

Annual Inspection Report 2022-2023

Brinnington

Adult Care Home

19 October 2022



Isle of Man
Government
Kelleys Eilan Vannin

DHSC

We carried out this announced inspection on 19 October 2022. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

Brinnington is a residential care home. The home provides personal care for up to a maximum of eighteen residents. At the time of our inspection there were fifteen residents using the service.

The home provides accommodation across three floors. There are bathroom facilities on each floor. There are also communal lounges, together with a large dining room where residents are free to take their meals. Bedrooms are furnished with residents' possessions if they so wish.

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

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

We found a number of areas in which improvements needed to be made. These related to quality assurance, supervisions and information contained in care plans.

A long established staff team spoke very highly of each other and of the residents. We were told that everyone was part of the family and it was "a privilege to care."

The home had a relaxed atmosphere where staff told us "residents are loved. Here they still have connections."

Residents were all included in conversations and spoken to individually with respect.

Staff had time to talk with residents about their interests, and what was important to them.

At this inspection we found improvements had been made in response to the previous inspection.

About the service

The service is registered as an adult care home able to accommodate up to eighteen service users. It provides care and support to people over the age of 65 years.

Registered manager status

The service has a registered manager. 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 announced inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 17 October 2022. We visited the home on 19 October 2022.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR), notifications, complaints/compliments and any safeguarding issues.

During the inspection

A selection of records were seen on inspection. These included people's care records, staff recruitment checks and health and safety records. A variety of documents relating to the management of the service were also viewed. We spent time discussing the service with the manager. We also spoke with eight service users, five staff members and one family member. We spent time with residents, both on an individual basis and also with groups of residents.

After the inspection

We spoke with three family members and a resident's friend following the inspection. We also spoke individually with four members of staff about their experience of providing care within the home.

SECTION C Inspection Findings

C1 Is the service safe?

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does require improvement in this area.

This service was found to be safe in accordance with the inspection framework.

Systems and processes to safeguard people from the risk of abuse

The service had a variety of measures in place to keep people safe. Staff had undergone safeguarding training, and safeguarding policies and procedures were in place. These were available to staff. Ongoing refresher training had been undertaken. Staff and residents all told us they felt safe. There had been a concern raised, but this had been responded to appropriately with correct actions taken. No notification of events form had been submitted to the Registration and Inspection Team. Staff DBS (Disclosure and Barring Checks) had all been renewed three yearly.

Assessing risk, safety monitoring and management

A variety of health and safety checks, including electrical safety, equipment safety, legionella testing and fire safety measures were all in place. Annual call bell checks had been carried out.

A risk management policy, including a risk checklist was in place. We saw evidence of allowing residents to take positive risks in line with their wishes.

Staffing and recruitment

No new staff had commenced in post since the last inspection. Staff told us that there was enough staff on duty to enable them to spend time with the residents. Family feedback confirmed this to the inspector. We were told by staff that "You have to spend time with the residents to know what they want."

Using medication safely

A medication policy was in place. Medication storage was secure, and MARS (Medication Administration Record Sheets) were in place. All staff had received medication training, and annual medication competency assessments were in place. We discussed including a "what if" scenario when assessing staff competency. Medication risk assessment for self administration of medication was in place. Best interest meetings had taken place as appropriate. Resident medication reviews had taken place on an annual basis.

Preventing and controlling infection

The home was clean and tidy on inspection. We saw cleaning schedules in place, together with PPE (Personal Protective Equipment) stations on each floor to prevent cross infection. All staff had had infection control training together with food hygiene training. Fridge temperatures were recorded.

Learning lessons when things go wrong

We were told about an area of concern regarding staff not following established practice within the home. Appropriate actions were taken in terms of highlighting best practice in supervisions for each staff member.

Action we require the provider to take

Key areas for improvement:

- Notification of Events forms are to be submitted to the Registration and Inspection Team when required.

Inspection Findings

C2 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. The service requires improvements in this area.

This service was found to be effective in accordance with the inspection framework.

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

Pre admission assessments were all in place. Identified needs had been stated in care plans. Generally, these were comprehensive and gave a full picture of residents’ needs. However, we saw an issue highlighted in a risk assessment which had not been covered in a care plan. We saw staff talk openly with residents about their beliefs in a positive and non-discriminatory way.

Staff support; induction, training, skills and experience

Staff supervision and appraisal records were seen for all staff. Supervisions were seen to contain the same topics for each member of staff. We were told in addition that discussions tended to take informally between the manager and their staff. These need to be recorded as part of formal supervision and carried out on a regular basis.

Staff training records were seen. We were informed that renewal of safeguarding training was due to take place later this month; this needs to be clearly indicated on the training matrix.

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

During the inspection we observed a mealtime. Residents told us about the food they liked, and staff served meals which met their particular nutritional need. We were pleased to see the way in which staff discreetly provided support. Staff were clear on people’s likes and dislikes, and the mealtime was a pleasant experience with lots of conversation.

