

Sure Care (UK) Limited

Brocklehurst Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

About the service

Brocklehurst Nursing Home is a nursing home providing personal and nursing care to up to 43 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 41 people using the service.

The home consists of four units across two floors. Each unit has its own kitchenette and small lounge. The ground floor has a large lounge and a dining area.

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

People received their medicines as prescribed. We have made a recommendation about guidance for as required medicines and topical creams. Some communal areas of the home were not always clean. We have made a recommendation to review the cleaning schedules.

Parts of the home were looking tired. A refurbishment plan was in place. We have made a recommendation that the plan is completed in a timely way.

People felt safe living at the home. Risks were identified and guidance was in place to manage them. An improvement plan was in place to ensure enough detail was included in the care plans.

There were enough staff to meet people's needs. Staff were busy and did not have much time to sit with people. A dependency tool was used to calculate the staffing levels needed. Additional night staff had been recruited to reduce the use of agency staff. Staff were safely recruited and received the training for their roles.

Staff said the management team were visible in the home and approachable if they needed to speak with them. People's health, nutritional and hydration needs were being met. Referrals were made to medical professionals when required.

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.

A quality assurance system was in place. Regular audits were undertaken, and any actions identified completed. The provider had oversight of the service through monthly provider audits. Relatives said there was good communication with the staff team and any concerns they had were addressed. Staff said they enjoyed working at Brocklehurst.

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 good (published 15 January 2019).

Why we inspected

We received concerns in relation to staffing levels and staff training. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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 that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well led sections of this full report. Additional night staff had been recruited to reduce the reliance on agency staff.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brocklehurst Nursing Home on our website at www.cqc.org.uk.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Brocklehurst Nursing Home

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

Two inspectors and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Brocklehurst Nursing Home 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. Brocklehurst Nursing Home 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 and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 7 people who used the service and 5 relatives about their experience of the care provided at Brocklehurst. We spoke with 14 members of staff including the registered manager, deputy manager, area manager, clinical lead, assistant nurse practitioner, care assistants, domestic staff and assistant chef. We also spoke with 1 visiting professional.

We reviewed a range of records, including 7 people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including quality assurance and incident reports.

We observed the support provided throughout our inspection and viewed the environment of the home.

Is the service safe?

Our findings

Safe – 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. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People received their medicines as prescribed. An electronic medicines administration record (Emar) system was used. The stock quantities held corresponded to the Emar system, however a paper stock record was incorrect for 2 people. One occasion had not been investigated when a discrepancy in the paper record was identified.
- We found 1 'as required' medicine (PRN) was not on the Emar system. The item had not needed to be re-ordered at the last medicines cycle. However, this meant staff needed to manually change the end dates for the medicine, so it stayed on the Emar system. This had not happened and had not been identified. The registered manager said they would ensure additional training was provided for staff re-ordering medicines.
- PRN protocols did not always contain enough detail to guide staff when they needed to be administered. Body maps were not used to clearly identify where topical creams needed to be applied.

We recommend best practice guidelines are followed for the management of PRNs and topical creams.

- Actions identified in a recent audit by the local authority medicines optimisation team had been completed.
- Where people required medicines administered covertly, for example in food or a drink, appropriate records and authorisations were in place.

Preventing and controlling infection

- Parts of the communal areas of the home were visibly unclean, for examples around windows and skirting boards in corridors. Bedrooms were cleaned daily, with an additional weekly deep clean. People and relatives said their rooms were kept clean. A relative said, "The home is always clean and when I visit our loved one is always clean and tidy and comfortable."

We recommend the provider reviews the cleaning schedules for the home.

- Staff used personal protective equipment (PPE) appropriately. People were safely admitted to the home. The service had systems in place to prevent or manage infection outbreaks.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives were freely able to visit the home and stay for as long as they wished to.

Staffing and recruitment

- Staff were very busy, and task focused. They did not have time to sit with people, especially in the morning. Feedback from staff was mixed, with some saying they felt they needed more staff, especially on units where more people needed 2 staff to re-position and assistance when eating. We observed people having to wait for their meals until a member of staff was available to support them.
- People said day staff responded to requests for support in a timely way. However, they said the night staff did not always respond when they pressed their call buzzer when wanting support, especially when agency staff were working who did not know people's needs. One person said, "I use the call bell at night if I am uncomfortable. The staff do attend; sometimes you have to wait a while as they are always busy."
- Rotas showed there were 2 care staff on each floor (covering 2 units) at night and a nurse covering both floors. Therefore, if a person required 2 staff to re-position, there was no other staff member available to provide assistance if someone else rang their buzzer.
- A night care staff said they felt they had enough time to meet people's needs. Day staff said there were no issues with night staff not completing their agreed tasks.
- We discussed this with the registered manager. A dependency tool was used and staffing levels altered depending on occupancy and people's needs. New staff had been recruited to reduce the use of agency workers, especially at night. A new activity officer was due to start work, who would also assist over mealtimes.
- Staff were safely recruited, with all pre-employment checks completed prior to the new member of staff starting work.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed and guidance was in place to manage these risks. Some areas of the care plans needed additional details to be included to fully capture people's needs and the support they required. Additional training and support were being provided for the nurses writing the care plans. All new care plans were checked by the registered manager as part of this improvement plan.
- We observed staff using safe moving and handling techniques. One person said, "I can't say I enjoy being hoisted but the staff are gentle and explain what they are doing."
- Directions to manage people's skin integrity were in place. Staff were able to describe how they would support someone who was agitated, using appropriate de-escalation techniques when needed.
- Where necessary referrals were made to external agencies so additional advice and support could be provided.
- Equipment was regularly checked and serviced in line with legal guidelines.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff felt comfortable to raise any concerns they had. There were aware of safeguarding processes. One staff member said, "I don't have any concerns about raising anything, safeguarding or otherwise with them."
- People and relatives thought they were safe living at Brocklehurst. One person said, "The staff are very supportive and help me mobilise from the bed to the chair. I feel safe in their hands."
- Staff knew how to report and record any concerns, incidents, or accidents. Incidents were reviewed, and risk assessments updated where appropriate. Care staff said they discussed any incidents during the daily handovers and how they could support people to reduce the risk of a reoccurrence.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Parts of the home looked tired and in need of re-decoration. The registered manager had agreed the work needing to be completed with the provider's business manager. The home's maintenance person would do the painting required and flooring would be replaced when rooms became vacant.
- The furniture in some people's rooms (wardrobes and drawers) needed repair. The registered manager reminded staff to report all items needing to be repaired during our inspection.

