

Brook View Health Care Limited

Brook 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Brook View is a care home providing personal and nursing care to 28 adults with complex nursing needs. The service can support up to 32 people.

Brook View supports people across four units, which each have their own communal living areas and single occupancy bedrooms with en-suite facilities. There is a shared secure garden, main kitchen and laundry.

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

People were not always being safely supported to take their medicines. People felt safe and well cared for by staff. Suitable processes and checks were in place to recruit staff. We have made a recommendation about reviewing staffing levels to ensure there are enough staff to meet people's needs. There were systems in place to ensure equipment and premises were appropriate for use. The registered manager would investigate accidents and incidents to enable lessons to be learnt.

People's needs were assessed and they were supported to access health care services as needed. Staff had received relevant training and support to perform their roles. People enjoyed mealtimes and dietary needs were being met for people with specific requirements. 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.

Staff were kind and caring and respected people's privacy and choice.

People's care and support plans were personalised to meet individual needs and positive risk taking and choice was supported. People felt able to raise concerns and felt confident that any issues would be addressed.

People spoke positively about the registered manager and staff felt well supported in their roles. There were systems of oversight and quality checks and work was ongoing to drive improvement and ensure lessons were learnt.

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

Rating at last inspection

This service was registered with us on 09 August 2019 and this is the first inspection.

Why we inspected

We undertook a targeted inspection to check on a specific concern we had about how medicines were being safely managed and personalised care was being provided. We inspected and found there was a concern with how medicines were being managed so we widened the scope of the inspection to become a

comprehensive inspection which included all five key questions.

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.

We have found evidence that the provider needs to make improvements. Please see the safe section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach of regulation in relation to how people were being supported to take their medicines safely.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Brook View

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on a specific concern we had about how medicines were being safely managed and personalised care was being provided. We inspected and found a concern with how medicines were being managed so we widened the scope of the inspection to become a comprehensive inspection which included all five key questions. We checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (the Act). We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

This inspection was undertaken by two inspectors, one whom specialised in medicines management, on the first day of inspection. On the second day of inspection one inspector and a nurse specialist advisor visited the service.

Service and service type

Brook View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first day of inspection.

What we did before inspection

We reviewed information we had received about the service since it was registered with CQC. This included

information from the service about events they are required to tell us about and information received from people who had shared their experience of care with us. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with 23 members of staff including the registered manager, area director, nurses, care workers and auxiliary workers. We spoke with four relatives to gain their views on how their family members were supported at Brook View either on the telephone or during our site visit. We observed how people were being supported during the day and walked around the service to ensure it was clean and a safe place for people to live

We reviewed a range of records. This included 10 people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and other supporting information provided by the service. We spoke with two professional who work with and support the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Medicines were not always managed safely. The service had identified this as an area for improvement and an action plan was in place, but not enough progress had been made at the time we inspected.
- The quantity of medicines in the home did not always match what was on the Medicines Administration Record (MAR). This made it difficult for staff to audit whether medicines had been given as prescribed.
- Time specific medicines were not always given at the correct time. The registered manager told us that they attempted to administer medicines using a person-centred approach by providing medicines in line with the time people woke up. However, these actions were not clearly recorded within the MARs or care plans and any long-term changes in practice had not been clearly discussed and documented with the prescriber.
- Stocks of medicines were not always available in the home. It was not clear whether sufficient action had been taken to identify and address any shortfalls in people's medicines.
- Staff did not always record when fluid thickener was added to drinks making it unclear whether people were receiving their drinks at the correct consistency. The registered manager changed the fluid balance supplementary care chart to make it easier for staff to record the quantity of thickener used following the inspection.
- When medicines designed to be taken by mouth were given in a different way, guidance had not consistently been obtained from a pharmacist to tell staff how to do this safely. Care plans lacked the required detail to guide staff on how these medicines should be safely given to people.

We found no evidence that people had been significantly harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider and registered manager continued to engage with the local community pharmacist to address the concerns they had identified through their own auditing system and those raised during the inspection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and relatives agreed. One relative told us, "[family member] is safe here. They [staff] are very good."
- Staff had completed training in safeguarding and demonstrated that they understood their responsibilities to protect the people they supported. Information on how to raise concerns about abuse

was available on information boards and there was a policy to underpin safeguarding practice.

