

Inspection Report

2023-2024

Brinnington

Adult Care Home

16 November 2023

**Under the Regulation of Care Act 2013 and
Regulation of Care (Care Services) Regulations 2013**



Isle of Man
Government
Kelleys Eilan Vannin

DHSC

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act. We looked at the overall quality of the service.

We carried out this announced inspection on 16 November 2023. The inspection was led by an inspector from the Registration and Inspection team who was supported by a colleague from the team.

Service and service type

Brinnington is an adult care home. The home provides personal care for up to eighteen residents.

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

The home is a warm and happy place. We saw how the manager and staff cared for all the residents. We were told by a family member; "Brinnington was recommended to us because of the attention () will get there." Individuals were all included in conversations, and made to feel part of what was going on.

The home caters for individuals with a variety of needs. We saw how everyone was responded to individually with great care. Staff told us "they are our family who we are here to care for."

There were some areas still outstanding from the previous inspection, specifically in relation to care plans and risk assessment information, documenting of resident and family involvement, resident and staff meetings.

At this inspection, we found that some areas of improvement had been met since the last inspection.

About the service

Brinnington is registered as an adult care home able to accommodate up to eighteen service users. At the time of our inspection there were sixteen people living there. Each person had their own bedroom, apart from one shared room. Bathrooms, kitchen and communal areas were available to all.

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 inspection was part of our annual inspection programme which took place between April 2023 and March 2024.

Inspection activity started on 13 November 2023. We visited the service on 16 November 2023.

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 documents were seen on inspection. These included people's care records and health and safety records. A variety of records relating to the management of the service were also viewed. We spent time with staff and residents throughout the day. We discussed the running of the service.

We used an observational framework for inspection, this is a way of observing care to help us understand the experience of people.

After the inspection

We provided feedback to the manager of the home. We spoke with three family members/representatives following the inspection.

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does not require any improvements in this area.

This service was found to be not always safe in line with the inspection framework.

Assessing risk, safety monitoring and management

A variety of health and safety checks were in place. However, not all checks were seen. The monthly emergency lighting checks, together with the emergency lighting annual check were not seen. We did not have sight of the PAT (Portable Appliance Testing) testing. PEEPS (Personal Emergency Evacuation Plans) were all in place. Fire safety training, together with fire drills had taken place. Fire exits were all clear. Weekly alarm testing and monthly fire equipment checks were all in place. Fire system maintenance had been carried out. Boiler servicing and equipment servicing records were seen. Legionella testing had been carried out, and a satisfactory electrical installation condition report was in place.

Families told us, "I feel () is safe." "I would not have () anywhere else."

Staffing and recruitment

No new staff had commenced at the home since the last inspection. There was a long serving staff team in place. All existing staff were up to date with DBS (Disclosure Barring Service) checks. Rotas were in place, with staff confirming that all shifts are covered in times of sickness. Residents and family members told us that enough staff were on duty to ensure needs were met.

We did not have sight of an emergency and business continuity plan.

Preventing and controlling infection

An infection control policy was in place. Regular infection control audits were in place. The home, including the kitchen, was clean and tidy on inspection. Cleaning schedules were in place, together with safety data sheets. Fridge and freezer temperatures were documented. The COSHH (Control of Substances Hazardous to Health) cupboard was in the kitchen and unlocked. Safety data sheets were in place. Laundry routines were in place.

Learning lessons when things go wrong

We discussed with the manager the process of statutory notification of incidents. Notification of events had been satisfactorily submitted. We saw that appropriate action had been taken when referral to other professionals was required. Incidents were collated and any patterns were analysed for trends and required learning. Any external relevant alerts were noted and acted on as required.

Action we require the provider to take

Key areas for improvement:

- All emergency lighting checks must be up to date.
This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 – Health and Safety
- PAT (Portable Appliance Testing) checks must be up to date.
This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 – Health and Safety
- COSHH (Control of Substances Hazardous to Health) cupboard to be locked as appropriate.
This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 – Health and Safety
- An emergency and business continuity plan must be in place.
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Records

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 improvement in this area.

This service was found to not always be effective in line with the inspection framework.

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

Pre-admission assessments had been carried out. No preference regarding gender had been expressed by people. Reviews were carried out every six months, or more often as needed. However, we did not see evidence documented of family/representative involvement. There was evidence of various professionals being involved with the care of people in the home.