We recommend the provider ensures the identified re-decoration and repairs needed are completed in a timely way.

- Bedrooms that had been renovated had been completed to a high standard.
- Adapted baths were available on each floor.
- People's rooms were personalised with their own belongings and photographs. An accessible garden enabled people to spend time outside when the weather allowed.

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

- Assessments of people's needs were fully completed. A pre-admission assessment was completed for everyone moving to the home. This used the information provided by other professionals, for example the hospital or a social worker.
- A checklist was used to ensure all key risk assessments, medicines and support guidance was in place within set timescales after moving in.
- Relatives said they were involved in planning and agreeing their relatives care and support.

Staff support: induction, training, skills and experience

- Staff received the training for their roles. Compliance with the training courses considered mandatory at Brocklehurst was high.
- New staff completed induction training and shadowed experienced staff to get to know people, their needs, and routines before working on the rota. One care assistant said, "I did all my e-learning, was introduced to everyone and did 2 days shadowing other staff."
- Staff said they were well supported by their colleagues, the manager and deputy manager. They felt able to speak with them if they had any concerns or ideas. Daily handovers were held to ensure care staff knew about any changes in people's support needs and wellbeing.
- Staff had regular supervision meetings to discuss their work and any training they needed. Staff meetings

were also held to discuss plans for the home and provide staff with an opportunity to raise any ideas or issues.

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

- People were supported to maintain their nutrition and fluid intake. We observed staff supporting and prompting people to eat and drink. People said the food was good, with 1 saying, "The food is well cooked with plenty of options; the staff are always coming round with drinks."
- People's nutritional needs were identified in their care plans. The chef was made aware of all people who required a modified diet and if there were any changes in people's dietary needs. The chef had a written record of people's dietary needs for reference.
- Where people were at risk of malnutrition they were offered a fortified diet, supplements and their weight and nutritional intake were monitored.

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

- People were supported to maintain their health. People's health needs were identified in their care and support plans.
- People had access to a range of health care professionals, for example, physiotherapy, speech and language team and podiatry, to help maintain their health and well-being.
- Weekly visits were made by the local GP. This helped to ensure people's changing needs were quickly responded to. The GP was positive about Brocklehurst, saying the home made appropriate referrals to them, had all relevant information available and followed the advice given.

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

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- 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. Any conditions related to DoLS authorisations were being met.
- People's capacity to make particular decisions was assessed. Where people were not able to make decisions for themselves a best interest decision was made involving relevant people.
- Staff understood the MCA and DoLS and received appropriate training. We observed and heard care assistants asking for people's consent before providing support.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A quality assurance system was in place, with a schedule of audits for care plans, medicines, and health and safety. The regional manager completed a monthly visit audit.
- Actions were identified and signed off when completed. Work was in progress to improve the level of detail in people's care plans from when they were first written by the nurses.
- The registered manager reviewed all incidents to identify any trends or patterns and ensure appropriate actions were in place to reduce the risk of any reoccurrence.
- The registered manager attended meetings with their counterparts in the provider's other homes. This enabled them to learn from each other, for example to problem solve or if there had been an incident in one home, how the lessons learnt could be used in the other homes.
- Staff knew their own roles and who to speak with if they needed advice or if there was an issue or incident. They felt well supported and could raise any concerns if they needed to. One member of staff said, "The registered manager, nurses and the nursing assistant are really supportive. I don't have any concerns about raising anything with them, safeguarding or otherwise."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives said the communication with the home was good. Two relatives said they had raised issues with the registered manager informally and these had been resolved. One relative said, "I have had an occasion to speak to the manager and I feel the manager was understanding and felt re-assured" and another told us, "I know the manager, they are very approachable and listen. I feel fully included in the care planning and communication is very good."
- The registered manager had arranged a series of meetings for relatives so they could gather their views and explain current plans for the home. The time of the next meeting had been changed to early evening to try to increase attendance.
- Visitors were able to leave a rating for their visit on the tablet used to sign in. These were overwhelmingly positive. The registered manager followed up any negative feedback.
- The staff team liked working at Brocklehurst, with a lot having worked there for many years. They said communication within the home was good and they could speak with the nurses, registered or deputy managers if they needed to do so.
- The registered and deputy managers were visible within the home, attending handover meetings and

carrying out several 'walk rounds' each floor every day.

Working in partnership with others

- The home worked with a range of professionals, including the GP, speech and language team and physiotherapists.
- The local authority commissioning team gave positive feedback about working with the registered manager.

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 knew their responsibilities under the duty of candour. They had policies in place to ensure they were open and transparent when things went wrong. Complaints were investigated, lessons learnt actions completed and information shared as required with other agencies.