Assessing risk, safety monitoring and management

- There was a range of environmental risk assessments in place. These provided guidance on measures already in place to mitigate risk as much as possible.
- Check of equipment and utilities were being completed. External companies completed annual assessments and servicing, and there were systems in place to maintain and review equipment and the environment on a regular basis by the maintenance team.
- Care records contained a wide range of risk assessments. These included both physical and mental health conditions and other areas of risk. We found occasions where associated risks had not been considered together. We spoke to the registered manager about ensuring that care records considered risk holistically and provided the relevant guidance to staff.

Staffing and recruitment

- Systems to ensure staff were safely recruited were being completed by the service. New staff had reference checks and checks with the disclosure and barring service (DBS) prior to beginning to work at Brook View.
- There were enough staff to meet people's needs. We observed that people received support by staff in a timely way and staff were not rushed when supporting people. Feedback from people and staff was that on occasions staffing could be difficult due to sickness or when people needed a higher level of support than normal. The service had processes to review people's needs on a regular basis and had identified where people required one to one support and sought additional funding as needed.

We recommend that the service continue to closely review that staffing levels are sufficient to meet the needs of the people living at Brook View.

Preventing and controlling infection

- The service completed checks and risk assessments with visitors prior to entry. External health and social care staff were supported with processes that reduced footfall across the home. Where possible remote assessments via video calls were encouraged. Personal protective equipment (PPE) was readily available for staff and visitors at various points throughout the service.
- The home was clean and tidy. A team of domestic staff worked throughout the day to keep the home clean and completed regular additional cleaning of high traffic areas.
- There was signage through the service reminding staff of good infection prevention and control practices including donning and doffing information, hand hygiene and bin the bling posters. Staff were generally seen to be wearing masks and PPE as required. Any short falls were addressed by the registered manager throughout the day and staff were reminded of good practice through a variety of meetings held within the service.
- The service engaged with the Covid-19 testing and vaccination programme. The service worked closely with local health services to encourage people living at Brook View and staff to access the vaccination programme and address any concerns or questions that people might have.

Learning lessons when things go wrong

- Investigations were undertaken by the registered manager when things had gone wrong and there was a focus on learning lessons and action to prevent future reoccurrence. We noted some shortfalls in how action around the management of medicines had been remedied. Lessons learnt were shared across the provider locations.
- Information including lessons learnt and updates on a variety of guidance was shared with staff in a number of forums including staff meetings, newsletters and information boards.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed, and care plans developed based on people's needs and risks. We spoke to the registered manager about the number of records and how guidance on people's needs can be simplified.
- People told us they received the care and support they needed. One person told us, "Staff know me. They help me with whatever I need." Relatives also spoke positively about how care was provided at Brook View and gave a number of examples of how their family member had been supported with specific needs.

Staff support: induction, training, skills and experience

- Staff spoke positively about the induction and training they had received when they began working at Brook View. Staff completed a variety of mandatory training prior to working directly with people and there was a buddying system which allowed new staff to shadow more experienced staff prior to working independently.
- Staff spoke positively about the ongoing training and support they received at Brook View. They told us they had regular support discussions and felt able to discuss any issues with senior staff or the registered manager.
- Staff had not always had training specific to the needs of the people they were supporting. However, staff told us they could ask questions about any specific conditions with senior staff. One staff member commented, "If you have any questions you can ask the nurse and if they don't know they will find out and do research to help you."

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

- Kitchen staff had a good understanding of people's individual needs and the type of support they needed to eat a healthy and balanced diet. There were a range of options available to people and the kitchen staff told us they would try to accommodate any specific requests if they could. Kitchen staff had access to a range of specialist equipment to support modified diets.
- People were offered a range of drinks and snacks throughout the day. People spoke positively about the quality of food and one person said, "The food has really improved"
- Assessments were in place for people who were at risk of malnutrition or choking, and specialist input from speech and language therapy or dietary services were requested and incorporated into people's care plans when needed.

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

- People's health care needs were identified and referrals for specialist assessment and advice made. The service supported input from health care services remotely when this was possible and supported health care professionals to visit individuals living at Brook View when this was needed.
- The service had regular input from a variety of social care disciplines including general nursing, mental health nursing, learning disability specialists, and occupational therapy. The service had worked closely with other health care professionals including the behavioural support team and dementia nurse specialists and was building relationships with the local community pharmacist and medicines management team.
- Staff knew people well and were able to identify when people were becoming unwell and needed medical input. We identified that when people had been hospitalised, staff did not consistently follow-up and clarify discharge plans in relation to medicines.

