HC-One Limited

Brookdale View

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Inadequate

Summary of findings

Overall summary

The inspection took place on 6 and 7 June 2018 and was unannounced.

Our last inspection of this service was on the 22 and 23 May 2017 and we found concerns relating to regulation 9, 17 and 18 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014. We found that the provider had not effectively operated systems and processes to monitor and improve the quality and safety of the service. Care plans did not always meet the assessed needs of people. Staffing levels were not always adequate to support people and there was a lack of person centred activities. The overall rating for the service was requires improvement. At this inspection, we found significant improvements had been made in relation to activities, but found continued breaches in regulations 9, 17 and 18, with a new breach in regulation 12.

Brookdale View is a care home. The home is based over two floors. The ground floor provides nursing care and the first floor provides residential care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection. The service can provide accommodation and personal care for up to 48 people at this location. On the dates of inspection, there were 36 people living at the home.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions in safe, effective, responsive and well led to at least good. This is the third consecutive time that this service has been rated at least requires improvement and we are considering what further action will be taken in response.

There was a registered manager in post since November 2011. 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.

Staffing levels continued to be an issue. There were not enough staff on the nursing floor to support people's assessed needs. Staff members were also visibly stretched on the nursing floor.

Staff members were aware of their responsibilities in safeguarding vulnerable people from abuse and could give signs and symptoms of abuse and who they would contact if they suspected abuse was occurring.

All medication administration records had been appropriately completed there were no gaps. However, stocks of medicines were not always accounted for on the nursing floor.

People said they felt safe living at Brookdale View. We saw risks to people were assessed and monitored.

Staff members were recruited safely and we saw satisfactory disclosure and barring service (DBS) checks in place prior to commencing employment.

Staff had access to personal protective equipment such as gloves and aprons throughout the service to prevent from any health and safety and infection control risks.

Accidents and incidents were monitored for themes and protocols put in place to reduce the risk of an incident occurring again. All premises safety such as electrical, gas and water safety was in place and up to date.

People were generally happy with the choice of meals; however, the service was not providing an alternative diet for those people who preferred a diet for their own culture.

People who could not speak English were isolated and relied on their relatives to support them in communicating with the service. The service was not working in line with the Accessible Information Standard.

Induction for new staff members varied in length and there was no evidence that staff had completed inductions. Staff members received appropriate training to enable them to carry out their role effectively.

The service complied with the Mental Capacity Act 2005 and received assessment in line with Deprivations of Liberty Safeguards.

There were kind and caring interactions between staff members and people living at the service and people, their relatives and professionals were very complimentary of staff members. We saw that people had their dignity observed and respected throughout the inspection.

Activities for the service had much improved since the last inspection. Activities were varied and available for people of all abilities and interests. There has been support from the local authority to enhance activities.

People received pre-assessments of their needs prior to moving into the service. Pre-assessments recorded people's previous health history and support needs.

Care plans did not always meet the assessed needs of people. One person who was required to be moved with a hoist did not have this information recorded in the care plan.

Complaints were actioned in a timely manner and outcomes shared. There were a number of compliments thanking the service for the care and support they have provided.

People were supported with end of life care. Staff were aware of who was being supported at the end of life and the service has completed the six steps framework for supporting people who were nearing the end of life.

Staff members felt unsupported by the registered manager. Staff members told us that they felt the registered manager did not listen to them and did not recognise the hard work they did. Also, that the registered manager spent a lot of time in the office. Some health professionals felt there was a lack of leadership at the service.

There were audits and internal inspections in place to monitor and improve the service, but we did not see

continuous improvements. Satisfaction surveys completed by people living at the service were positive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

The staffing levels to support peoples, assessed needs were not adequate.

Medicines were managed sufficiently, however stocks of medicines were not always correct.

Staff members were aware of their responsibilities in protecting vulnerable adults from abuse.

Is the service effective?

Requires Improvement

The service was not effective.

Induction for staff members was not recorded.

People whom have alternative dietary needs were reliant on their families to supply foods.

The service worked in line with the requirements of the Mental Capacity Act 2005.

Is the service caring?

Requires Improvement

The service was not caring.

People were not always able to access cultural support in relation to religion.

Staffing levels limited the support offered to people living at the service.

There were kind and caring interactions between staff and people who used the service.

Is the service responsive?

Requires Improvement

The service was not responsive.

People who were unable to speak English were isolated and unable to communicate with others as the service had not facilitated any other means of communication.

Care plans did not always meet the assessed needs of a person using the service.

There were good improvements made to enable people to access appropriate activities.

