is detailed and specific.

- Care plans identified risks to people. For example, risks regarding people's nutrition and fluid and mobility were clear. Care records showed staff and the management team had regular oversight of risk and monitored risks appropriately.
- Safety checks relating to the premises and equipment had been carried out in the appropriate timescales. This included legionella, fire safety and utilities safety checks.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place, to identify, report and respond to safeguarding concerns.
- Analysis of incidents was carried out to ensure management had oversight of incidents and could identify safeguarding incidents.

- Staff had a good understanding of what different types of abuse are and how to raise a safeguarding concern. One staff said, "If I had safeguarding concerns with the management, I'd contact CQC, if it was about any of the resident's I'd raise it with the management."
- Relatives felt people were supported safely, "Yes (person) is safe absolutely! They're safer at Brideoake than they were when they lived at home. It's such a relief."

#### Using medicines safely

- People received medication safely and on time. Staff were trained in medicines management and competency checks were carried out.
- The provider was in the process of moving from electronic recording systems back to paper, which had resulted in occasional anomalies. However, the registered manager and staff were aware of the reasons why these had occurred and had arranged with the pharmacy for updated medicines administration records (MAR).
- People's medication care records had identifiable information and information recorded was consistent with care plans. Where people had 'as required' medicines, plans had been completed and reasons why they should be administered were clear.

#### 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 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 accessing testing for people using the service and staff. Staff and residents had received both vaccinations.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits were in place to give the management team and provider oversight of systems and processes within the home. We reviewed auditing records and found although they covered the key areas expected, they were not always used to identify or inform improvements.
- We discussed this with the registered manager who advised that moving forwards, improvements made because of audits, would be clearly recorded within the record. They said, "We're always looking to improve, we've identified a staff member to audit care plans and really identify how they can improve. It also means we can identify 1:1 activities for people and tailor that further than we already do. That's the sort of thing that'll be clear in the audits."

We recommend the provider further develops auditing systems, to highlight continuous improvement.

- The management team welcomed feedback from people, staff and relatives and acted on feedback received to improve practice and promote person centred care for people.
- One relative said, "I was absolutely amazed at what [the registered manager] has been able to do to make [person] feel at home. [Person's] probably more at home there with the staff than they were beforehand. The registered manager went out of their way to understand [person]."

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

- A person centred approach to care was evident in people's records, the environment and in the feedback we received from staff and relatives. We also observed several instances where people's choice was promoted.
- One relative said, "[Person's] gone from being a recluse to wanting to sit in the dining room, [person] knows all the staff's names, but that's all because of how they've engaged with them. They really treat people as individual's."
- People's rooms had been decorated to their own taste and people and relatives had been consulted before bedrooms were decorated. People had their own personal items, photographs and pictures in their room.

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 provider had an open door policy to people, relatives and staff, and understood their responsibilities to be open and transparent. Relatives felt confident in raising concerns and stated they were kept up to date when things went wrong.
- One relative said, "They do notify me if there's anything wrong, they always let me know. I do feel very safe with [person] there."
- One staff said, "I think it's really good. If I had a problem, I'd feel 100 percent comfortable in speaking to [the registered manager] and [deputy manager]."

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

- The provider worked holistically with external professionals, relatives and people. Care records and correspondence evidenced the provider involving external professionals and relatives to actively contribute and feedback on people's care.
- Staff felt well supported by the management team, specifically the registered manager and praised them for how they had managed the COVID-19 pandemic. One staff said, "The support has been really good, the last year has been really hard and they've brought support in for staff. I always feel comfortable in speaking to the registered manager in or out of work."
- The provider had worked closely with relatives to understand people's cultural beliefs and backgrounds. We observed the gathering of this information being practiced by the management team, care staff and the chef.