Staff working with each other agencies to provide consistent, efficient, timely care; supporting people to live healthier lives, access healthcare services and support

Care plans identified people’s health needs. Staff were involved with other professionals through taking residents to appointments, and various professionals visited the home. We were told about how staff had encouraged a resident to access outside support, whilst continuing to provide support in the home.

We also saw evidence that residents were encouraged to be involved in monitoring their own health and being assisted in making appointments. We were also told how staff had relayed health information to a resident in a calm and caring manner.

People’s needs being met by the adaptation, design and decoration of the premises

Residents’ rooms were furnished appropriately. We met a family member on inspection who confirmed that their relative had brought in some of their own possessions. Each room was different according to residents’ taste. Residents were seen socialising together and also relaxing in their rooms as they wished.

A stair lift was available for residents in the home. The manager arranged trips out for people, and residents told us about going out for lunch. Visitors were welcome, and we were pleased

to see family members welcomed to the home. Signage was in place for fire exits as appropriate.

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

Capacity assessments were in place as appropriate. Best interest decisions were also recorded. We saw evidence that people were enabled to make their own decisions as appropriate, with support as necessary. We also discussed with staff how they knew residents and were calm in their approach. Feedback from families confirmed that staff were patient and caring.

Action we require the provider to take

Key areas for improvement

- All risk assessments which identify areas of need must be included in care plans.
- Supervisions must be fully documented to include staff feedback.
- Safeguarding training to be clearly indicated on the training matrix.

Inspection Findings

C3 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. The service requires improvements in this area.

This service was found to be caring in accordance with the inspection framework.

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

During the inspection, the inspector had opportunity to see the warmth of the interactions between staff and residents. Staff told us we “treat people as you would want your grandmother treated.” Residents were made to feel part of everything that was going on; they told us “I’m treated with lots of care and kindness.” “There is lots of support when needed.” Family feedback told us that their relative was “a different person since coming here.” We were particularly pleased to see staff respond quickly when a resident needed reassurance.

Residents’ special days were celebrated – or not – as residents wished. We witnessed residents being included in staff family events, and residents telling us they were excited to be involved.

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

We were told that residents and families were involved in the creation and review of their care plans, but we did not see any written evidence of this. This needs to be fully documented. We were also informed that residents meetings were held, but these tended to be informal, often over mealtimes. Again there needs to be a record of these in place.

Respecting and promoting people’s privacy, dignity and independence

Staff told us treating people with dignity was at the heart of what they did. They told us they always “knocked on residents’ doors before entering; introduce myself.” We were told that “I tell people what I am going to do.” A resident confirmed that staff explain “what they are going to do with me.”

Residents also told us that staff “try to encourage me.” We saw during inspection people’s different levels of independence which were understood and encouraged by staff.

Action we require the provider to take

Key areas for improvement

- Resident and family involvement in care plans needs to be fully documented.
- Resident meetings need to be fully recorded.

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people’s needs. The service does not require any improvements in this area.

This service was found to be responsive in accordance with the inspection framework.

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

Care plans were seen and included detailed information on people’s needs. Individual needs, together with the staff support required, were included. Staff were able to talk knowledgeably to us about how people liked to live their lives. The inspector was also told of consultation with medical professionals in advice on meeting specific needs.

Meeting people’s communication needs

Residents had differing communication needs. These were identified in care plans and risk assessments. Staff knew the residents well, and we saw people responded to kindly and appropriately.

Improving care quality in response to complaints or concerns

A concern had been raised since the last inspection. Management had responded appropriately, and action had been taken.

End of life care and support

The home had been involved in providing end of life care for a resident. They had sought professional advice and had enabled family involvement in line with the person’s wishes.

Inspection Findings

C5 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. The service requires improvements in this area.

This service was found to be well-led in accordance with the inspection framework.

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

Without exception staff spoke of the manager and each other as “amazing;” and “a family.” A resident told us that the manager “is like a mother to me.” Staff felt well led by management; information was shared to enable residents to be cared for properly. We were told by families that “staff go the extra mile – it is more than just a job.”

There was no structured quality assurance measures in place to evidence satisfaction with the service. There were also no recorded staff meetings. These need to be in place. We discussed the activities within the home. Whilst on inspection, we saw residents involved as they wished. An ongoing maintenance programme is in place in the home.

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

A registered manager was in place. The inspector saw open discussions between management and staff. We discussed the need to submit a Notification of Events when required to do so. Information is stored securely both electronically and in a locked office.

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

Staff told us they all felt included in the running of the service. Family feedback told us that management and staff were approachable, with open information sharing. Residents told us about being encouraged to continue to observe their religion in the home.

How does the service continuously learn, improve, innovate and ensure sustainability

The home had sought advice and support in relation to specific resident need. We heard about plans to modernise the home and provide easier access for residents. The annual report requires the outcome of quality assurance audits to be included. This would then highlight areas in which the home can learn and improve.

Working in partnership with others

We were told of the home working with a variety of other agencies. The home had worked closely with the Patient Transfer team in attending appointments both on island and in the UK. Information had been shared appropriately.

Action we require the provider to take

Key areas for improvement

- The home needs to have recorded quality measures in place.
- Staff meetings need to be recorded.