Is the service well-led?

Inadequate

The service was not well led.

Staff members did not feel supported by the registered manager.

Audits and internal inspections of the service did not always promote improvement of the service in a timely manner.

The service sought the views of people who used the service to monitor and improve what the offered.

Brookdale View

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.

The inspection took place on the 6 and 7 June 2018 and was unannounced. The inspection team consisted of one inspector, an assistant inspector and an Expert by Experience on the first day of inspection. One inspector and an assistant inspector returned for the second day of inspection. An Expert by Experience is a person who had personal experience of using or caring for someone in this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to male. We looked at the evidence we already held about the service including notifications the provider had sent to us. A notification is information about important events which the service is required to send us by law. We also contacted the local authority to obtain their views. The local authority had no information regarding the service.

During the inspection, we spoke with the registered manager, the area director, eight staff members, eight people who used the service, four relatives and three health and care professionals. We reviewed five peoples care files including care plans and risk assessments. We also reviewed four staff recruitment records, training and supervision records. We looked at records relating to how the service was managed including medicines, quality assurance and policies and procedures.

We conducted an observation known as a SOFI (Short Observational Framework for Inspection). This is a method for observing people and the care they are receiving, to help us understand the experience of people who may be unable to communicate with us.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on the 22 and 23 May 2017, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as there was a lack of sufficient staff.
At this inspection we found the staffing levels were still inadequate and the home was still in breach of this regulation.

We arrived at 7.30am on the first day of inspection to speak with night staff. There was a nurse and two care workers, working on the ground floor nursing unit and a senior care worker and a care worker, working on the second-floor residential unit. We viewed the rotas and saw that this staffing level was consistent on night shifts, however, we did see that when there was no senior care worker available for the night cover, then the nurse would be responsible for administrating medicines across both floors.
The day shifts ran from 8am to 8pm with a nurse and three care workers on the nursing floor and a senior and three care workers on the residential floor. We noted that one person received one to one support and that support what provided by an agency staff member.

A nurse working the day shift on the nursing floor was from an agency and we saw that they had taken three hours and ten minutes to administer morning medication for up to 21 people. We raised this with the Registered Manager who told us that the agency nurse was being careful administering medication as the Care Quality Commission (CQC) were inspecting.

Throughout our inspection, we observed staff members, particularly on the nursing floor were very busy. On one occasion, a person returned from hospital on a stretcher with ambulance staff and needed to be supported to transfer to their bed which led to a delay in the transfer for approximately ten minutes as care staff could not be located. Additionally, communal areas were left unmonitored for ten minutes or more and while staff were supporting other people. One staff member told us they have six people who require help from two staff members. There were not enough staff to support people's assessed needs.

We observed staff and spoke with them, people, relatives and health professionals about staffing levels. Relatives gave us negative views and told us "The staff are stretched. There's been a lot of problems with toileting. Three months ago, it took [Person's name] four hours to get to the toilet on their own and still no-one came. Two months ago, [Person's name] needed the toilet and pressed the buzzer, it was over an hour and nobody came. [Person's name] can't get up out of bed by themselves but one day they tried because they [staff] weren't answering, and they fell and waited for half an hour lying on the floor. It's more of a problem at night." And "There are not enough staff, they are just too busy."

Staff members told us. "It can be very chaotic here, especially on the ground floor [nursing floor], there aren't enough staff, nurses have too much paperwork, staff often miss breaks and are very tired. Staff don't have enough time to spend with people, there is no chatting, they just have their jobs to do and there is no spare time. We don't get enough time to be company for the residents. If staff phone in sick we use agency staff, just depends how much notice we get." "We do have enough staff, we currently have 15 residents on this floor [residential floor], if it was full [24 people] we wouldn't have enough staff." "We never stop, [registered

manager] sits in the office with the door shut, we are left short staffed. That worker [another staff member] has worked 24 hours as we had no cover as the agency was double booked." We discussed this with the registered manager who told us that the staff membered had offered to work through as the home was short staffed. This was not displayed on the rota and we noted that the staff member had not recorded in any daily notes of medication records. A further staff member told us that they don't get a break and they don't get time to spend with people on the nursing floor and that sometimes the nurse has to leave the floor to complete the medication on the residential floor if there is no senior staff member on duty.

People living at the home told us "There always seems to be enough staff about and you can always grab someone if you need them." Another person told us, "If I need them [staff members], most of the time they come quite quickly, but it depends on the other people. I need hoisting, so it takes two people". A third person said, "There are sometimes enough staff."

