

A.G.E. Nursing Homes Limited

Brockfield House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Brockfield House is a nursing care home providing personal and nursing care for up to 45 people, in one adapted building. The service provides support to older people, many of whom are living with dementia. At the time of our inspection there were 44 people using the service.

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

People were safely cared for. Staff understood safeguarding procedures and were confident in reporting any concerns. Risks to people's safety were assessed and well managed, and people's care plans detailed current risks and individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were sufficient numbers of staff who had been safely recruited to meet people's needs.

People's medicines were safely managed. Systems were in place to control and prevent the spread of infection. The provider ensured that lessons were learned when things went wrong, so that improvements could be made to the service and the care people received.

Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

The service was well managed. People, relatives and staff were very positive about the leadership of the service and praised the registered manager highly.

There were systems in place to monitor the quality of the service and actions were taken, and improvements were made when required. Staff felt well supported and said the registered manager was open and approachable.

The service worked in partnership with outside agencies.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 17/11/2021).

Why we inspected

We undertook this inspection to check improvements had been made.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brockfield House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Brockfield House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brockfield House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who lived in the service and spent time observing people who may not be able to share their views verbally with us. We received feedback from 4 relatives. We spoke with 5 staff which included the registered manager, 2 care and support workers, a housekeeper and a laundry assistant. We received written feedback from a further three staff members.

We reviewed aspects of 4 people's care records and medicine records. We looked at 3 staff files in relation to recruitment. We looked at a range of other records including quality assurance checks, meeting minutes and training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that Brockfield House was a safe place to live. One relative said, "When [family member] had a fall [registered manager] made sure they had constant supervision and they haven't had a fall since then." Another relative commented, "Brockfield House is a safe place for [family member] to live. For the first time I have peace of mind and I don't need to worry."
- Staff had received training in safeguarding and had a good understanding of recognising the signs of abuse and how to report it. Staff had access to the safeguarding and whistleblowing policies for guidance if needed. One staff member commented, "I would report anything I wasn't happy about, without any hesitation."
- Records showed the provider reported safeguarding concerns as required to the relevant agencies.

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place which guided staff on how to keep people safe. For example, if people were at risk of falls, a detailed risk management plan was put in place to reduce the likelihood of any falls. One relative told us their family member's risk assessments were always sent to them so they could add to them and to ensure they were appropriate for their family members care.
- Risk assessments were reviewed and updated swiftly if there had been any changes or incidents. For example, where one person had developed swallowing difficulties they were referred to the Speech and Language Therapist (SALT) and a choking risk assessment was developed and followed by staff.
- Staff were aware of people's risk assessments, felt they could confidently support people safely and the risk assessments accurately reflected people's needs, and the way they should be supported.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Mental capacity assessments were in place for key decision such as having a DNACPR decision. This

showed proper processes were followed when people were not able to make specific decisions independently.

- The staff team had received training in dementia care. This enhanced staff knowledge and skill in supporting people with fluctuating capacity to make their day to day decisions within their abilities.

Using medicines safely

- People received their prescribed medicines safely from trained staff. Safe processes were in place for all areas of medicines practice including ordering, administration, storage and disposal.
- The clinical room was clean and clutter free and checks were done to ensure the identification of any issues promptly. For example, frequent medicine stock counts took place and checks on controlled drugs.
- Detailed medicines audits were regularly undertaken by the registered manager and these were used to drive improvements.

Staffing and recruitment

- There were systems in place to help the registered manager monitor dependency levels and help assess the number of care staff needed to provide people's care and help keep people safe. Staffing levels were seen to be adjusted regularly and took account of the number of people being looked after and their care and support needs.
- Relatives told us there were enough care staff on duty, both during the day, and at night. One relative said, "My [family member] was very ill a while ago and they [meaning staff] nursed them 24 hours a day until they were better. Staffing was not an issue." Another commented, "It's very important for [family member] to have consistency and they [staff] achieve this."
- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visiting took place in line with current government guidance. There were no restrictions upon visitors.

Learning lessons when things go wrong

- Monthly analysis of accidents, incidents and falls to identify any trends or themes and take appropriate action was undertaken by the registered manager.
- Lessons were learned when things went wrong or an area for improvement was identified. Processes were in place for accidents, incidents and falls to be recorded by staff and we saw appropriate follow up action was taken.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture at the service was person centred, open and transparent. A relative said, "[Registered manager] is fantastic. They accept responsibility if something goes wrong, they communicate with me regularly and they are always available to talk to."
- People, relatives and staff consistently expressed great confidence in how the service was managed. All the comments we received from people and relatives were complimentary. For example, "The registered manager is on the ball and runs a tight ship." And, "[Family member] gets the care they need. The manager and staff are very dedicated. I can't praise them enough." And "Nothing is too much trouble. It's more like home than a care setting. The atmosphere is friendly, and it feels like a family."
- Staff felt well supported by the registered manager. One commented, "[Registered manager] is very supportive and has made some good improvements. It's much better now she is the manager."
- The provider invested in the learning and development of its staff, which benefited people through the maintenance of a stable, motivated and skilled staff team. Staff told us this made them feel valued and appreciated.
- Effective communication systems were in place to ensure the whole of the staff team were involved in daily decisions. One member of staff told us, "The communication here is very good. The manager shares everything with us so we always feel included and feel that our views are valued."

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

- The registered manager ensured there were robust systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- The management team worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- There were effective systems in place to oversee the day to day practicalities of running the service. A daily meeting took place with senior staff and handover meetings were used to discuss relevant and priority

issues.

- The quality of care people received was subject to close monitoring by the provider. The provider undertook a range of quality audits to identify where improvements could be made. For example, where care plan notes indicated there was a decline in a person's mobility they were monitored and referred to an occupational therapist.
- Staff understood their roles and responsibilities and had clear lines of accountability. The staff support systems ensured all staff received regular training and supervision and we saw that staff wellbeing was high on the providers agenda.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- The provider was transparent, open and collaborative with external agencies. The management and staff team worked in partnership with other professionals and agencies such as the GP, speech and language therapist and the local authority to ensure people received joined up care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service supported people with a range of abilities and equality characteristics, including those living with dementia. People, and their relatives where appropriate, were involved with their care and made significant decisions, with the support of staff and other professionals where required.
- All the relatives we spoke with were happy with communication about their family members. One relative told us, "They always let me know if there are any changes or if something has happened. I feel more relaxed than I have in ages."
- Where people experienced difficulty with communication or sensory impairment, care plans contained guidance on how best to communicate and support choice and inclusion. For example, one person's care plan detailed what to talk about to encourage engagement.
- People and staff were encouraged to contribute their views on an ongoing basis informally and through regular meetings. The registered manager had tried to implement meetings for relatives but for the previous four months no one had attended. The registered manager was looking at how this could be improved.
- The registered manager and staff team were continually making improvements to the care and support provided, to achieve the best possible outcomes for people. They achieved this through satisfaction surveys, gaining feedback from people and relatives and good communication.
- Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. Staff confirmed there were opportunities to discuss any lessons learnt and were informed of any action taken or changes in care delivery. This meant incidents were monitored and management took steps to learn from such events and put measures in place to make them less likely to happen again.