Staff support; induction, training, skills and experience

Some staff training was out of date, particularly food hygiene training, nutrition and hydration training.

Supervisions had taken place. No record of appraisals was seen. Staff meetings minutes were seen.

Staff medication competency assessments were all in date.

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

Dietary requirements were recorded in initial assessments and health action plans. There was evidence that professionals had been involved in providing guidance to address health needs. During the inspection we saw individual diets being catered for. Support was given as appropriate; staff knew people’s likes and dislikes.

Peoples’ individual choices with regard to times of meals were catered for. The dining room was homely and mealtimes were unhurried with plenty of conversations taking place.

Action we require the provider to take

Key areas for improvement

- Family/representative involvement must be documented.
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service
- All staff training to be up to date.
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing
- All staff appraisals must be in date.
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing

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 improvement in this area.

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

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

We had the opportunity to spend with residents throughout the inspection. Staff were attentive to residents and people were included in conversations. The atmosphere was calm, with staff responding appropriately and in line with their care plan when a resident became upset. Family told us it is "like a family." "They get lots of attention." "() still remembers." "The care and devotion () received was second to none."

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

We talked with families about the involvement in the care of their relative. They told us the home kept them involved and up to date. However, we did not see this formally recorded.

There was no evidence that the provider had supported residents to access independent support and/or advocacy service where they lack the capacity to make informed decisions regarding their ongoing care.

Staff spent time talking to residents and were interested in what was being said. Residents were made to feel as if they had involvement in the home's family if they had no family themselves.

No specific resident meetings were recorded. However, we saw lots of conversation at lunchtime with people expressing their views.

Action we require the provider to take

Key areas for improvement

- Evidence of family/representative involvement and efforts to gain involvement in reviews of care must be documented.
[This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 - Records](#)
- Support to access independent advocacy must be in place.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people's needs. The service requires improvements in this area.

This service was found to not always be responsive in line with the inspection framework.

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

We saw a variety of documentation relating to a sample of service users, including care plans and risk assessments. However, not all information was carried through from care plans to accompanying risk assessments. We did not see documented evidence of family involvement in ongoing care.

Capacity assessments and best interests decision meetings were not recorded.

Residents' level of independence and physical and emotional needs were all recorded. Communication needs, together with individual approaches were recorded and seen on inspection. Religious needs were also respected and accommodated by the home.

Information about the home was available in easy read format as required.

Improving care quality in response to complaints and concerns

The complaints policy was in place. There was a copy of the complaints procedure displayed in the home. No complaints had been received since the last inspection. Residents told us they were happy and had no concerns. Staff told us they were able to raise any complaints with the manager as they wished.

Action we require the provider to take

Key areas for improvement

- All information contained in care plans must have an accompanying risk assessment.
[This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records](#)
- Evidence of family/representative involvement in care must be documented.
[This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 - Records](#)
- Capacity and best interest meetings must be undertaken and recorded.
[This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Conduct of Care Service](#)

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 not always be well-led in line with the inspection framework.

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

We were told that the values of the service were to provide person centred care. Staff put residents first. Staff cared with compassion. We were told, "The care and devotion () received was second to none."

Surveys of family members had been done which evidenced satisfaction with the service. Families had commented that "no words can express the love and care you gave."

The manager was appropriately qualified. There was not a current job description in place. We did not see any evidence about how the manager kept up to date with their skills and knowledge.

Staff told us they felt supported and had enjoyed working in the home over many years.

Insurance cover was in place.

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

The manager had not received supervision training. No evidence of appraisals was in place.

The home carried out a number of audits which were seen recorded. We did not see twice yearly reports by the responsible person.

The home prided itself on person centred quality care, and the feedback we received confirmed this. Specific training had been undertaken to care for a resident.

An annual report was in place.

Action we require the provider to take

- An up to date job description for the manager to be in place.
[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Conduct of Care Service](#)
- Evidence must be in place as to how the manager keeps up to date with skills and knowledge.
[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Conduct of Care Service](#)

- Supervision training must be undertaken by the manager.
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing
- Twice yearly reports by the responsible person must be in place.
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 - Staffing

If areas of improvement have been identified the provider will be required to produce an action plan detailing how the areas of improvement will be rectified within the timescales identified. The R&I team will follow up and monitor any actions undertaken.