This is a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were insufficient numbers of staff to supported peoples assessed needs.

We saw that all people living at the home received support to take their prescribed medicines. One person told us "I always get my medication on time."

While checking the medicines of three people on each floor, we found the senior staff and nurses completed a five a day stock check on boxed medicines. This involved checking five different medicines to ensure stock levels were correct. All medicines across both floors were boxed for each person.

We found that on the residential floor, all medicines were accounted for as part of the stock check and recorded on the Medication Administration Record (MAR). On the nursing floor, we found that there were a number of boxed medicines counts in error, for example, on the count down on the MAR for one person, there should have been 20 tablets remaining and there were 14 tablets in the box and additional 56 tablets in a store cupboard. For another medication, the count should have left 25 tablets remaining and there was 27. For three other medications, there was intermittent totalling recorded on the MAR. This meant that the provider could not assure themselves that medication was being safely administered as stocks of medicines were not always recorded. However, this did not suggest that people were not receiving their prescribed medicines. We recommend that clear protocols are devised to ensure consistent recording of stocks are in place.

There were temperature checks recorded for fridge and room temperatures which ensured that medicines are stored at the correct temperature. There were monthly medication audits completed which were used to identify missing signatures, that boxes of medicines, drops and creams were dated on opening and checks that medicines had been given. Medicines were signed for after administration and MAR charts clearly recorded directions for prescribed medicines. We also checked the stocks of controlled drugs on both floors and both were correct.

People had protocols in place for the safe administration of "when required" medicine. When required medicine is a medicine such as Paracetamol, which is not routinely required daily. The protocols gave guidance to staff for the signs and symptoms people may display when in need of this medicine. The guidance included monitoring of temperature, skin pallor and looking for changes in peoples' general health. This meant staff were able to monitor people who didn't communicate by looking at other changes in their health and wellbeing.

Staff members we spoke with told us that they had received training and competency checks in the safe

administration of medication and we saw training certificates and medication competencies confirming this. One staff member told us that they had only received one observation and then given the keys and there was no evidence of this recorded as part of their induction. Another staff member told us "I did my medication training with my previous employer, I've done the online training here. I did a medication competency check with the nurse in when I started, it was part of my induction. They do monthly medication audits where they observe a round."

People we spoke with told us they felt safe. One person told us "I feel very safe here, there is always someone around and if I am in my room, they [care staff] pop in all the time to make sure I am ok." Another person told us "There has never been any issues and I know who to complain to if I need to."

A relative told us, I am very happy that [name] is safe here and they are happier now. It took [name] a while to settle after a move."

The service had safeguarding policies and procedures for managers and staff to follow if required. All the staff we spoke with could describe what action to take if they suspected abuse was occurring. One staff member told us "If there was a safeguarding, I would tell the manager or speak to whoever was in charge. Another staff member told us" Safeguarding training is on line. If I had a concern I would raise it with the senior, document it word for word, whistle blow if I needed to and call 999 if necessary." A whistle blowing policy was also in place and each staff member we spoke with confirmed they knew why the policy was in place. All staff members we spoke with told us they had received training to give them an understanding of abuse and knew what to do to make sure people using the service were protected. We also saw training certificates confirming training had taken place.

A relative we spoke with said they had reported a Care worker conduct to the registered manager. They told us. "I did speak to [registered manager] as [name] said there is a carer who is rough with them. [Name] doesn't like them [the carer] but because [name] doesn't know the carers name, [registered manager] said they couldn't do anything about it. We know the carer is only here at night and [name] won't let the carer look after them as they are not kind. We requested that the registered manager reviewed this as this allegation had not been referred to the local authority safeguarding team.

We reviewed four staff personnel files and we saw that each staff member had the required pre-employment checks in place including two written references and a Disclosure and Barring Service (DBS) check. The service had a recruitment policy in place. This meant that there were processes in place to protect people from receiving care from staff who were unsuitable.

Risks to people were assessed and monitored to support people to stay safe. We saw that people received support and monitoring with the management of falls, moving and handling, malnutrition and skin integrity. We observed people who required equipment such as a hoist to move, were supported in a reassuring manner by two staff members. We found people living at Brookdale View had their risk of malnutrition monitored and any concerns were reported to the GP or relevant professional.

Falls were monitored using a risk assessment tool and we saw that where people were at a high risk of falling, the service used falls sensor mats to monitor people and people could be referred to the falls team. This meant that people's risk of falling was monitored and reduced.

There was an analysis of the accidents and incidents and any outcomes were documented and learning from such concerns. We saw that body maps were in place which identified where any injuries had been sustained. This meant the service was proactively working to reduce the frequency of accidents or incidents

from reoccurring.

