

Alder Meadow Limited

Brookdale Nursing Home

Inspection report

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Ratings

Is the service effective?

Requires improvement



Overall summary

We completed an unannounced comprehensive inspection of this service on 7 and 10 July 2015. We found there was a breach in the legal requirements and regulation associated with the Health and Social Care Act 2014. The provider did not have suitable arrangements in place to prevent people being unnecessarily deprived of their liberty. We asked the provider to send us an action plan to show how they would meet the legal requirements of the regulation and when their actions would be completed by.

We undertook this focused inspection to check the provider had followed their plan and to confirm they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Brookdale Nursing Home on our website at www.cqc.org.uk.

The provider is registered to provide accommodation and personal and nursing care for up to 40 people at Brookdale Nursing Home. The home environment is divided into two floors.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff that ensured people could make their own choices and decisions. We saw staff waited for people to consent to their care and make their own choices, for example, what they wanted to eat and what they wanted to do. People told us they received care and support in the least restrictive way which promoted their own choices and routines.

We saw for people who were unable to make a specific decision about an aspect of their care and treatment this had been made in their best interests by people who had the authority to do this. Where people had potential restrictions in place and did not have the mental capacity to agree to these the registered manager had now made Deprivation of Liberty applications to the supervisory body for authorisation. By doing this, the registered

Summary of findings

manager had followed the correct process to take on the legal responsibility to make sure people were not unlawfully restricted of their freedom or liberty unnecessarily.

We will review our rating for this service at our next comprehensive inspection to make sure the improvements made continue to be implemented and embedded into practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Where the provider was in breach of Regulation, we found action had been taken to meet the legal requirements of the law and improve the effectiveness of the service.

People were supported to consent to their care and treatment and make their own specific decisions. Where people did not have the mental capacity to make specific decisions, actions were taken to ensure these were made in their best interests.

People received care and support in the least restrictive way to effectively meet their needs and keep them as safe as possible. Deprivation of Liberty authorisations had been sought to ensure people were only deprived of their liberty lawfully and in the least restrictive way.

We could not improve the rating for effective from requires improvement rating because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Brookdale Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced focused inspection which was undertaken on 16 December 2015. The purpose of our inspection was to check improvements to meet legal requirements planned by the provider after our comprehensive inspection on 7 and 10 July 2015 had been made. We inspected against one of the five questions we ask about services; 'Is the service effective?' This is because the provider was previously not meeting some legal requirements in relation to this question.

The inspection team consisted of one inspector.

We checked the information we held about the service and the provider. This included the provider's action plan, which set out the action they would take to meet legal requirements. We contacted the local authority and the clinical commissioning group who are responsible for monitoring the quality and funding for people who use the service.

We met with the people who lived at the home and spoke in more depth with four people. We saw the care and support offered to people at different times including over lunchtime. We also spoke with the registered manager, operations manager and two staff members.

We looked at four people's care records. This was to focus upon assessments around obtaining people's consent, the applications sent to the supervisory body and Deprivation of Liberty authorisations. We also looked at records which included those the registered manager used to manage and review the completed Deprivation of Liberty applications and authorisations.

Is the service effective?

Our findings

At our comprehensive inspection on 7 and 10 July 2015 we found applications for the Deprivation of Liberty Safeguards (DoLS) had not been completed and or made to the supervisory body. These should have been made to ensure people living at the home were not unlawfully deprived of their liberty. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection on 16 December 2015 we found the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 13 described above.

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had a good understanding of their responsibilities around the application of DoLS. Following our last inspection the registered manager had ensured DoLS applications had been made to the supervisory body, (the local authority). These applications were for people who were unable to make specific decisions about their care and treatment, and were supported in all aspects of their care needs.

Staff had been provided with training on the MCA and DoLS. Staff told us the registered manager had discussed during hand overs what it meant in practice for their caring roles. They told us they always discussed with the registered manager and senior staff if they had concerns about people's changing needs and if there was a potential they may be receiving care that would restrict their liberty.

This was to ensure appropriate decisions would be made which were right for each person. Staff were able to tell us how they used the least restrictive practices when they had met people's identified needs. One staff member told us how they provided reassurance to one person who was sometimes unsettled and asked to leave the home. This person's mental capacity had been assessed. A best interest assessor from the local authority had visited so this person's needs were met effectively in the least restrictive way for them. A DoLS was in place for this person, and was reviewed on a monthly basis. Another staff member told us, "We only have the stair gate in place when we need to, when there is no longer a need it is taken down, so people can move around as they like." We saw the stair gate was not in place at the time of our inspection. We spoke with the registered manager and she told us that there was no one at risk at that time so it was not in place.

We looked at the care records for one person who had a DoLS authorisation in place. This person's care records included relevant information about the DoLS authorisation and what this meant for this person. There was guidance for staff to follow so that support offered was personalised for this person. We also saw people's representatives and external professionals were involved in the decisions which led up to DoLS applications being made so that people's best interests were central to this process.

People we spoke with told us staff always asked for their consent before they offered care and they did not feel restricted. One person said, "Staff always listen if I want something different." They told us staff always asked before they did anything. Another person told us, "I am well supported, I only have to ask and they will help me." A further person said they had choices, "I can do what I want, there is always choice. I am able to go out if I want to."

We saw staff offering choices and asking permission before they supported people throughout our visit. For example we saw staff supporting people over the lunchtime period. They offered support in a patient way, working with the person at their own pace. For example, we saw a member of staff supporting a person to eat. They waited until the person said they were ready before they offered more food. Staff reassured one person and spent time promoting their independence, which we saw improved their well-being.

Is the service effective?

People were not restricted unnecessarily due to their physical abilities. We saw no one was rushed and where appropriate people had specific aids, such as plate guards, which supported people to eat independently.

The registered manager had effective procedures in place to regularly review the restrictions people had in place. This included informing the local authority and the coroner when people had died. The registered manager also checked with the supervisory body on the progress of the DoLS applications they had submitted. Where people's DoLS had been authorised the registered manager had had sent the Care Quality Commission notifications to confirm the authorisation of four DoLS. The registered manager

also told us they were aware of when they needed to apply to the supervisory body so that reviews could be completed before DoLS expired to ensure people were not restricted unlawfully.

We found there had been positive improvements in the application of the law around DoL so people were protected from harm and were not deprived of their liberty unlawfully. However, we could not improve the rating for effective from requires improvement to good. This is because to do so, the provider is required to demonstrate consistent good practice over time. We will check this during our next planned comprehensive inspection.