

Mr Bradley Scott Jones & Mr Russell Scott Jones

Brownlow House

Inspection report

142 North Road
Clayton
Manchester
Greater Manchester
M11 4LE

Tel: 01612317456

Date of inspection visit:
08 June 2022

Date of publication:
02 August 2022

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

About the service

Brownlow House is a residential care home registered to provide accommodation with personal care for up to 31 people. The service provides support to adults with dementia, mental health needs or with a history of alcohol and substance misuse. At the time of our inspection there were 28 people using the service. Brownlow House accommodates people in one adapted building.

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

We have recommended the service reviews their medicines audits. Regular health and safety checks were conducted at the service. Staff wore personal protective equipment (PPE) appropriately throughout the inspection and the home appeared clean. Staffing levels were reviewed on a monthly basis in line with people's needs. Staff were recruited safely.

Staff received appropriate training during their induction and ongoing development. Staff supervisions took place regularly. Staff supported people to eat and drink and access healthcare services.

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.

Staff knew people well and supported them in a dignified way. People were supported to express their views and be involved in their care planning. People told us that staff supported them with good humour.

Care plans were personalised. People were supported to take part in activities they enjoyed either as a group activity or for walks on their own. End of life care plans clearly outlined the support people would like at that time.

Staff and people living at the service felt they could approach the registered manager. There was an improvement plan in place at the service. Audits were being completed at the service. Since the last inspection the service were using a new system for care planning and to record accidents and incidents.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 September 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider reviews good practice guidance in relation to the management of medicines. At this this inspection we found the provider had made some improvements.

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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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 not always safe.

Requires Improvement 

Is the service effective?

The service was effective.

Good 

Is the service caring?

The service was caring

Good 

Is the service responsive?

The service was responsive.

Good 

Is the service well-led?

The service was well-led.

Good 

Brownlow House

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 team consisted of two inspectors and a medicines inspector.

Service and service type

Brownlow House 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. Brownlow House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used information gathered as part of monitoring activity that took place on 25 February 2022 to help plan the inspection and inform our judgements. 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 used all this information to plan our inspection.

During the inspection

We reviewed care plans, audits, staff recruitment files and medicines. We spoke with four people living at the service and observed how care was provided in communal areas. We spoke with four staff including the cook, care assistant, team leader and registered manager. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection we found the provider was not taking reasonable steps to ensure the safety of the premises. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments identified risks appropriately and gave clear guidance on how to support people.
- The service ensured that appropriate safety checks at the service had taken place.
- Risks were captured in care plans. For example, where someone was at risk of poor nutrition, the care plan gave specific information on how the risk should be managed.
- Fire safety management was in place and regular internal and external checks were made on the fire alarm system and firefighting equipment. A fire risk assessment was in place.
- People who smoked in the home had a risk assessment in place and individual agreements for the safe storage of cigarettes and lighters.
- People had evacuation plans in place to enable them to be evacuated in an emergency. The evacuation plan for one person required updating due to a change in their mobility needs. This was completed following the inspection.
- At the last inspection, the service was not monitoring water temperatures effectively to mitigate the risk of legionella at the service. At this inspection, records showed that water temperatures were being monitored effectively and action was taken, where necessary.
 - At the time of the inspection, the floor in the hallway was not level and was a potential trip hazard. The service had appropriate risk assessments in place and were arranging reports. Records did not indicate that anyone had fallen in this area.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse.
- Staff had completed training in safeguarding, were aware of the signs of abuse and how to report concerns.
- The registered manager had investigated a recent concern and shared these findings appropriately with the local authority.

Staffing and recruitment

- Staff were recruited safely. Appropriate pre-employment checks were completed prior to new staff commencing work.
- The registered manager used a dependency tool to ensure staffing levels reflected the needs of the people living at the service.
- Staff knew how to appropriately support people. Records showed that staff gave people space and time following incidents of distressed behaviour.

Using medicines safely

- Some areas of medicines storage needed improving. The day after the inspection the manager confirmed the required improvements had been made.
- Some aspects of records about medicines needed improving. The day after the inspection the manager confirmed that most of the required improvements had been made and they had arranged a meeting with the pharmacy to assist with the other improvements.
- Stock counts showed that some medicines had not been given as prescribed or were not fully accounted for.

We recommend that medicines audits need to improve to ensure issues are quickly identified and acted on.

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 meeting shielding and social distancing rules.
- 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.
- 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.

Visiting in care homes

- People were supported to have visitors.

Learning lessons when things go wrong

- Staff recorded accidents and incidents appropriately. Following a fall, staff completed post fall analysis to try and identify the causes or any trends.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff completed an induction upon commencing work at the service. This included shifts observing experienced members of staff.
- Staff received regular supervisions from the management team. The registered manager maintained an up to date record of supervisions.
- At this inspection, most staff had received training in supporting people with their mental health needs.

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

- Staff assessed and review people's needs on a regular basis.
- People's needs and preferences were assessed and reflected in their care plans.

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

- People's preferences were captured in care plans which included their likes and dislikes.
- Where risks had been identified in relation to eating and drinking, this was captured in the care plan. For people who were prescribed fluid thickener to assist in preventing choking, this was recorded and used in all drinks.
- Staff supported people to eat and drink. A new menu had recently been implemented based on people's likes. Healthier options were also available.
- Staff knew people well and had a good understanding of their dietary requirements, needs and dislikes.
- Staff promptly updated people's dietary requirements upon admission.

Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to access appointments with health care professionals. Staff supported people where there were delays in getting appointments and escalated these concerns on their behalf.
- The registered manager used their knowledge of people at the service to enable appointments to take place. For example, appointments at hospitals closer to the service to reduce the need to travel. We asked one person living at the service if they were thought staff would contact health care professionals, if needed. They told us "They (staff) would do anything for me."

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

- Since the last inspection there has been some improvements made to the appearance of the service.

- During this inspection we found the enamel in one of the baths had started to come away. The registered manager said they were aware of this and would be getting this fixed.
- Ongoing refurbishment works was included on the service's action plan.

Supporting people to live healthier lives, access healthcare services and support

- The provider worked with other agencies to ensure people received support with health and social care when they needed it.
- Where any concerns were noted by staff, timely referrals were made to the appropriate health professional. For example, staff saw one person had begun to have swallowing difficulties and a prompt referral was made to the speech and language therapy team for a full assessment of their swallowing ability.

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.

- The service were working within the principles of the MCA.
- The registered manager had a tracker in place to ensure DoLS applications were monitored.
- We observed staff obtaining consent from people to enable them to provide care and support. Staff were signing the electronic care plan on behalf of the person but advised us, consent is gained from the service user at the point of signing.

Is the service caring?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 gave positive feedback about the staff at the service. We observed staff supporting people with good humour which people responded to well.
- People were referred to by their preferred name. Staff spoke to people with kindness. Praise was used by staff when people did something well. We observed when people made a request, for example, additional cutlery or a drink, this was actioned promptly.
- Where people with mobility difficulties were being repositioned, staff asked if they were comfortable before leaving them to carry on with their activity.
- Staff told us they knew the needs of people living at the service and were able to give examples.

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

- Staff supported people to be involved in reviews about their care.
- Care plans captured any decisions people had made, such as how they wished to spend their day and what clothes they preferred to wear.
- People were asked for feedback on their care, food and activities at the service.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be independent. People were supported to access the community.
- Staff supported people discretely and in a dignified way with their continence needs.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 captured people's needs and preferences. The provider had recently moved to an electronic care planning system, which supported person-centred care planning, capturing the social and health needs of each person.
- Care plans contained accurate information for staff to enable them to safely support people.
- Staff documented in care plans in real time, so they could monitor who had received support, at what time and by whom.
- The registered manager told us, they sat with people when completing care plans to gather their thoughts and wishes.

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.

- People's communication needs were recorded within their care plans.
- We observed staff communicating effectively with people.
- There was information, for people, on display throughout the home, such as menus.

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

- Staff supported people to participate in activities of their choice. The provider had a programme of activities available. Some people chose to attend their preferred activity while others preferred to go out into the community. One person told us they enjoyed going out for walks with staff.
- Staff asked people for their feedback on activities within the home.
- At the time of the inspection, the service had been decorated as part of the Jubilee celebrations and the service had celebrated with a party. People were involved in the party and also provided some of the entertainment. One person told us, "It was lovely. We had a dance."

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. Complaints were responded to and outcomes shared with the complainant.

- One person told us they would speak to the registered manager if they had any concerns.

End of life care and support

- Care plans captured people's preferences for how they wished to be supported at the end of their life.
- People's wishes included staying at Brownlow House and being supported by the staff team and being pain free. If people had a funeral plan or had specific detail pertaining to their funeral, this was recorded in the care plan.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 culture at the home.
- Staff told us they attended staff meetings which discussed how to raise concerns to drive improvements.
- The service supported people to work towards outcomes, such as requiring less support from the service.

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

- The registered manager was open throughout the inspection process.
- The rating from the last inspection was on display at the service.
- Staff contacted the relevant professionals when there were concerns on admission to the service.

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

- Staff told us they felt supported by the registered manager.
- The registered manager completed regular audits of the service. The team leader also completed interim audits of the service.
- The registered manager submitted notifications to CQC, when required, in line with their regulatory responsibilities.
- The provider had developed an improvement plan to drive improvements at the service.
- Staff morale at the service was positive. One member of staff told us "It's all teamwork, we do the best we can and help each other."
- People were asked for feedback. One person told us, "(staff) asked my opinion the other day, I said it was sound and they look after me."

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

- The service engaged people using the service. A newsletter had been provided to people and their relatives for updates on visiting and other concerns during the COVID-19 pandemic.
- Prior to the pandemic, regular face to face staff meetings were occurring. These were changed to a confidential Whatsapp group, during the pandemic, which allowed all staff to be kept updated instantly.
- Staff were supported by the registered manager. One member of staff told us their "door is always open."

Continuous learning and improving care

- The provider had received a number of compliments from people, their families and professionals thanking them for their hard work and kindness.
- The registered manager implemented improvements following audits at the service. Where areas of improvement were identified, action was taken. For example, supervision held with staff following a medication count error.

Working in partnership with others

- The service contacted other services, when required, to support people at the service.
- Staff told us they have a good relationship with the GP who completed weekly ward rounds at the service.