We observed staff using personal protective equipment (PPE) such as gloves for use when delivering personal care. We also saw that PPE was readily available within the home. We saw that the service had an infection control policy in place and staff confirmed to us that they were aware of the requirements of the policy. We saw certificates confirming staff members had received training in infection control.

There were Personal Emergency Evacuation Plans (PEEPs) were available for people living at the service. These documents gave information to staff on how to evacuate people from the home in an emergency. There were evacuation sledges at the top of each stair wells to assist in any emergency evacuation. Staff we spoke with were aware of the plans and were able to tell us what type of assistance would be required for each person. This meant that staff knew what support was required for people to evacuate and assist them safely from the service in an emergency.

All equipment had been serviced according to the manufacturer's instructions. There were weekly internal checks of the fire alarm system, emergency lighting, nurse call alarm, window restrictors, radiator covers and water and room temperatures. We viewed servicing certificates which were in date for gas, fire alarms, electrical installation, emergency lighting and hoist. The service had appointed an external organisation to manage the passenger lift. There were documents in place confirming that the lift had been serviced at regular intervals. A fire risk assessment was in place. Water outlets that were not in regular use were flushed each week and there were regular temperature checks of water and descaling of equipment. A Legionella risk assessment was in place.

We noted that both floors did not have audible nurse alarms and staff used pagers which vibrated in their pockets or on their person. While the lack of noise allowed each floor to be noise free, we could not be assured that the pager vibration was noticeable enough to alert staff that a person was calling to assistance. We discussed this with the registered manager and area director who said they would consult with the head office to arrange for a beep to be added to the pager.

As part of the inspection, we conducted a walk around the home, we noted an open box of microwave popcorn kernels which could have been a choking hazard. We also noted that the gardeners had left the gate open to the gardens to the rear of the home. We closed the gate and discussed this with the registered manager who said they would ensure it didn't happen again.

The building was clean and free from malodour and communal areas had recently been decorated. One person told us "The lounge is lovely, they keep on top of things. They [staff] are always cleaning." A relative told us that the provider was replacing a bedroom carpet after the manager did a room audit. We saw that housekeeping staff were working across the home throughout both dates of out inspection.

Requires Improvement

Is the service effective?

Our findings

We observed lunch at the home on both floors, we noted the tables were pleasantly set with napkins, condiments, cups and saucers and cutlery. On the residential floor, there were three different meal options and we saw that one person requested jam on toast and this was made for them.

On the nursing floor, the radio was playing quietly in the background and there was a calm, relaxed atmosphere with good interaction with people and the staff members. All the staff wore protective linen aprons and people were asked if they wanted to wear a protective apron. One person required assistance to eat and we noted they had been sat outside the dining room for 50 minutes before they were assisted. We raised this with the registered manager for them to review.

People we spoke with told us "The food's excellent, we definitely won't starve. It probably doesn't suit everyone because everyone's got different tastes, but I really enjoy the meals and there's plenty of choice." Another person said, "The food is okay, but it could be better. Sometimes its soup and sandwiches every day and it gets a bit boring." A third person said "The food varies but I've never been a big fan of food anyway. There is a good choice and they are quite flexible if I change my choice."

One relative we spoke with told us "The food is fabulous, [name] always enjoys the food, they eat a more varied choice than they used to at home." Another relative told us, "The food is horrible. Due to [Name] swallowing, they have to have soft food, creamy sauces and no spices. They [staff] once gave [Name] curry sauce and told they couldn't change it because there was nothing else, so they just gave vegetables instead. I bring in suitable foods for her and they're kept in her fridge in her room and I either cook them or bring meals in ready from home." This person and another person preferred a diet from their own culture and relied on their relatives to bring their favourite dishes to keep in a fridge in their respective bedrooms. We raised this with the registered manager who told us that the relatives had offered to do this as the service cannot always source the food the people require. We did not see any evidence on the menus that alternative meals were offered to both people. This meant that the service was not being person centred in relation to meeting people's cultural and dietary needs. The registered manager told us that they will request the hospitality manager to visit to review the food.

People told us that they could see a GP when they felt unwell; this was recorded in people's healthcare visits logs. We also saw that people visited or received visits from the optician, dentist, district nurses and other healthcare professionals. This meant that people's health needs were being met by health professionals supporting the service. Staff were pro-active in raising concerns they had about people's health and a relative told us that they were always kept informed of any changes with their relative's health.

Staff members we spoke with told us they received an induction although it was variable. One staff member said. "I did an induction, it was two days shadowing, it did cover everything I needed." Another staff member said, "I had a three-day induction, I observed for two days and they did a day of observing me." A third staff member said they received one observation and then given the keys. The registered manager told us that all staff did two supernumerary days on induction although this was not evidenced on the rota for two of the

three staff members we had identified. There was also no recorded information relating to their induction. The registered manager told us that staff retain their induction booklets and keep themselves. Once inductions are completed, the Registered Manager signs them off. We recommend that a copy of the induction is kept in staff files for future reference.

We saw certificates and staff confirmed that they had received training in moving and handling, safeguarding, deprivation of liberty safeguards, mental capacity, dementia awareness, medication, fire safety and first aid. One staff member told us that all the training is done online and another staff member told us that they had been able to complete a level two diploma in health and social care and were going to begin level three. This meant that staff had received training to enable to carry out their role effectively.

We saw staff received supervision three times a year which up to an additional three supervisions held in group settings or as an appraisal. Staff meetings were held quarterly and staff members were required to attend them. Agenda items included training, safeguarding, care planning and discussed people's needs. This meant there were other forums for staff members to discuss their role with their seniors to enable them to develop

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

We saw capacity assessments had been completed around people having the capacity to make decisions about their care and support and appropriate DoLS referrals had been made to the local authority, however the local authority had not been out to assess people deemed as lacking capacity to make decisions. We advised the registered manager during inspection to speak to the local authority to ensure the referrals had been received and gain further information about the assessment process.

We saw that people had signed to consent to receiving care and support and for those people whom were unable to sign, we saw that a family member had signed the document. We asked the service to check with family members if they have the right to consent of behalf of their relative under a Lasting Power of Attorney (LPA). People with a LPA have nominated someone to make decisions on their behalf when they become unable to do so. Staff members we spoke with were able to confirm with us who had a DoLS in place and any restrictions placed on the person. One staff member told us "DoLS are for people who lack capacity, it's in the care plan if they have a DoLS" Another staff member told us, "DoLS is when you need to make the least restrictive decision in people's best interest."

Brookdale View did have some dementia signage to highlight where the toilets were situated. Dementia signage is specifically designed to aid comprehension for people with dementia using words, colour contrast and pictorial images to aid understanding. There was a larger lounge area where activities took place and a smaller, quieter lounge where people can access a computer and watch television. We saw that people were able to furnish their bedrooms as they wished and many rooms had photos of relatives and

friends on the walls. There were communal lounge areas which were decorated in relaxing colours and access to garden areas.

We saw since the last inspection; a number of the communal areas had been refurbished with relaxing colours and soft furnishings. The registered manager told us that going forward, bedrooms would begin to be refurbished with non-slip flooring, soft furnishings, new furniture and beds. We will review this at out next inspection.

We reviewed five peoples care files and found that each person had received a documented pre- admission assessment prior to moving into Brookdale View. This included looking at mobility, eating and drinking, moving and handling, health and medication and a capacity assessment.

We saw that chairs and beds were fitted with pressure relieving equipment such as cushions and mattresses to assist in the prevention of pressure ulcers occurring.

Requires Improvement

Is the service caring?

Our findings

At our last inspection in May 2017 we rated this key question as Good. However, at this inspection, we have given the provider a rating of requires improvement. We saw that staff were kind towards people however were limited by what they could offer due to the low staffing levels.

We saw that one person on the nursing floor was shouting for assistance while in their bedroom, we were able to speak to the person and offer them assistance and found they had no access to a nurse call alarm, which was situated on the opposite side of the room. We moved the nurse call alarm in reach of the person and located a staff member to request assistance for the person. We asked the Registered Manager why the person did not have access to the nurse call alarm and their response was that the person could shout for help and they often complain of pain. We viewed this person's care plan to see if this was the persons referred method of seeking help. We found no information relating to how the person would summon help.

We witnessed kind and caring interactions between staff members and people living at Brookdale View. Although staff were very busy, we observed that they spoke to people with dignity and respect and called people by their preferred name. We observed on the residential floor that staff were able to interact with people individually and were aware of their likes and dislikes, for example, one staff member knew how may sugars one person liked in their cup of tea.

One person told us, "They [staff] all look after us here, the staff are really lovely." Another person said, "All the staff are very kind and they've looked after me very well. I not been too well for the last two days and they tried to reassure me." A third person said, "The staff are great, they work really hard." A relative told us, "They've been lovely with [name]. All the staff are lovely, dead friendly and they'll do anything for you. There's a young staff member on housekeeping who's fantastic, and will help with anything. I can't fault the staff at all".

Staff members told us that they ensure that people's privacy and dignity was respected. We saw staff members knock on doors and gain permission to enter. One staff member we spoke with said that they always go to the office to discuss any confidential information to ensure others don't hear it. Another staff member said they were discreet when supporting someone with personal care, for example, covering them with a towel, ensuring bathroom doors and closed.

We saw that people were given choices which were respected. We found that one person did not want a male carer supporting them with personal care and this was reflected in the care plan and another person was given the option to remain in bed or to get up.

People's preferences, likes and dislikes were recorded in their care plans. The staff we spoke with knew the people they were supporting well and were able to describe their routines and activities.

People's religious and cultural needs were recorded in their care plans. The care plan documented if the person had any needs on a religious or cultural ground but action to promote the cultures were not always

sought. This meant that people were not always able to retain their cultural identity.

We saw that care files were stored securely in an office and was only accessible to staff working at the service.

Requires Improvement

Is the service responsive?

Our findings

In our last inspection in May 2017, we found that there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was improvement needed to ensure people living on the nursing floor were fully involved in activities. At this inspection, we found improvements had been made to develop activities for both floors, however, there was a further breach of Regulation 9 as the provider did not promote inclusion for people whose first language was not English. There was also was a breach of Regulation 17 as care plans did not meet the assessed needs of people. We found on this inspection that care plans continued not to meet the assessed needs of people, therefore this was a continued breach.

We observed that one person was unable to communicate to staff as they were unable to speak English. The service relied on the person's relative to translate their needs and we spoke with the relative who told us that they thought the service could do more to help with the language barrier. The persons care plan stated that staff needed to use gestures to communicate to the person, however, there was no information contained in the care plan to suggest how the person would communicate that they were in pain, needed food and fluids or any other needs. The person had lived at the service for four months and we asked the registered manager if they had requested a translator to enable the person to contribute to their care planning. We were told that the service had not requested a translator and would only do so in the event of an important document needing signing such a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR).

We saw that the pre-assessment of this persons needs stated for staff to "Anticipate the person's needs." The persons capacity assessment said that they had capacity, but is unable to give consent due to language barrier. However, we found that the person had signed the consent to use bedrails, but we did not see how this had been communicated to them. We noted that this person and another person who did not speak English were isolated in their bedrooms on the dates of inspection and a review of activities for one person said that they were not bothered with activities due to the language barrier. The service had not sought any involvement from any community groups that could enhance the persons cultures and needs, although the registered manager told us that they had tried to recruit people who could speak the same languages. A staff member told us, "[Person's name] doesn't speak any English. The family have put a list of phrases together for us which I do try and use but they are quite difficult."

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider did not promote inclusion for people whose first language was not English. The provider was not acting in line with the Accessible Information Standard (AIS). The AIS is a law which aims to make sure people with a disability or sensory loss information they can understand and the communication support they need. We also raised this concern with the local authority safeguarding team.

Of the five people's care plans we viewed, care plans which were mostly generated from the pre- admission assessment and we found in all files that care plan documents were being changed into a different format. For one person we saw that their care plan stated that the mobilised using a walker, but staff members and health professionals told us that the person was now hoisted. The care plan stated that the person could

transfer from their chair independently with the use of a zimmer frame and was independent with their mobility. The care plan had been reviewed the previous month and stated that the person continues to mobilise well. There was also no moving and handling assessment in place for the same person. This meant staff were not equipped with the information required to care for the person safely.

Other care plans we viewed did give directions to support people with personal care, eating, drinking and nutrition, mobility, end of life care and spiritual needs. We found that information was detailed, but no evidence that people had been involved in their care planning.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)2014. The provider has not assured themselves that care planning was accurate to enable a person to be safely supported.

We saw life stories called 'Remembering Together' in the care files we viewed. These documents were mostly completed and discussed people's life history, education, jobs, family history and could be used as a talking point to engross people in conversation.

The service has been involved in an initiative with the local authority to improve activities in care homes. There were two activities coordinators employed as the service and both were enthusiastic about their role. People told us that they were happy that activities had been improved.

On the first day of inspection, we were able to talk with the person from the local authority who was assisting the service to improve the activities. They told us that the service has improved and the interaction with the people living at Brookdale View is now great. The person had supported the service to provide one-page profiles for people which gave small pockets of information to staff members like likes and dislikes and preferences and activities were now being recorded for evidence.

One person living at the home told us, "We go out quite a bit now, we went to Blackpool last week, it was fun". Another person said, "There's more activities than when I first came. I enjoy chair exercises, sitting outside and the head massages. I struggle with craft because of my hands but we did paint a bird house together."
There was a plan of activities on a board on each floor. One person told us "It's exciting getting up in the morning now because you forget what's on so I just pop down to the board and have a look."

We observed on the afternoon on our first day of inspection that the service had held a D-Day celebration party and people from both floors could attend. People were joining in with the singing of old songs and there was a happy and jolly atmosphere.

A relative told us, "They try to put on a range of things but it's difficult to find things that everyone wants to do." A staff member told us "It's lovely here; the residents smile and there's lots of activities going on. It's lots better than the last place I worked. There's been things like a pub quiz, a trip to Blackpool, Indian Head Massages, and pizza and painting just since I've been here."

We saw that activities for people living with dementia had been developed such as arm chair exercises, parachute games, balloon exercises, sensory mitt muffs, twiddle cuffs and doll therapy. This meant that the service was looking at alternative activities as well as the more traditional type.

People had hospital passports in place which gave guidance and advice about the person should they be admitted to advice. The passport discussed people likes and dislikes, how to take to people and

documented any concerns such as being scared of needles or noisy environments.

Staff members we spoke with told us if people's needs change, then they are told at handover or in staff meetings. One staff member told us that person centred care is all about what the person wants and needs. Another staff member told us, "Residents have lots of choices, we don't tell them when to get up or when to go to bed, they choose their own food and if there is something else that they want that isn't on the menu we do our best to sort it for them. Some residents only want a male or female carer, that's fine."

The service had a complaints procedure in place and complaints were recorded The service had received nine complaints since the last inspection and all had been responded to in a timely manner and outcomes shared with the complainant. None of the people we spoke with were aware of the complaints procedure, however, they were all aware that they would complain to the nurse, the manager or a relative. Staff members told us that they would take any complaints to the manager and one relative told us that they had made a complaint but had not received an outcome, however, we saw an outcome letter had been processed.

We saw a number of compliment cards in the reception area thanking the service for the care provided for their relatives and friends. The cards were very complimentary to the staff team and thanks them for the care they had given.

For people who were nearing the end of life, they had a DO Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place, this had been agreed with the person, their family and health professional and it is used for people who are nearing the end of life or who have complex health needs or might be at risk of sudden deterioration or cardiac arrest. In these cases, the decision had been made by the person, their family and health professionals that resuscitation would likely be unsuccessful due to the person's condition. All staff members we spoke to were aware of this. We also saw that people had documented their advanced wishes for end of life care. The service was accredited with the six steps framework. Six steps is a programme of learning to ensure care staff develop awareness and knowledge of end of life care. This meant the service worked with people to promote quality and pain free end of life care and to enable people to stay at the home for as long as possible.

Inadequate

Is the service well-led?

Our findings

At our last inspection in May 2017, we found that there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the service had not ensured that they had an effective quality monitoring system. It was evident from this inspection that while there were some improvements made in identifying areas, there was significant scope for further improvements in relation to staffing levels, care planning, medicines management, person centred care and staff morale.

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). The registered manager was supported by a deputy manager, an area manager and a quality manager. The registered manager told us they felt well supported by the area director and quality manager.

From the, eight staff members we spoke with about the support they received from the registered manager. Five said they didn't feel supported. One staff member told us, "[registered manager] spends a lot of time in the office, although they had been more visible recently. [registered manager] doesn't always listen to staff. They don't take on board staff opinions. Staff could run his place without them. Another staff member said, "The staff work very hard but get no recognition from the manager. We get thank you badges, but no actual thank you. We are meant to have an employee of the month, but that is irregular." A third staff member told us that staff were not motivated and there is a high turnover of staff due to the lack of support and the registered managers ways of working. A fourth staff member said they found the registered manager approachable and that all staff were happy working at the service. A fifth staff member told us, "If the manager is off, the deputy manager takes over, the place runs like clockwork then, everyone is much happier."

We saw that similar areas of concern had been raised at the last inspection and that the Human Resources (HR) department of the organisation had held meetings for staff members to discuss their concerns. Both the registered manager and the area director said they were disappointed with the feedback from staff members and the area manager said they would look at bringing in the HR meetings once again.

We spoke with two visiting health professionals who told us that they found the staff working at the home very supportive and they would do anything. However, they felt that the staff team did not get enough support and leadership from the registered manager. For example, they told us that one person was refusing to have their personal care attended to and their skin condition was deteriorating. The staff team had told the professionals that the person had refused to wash and the health professionals then supported the person to wash and discussed with staff that they supported the person to wash in their best interests. It was felt that this should have been led from the registered manager.

Relatives we spoke with told us that they knew they could go to the registered manager if they needed to. On relative told us, "[registered manager] did a lot to help me when there were some discrepancies about payments when others didn't do as promised, she's dead efficient." Another relative told us that they don't deal with the registered manager and tend to speak to staff.

We saw the registered manager held an 11am 'Heads of' meeting daily where the heads of each department, nurses, seniors, housekeepers and catering would meet to discuss any concerns or comments they had. We observed one of these meetings which discussed any changes in people's conditions, any changes to the menu or deep cleans that needed to be undertaken. This meant that the staff team could be kept up to date with any changes to people they supported.

We saw that the registered manager and provider completed a number of audits to monitor and improve the service. Medication audits were completed monthly and identified on the previous month, May 2018 that medicines had been carried forward and clearly recorded. However, Medication Administration Records (MAR) on the nursing floor did not correctly reflect the amount of medicines in stock. There were also audits completed on falls, pressure sores, accidents and incidents, which were monitored for themes so methods for reducing an incident reoccurring could be monitored.

The area director and quality manager completed regular visits to the home. They spoke with people, relatives and staff. They also completed their own internal inspections linked with the Care Quality Commissions Keys Lines of Enquiries. We found that although these inspections highlighted areas for improvement. Since the last inspection, the overall self-assessment rating for the service had consistently been "Requires improvement". There were areas where the home had identified that it had improved, however, we did not feel the service was improving in a timely manner as the home has not been compliant with the Health and Social Care Act in the last three inspections and since October 2015.

We discussed dependency levels with the registered manager who told us that dependency levels are reviewed monthly and the quality team as part of the wider organisation look at them and review the staffing levels. The registered manger told us that staffing levels had recently been increased due to an increase in nursing clients and it was agreed to backfill any unfilled job roles with agency staff. However, from our observations, staffing levels were still not appropriate to meet the needs of people living at the service. We saw that agency staff were checked to ensure they have a valid DBS, references, training and pin number by the registered manager.

The provider had sought the views of people using the service and the last satisfaction survey was completed in July 2017. We saw there had been 15 respondents. 53% of people said the building was excellently well maintained with 40% saying it was good and 7% said it was average. 53% of people said the meals were excellent, 13% said they were good and 33% said they were average. 87% of people said the staff were helpful and polite and 13% said good. 73% of people said they found the Registered Manager excellent and 27% said good. This meant that the service was measuring what they offered and produced a report of their findings. The findings did not identify any serious concerns.

HC-One Ltd used a corporate management system at Brookvale View called Cornerstones. It combined tools designed to improve the management and monitoring of the service. The Manager's Diary sets out the key tasks and activities of the Home Manager on a daily, weekly and monthly basis. It guides them through their working day, helping plan time, make notes and ensure that all the essential tasks are completed and evidenced. Core activities set out detailed guidance and coaching in the eight essential activities that underpin effective home management.

We saw that a business continuity plan was in place to assist in managing the service in the event of a power cut, flood or if at any times, people needed to be moved to a place of safety. This meant that there were plans in place to continue the running of the service during periods of disruption. This meant the provider was proactive in planning for an emergency.

The provider had policies in place for the admission and discharge of people, managing end of life care, medication, infection control. recruitment, mental capacity and whistle blowing. This meant there was guide in place to ensure and endorse the wellbeing of all people, employees and any others connected with the service.

We saw that the service was displaying the last inspection Care Quality Commission (CQC) rating within the home. This is a legal requirement for any premises providing a regulated activity. At the last inspection, the overall rating for the service was requires improvement.

Over the past three inspections of this service we have found several breaches of the regulations. We found the same or similar breaches in the regulations where the provider had failed to act on these to improve the care and support people received. We have not seen sustained improvements to the service due to the lack of reliable governance systems in place.

There had been no action taken against poor morale and lack of support for people with cultural needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance There has been no action taken against poor morale. And There was a lack of support for people with cultural needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient numbers of staff to support peoples assessed needs.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider did not promote inclusion for people whose first language was not English. People who could not speak English relied on their relatives to communicate their needs. There had been no attempt made to integrate people with their communities or promote communication. People who could not speak English were isolated. The provider was not acting in line with the Accessible Information Standard (AIS).

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider has not assured themselves that care planning was accurate to enable a person to be safely supported.

The enforcement action we took:

Warning Notice