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

- People living at Brook View had spacious bedrooms which included en-suite facilities. People were able to decorate and personalise their rooms. The registered manager told us they were looking at involving the people living at Brook View in the decor of communal areas.
- Adaptations had been made to support people at Brook View. This included ensuring accessible bathroom and toilet facilities were available and making adaptations to people's bedrooms to support the use of lifting equipment.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Capacity assessments and best interest decisions were in place for people who lacked capacity. The service involved relevant people in making decisions including family and professionals. We spoke to the registered manager about ensuring that the views of all people contributing to a best interest decision were captured in the records.
- People who lacked capacity and were subject to restrictions were identified by the service and applications for DoLS were submitted as needed and followed up with the relevant local authority. Where conditions on DoLS were in place this information was available to the registered manager for the purpose of review.
- Staff supported people in the least restrictive way. We observed that staff promoted independence and choice and supported people in the least restrictive way possible. Care records reflected how least restrictive approaches were taken and the training and policies of the service underpinned this philosophy.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated well by staff. People spoke positively about how they were supported. One person told us, "I am very happy here. Staff are kind and look after me properly."
- Staff had a good understanding of equality and diversity. Staff had completed training in this area, and we saw staff promoted equality and diversity when supporting people.

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

- People and families told us they were involved in making decisions about the support people received. One person told us, "I feel involved in my care. I can do the things I want and get up when I want." We observed that staff promoted people's choice throughout the inspection.
- People had been involved in developing person centred care plans. Records included people's individual goals and staff had a good understanding of people's likes and dislikes.
- People's bedrooms were personalised to reflect their preferences and tastes. People's privacy was respected, and they could spend time in their bedrooms or in communal areas if they wished.

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain as independent as possible. Care plans reflected how independence could be promoted and considered people's privacy and dignity. One family member told us, "Things have gone well since admission. [Family member] has settled in very well. Staff keep them active and mobile. This really helps with their mood."
- Staff treated people with dignity. Staff supported people with their individual needs discreetly and their privacy was respected. One person told us, "Staff respect me and knock before coming into my room."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People were supported in line with their choices and preferences. People told us that staff respected their choices and care records contained overviews of people's likes and dislikes.
- People were supported by staff who knew them, their preferences and support needs well. We saw staff would encourage people to remain independent and active as much as possible.
- Care plans considered people's goals and wishes, and we saw positive examples of how staff were supporting people in these areas. We spoke with the registered manager about the number of care plans in place and how to ensure they all link together when providing a holistic approach to care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider ensured there was a wide range of resources available for people to use in accessible formats. Service user guides, information about advocacy and how to raise concerns were all available in easy read formats. Additional information about care needs and Covid-19 were also available to people in easy read formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activity co-ordinators supported people to engage in a variety of activities both in a group and on a one to one basis. Staff also promoted people to engage in activities throughout the day and actively participated in activities being run.
- A range of activities were available to people which included physical activities such as boxing, various group activities such as bingo, quizzes, karaoke and crafts, and one to one work including reminiscence work. People were engaged in activities when they wished and appeared to enjoy the range of activities available.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise concerns and felt able to do this. The registered manager was available throughout the day and people told us they felt able to speak with them.
- Staff told us they felt able to contribute to improving care through team meetings, safety huddles, supervision and informally with the registered manager or other senior staff. Staff told us they felt able to

raise concerns and were confident that any concerns would be quickly addressed by the registered manager.

- The registered manager investigated any complaints and concerns raised. Action was taken to remedy any concerns to prevent a future occurrence and an apology was offered.

End of life care and support

- At the time of the inspection the service was not providing support to anyone with end of life care. There were policies to guide staff on how to provide this type of support and the registered manager understood the needs of people at end of life. The service had links with specialist services who could provide advice and support as needed.

- People were encouraged to discuss their preferences for end of life care should they wish to, and this was reflected in the person's care records. The service had received positive feedback from relatives where a family member had been supported with end of life care at Brook View.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Person centred care was evident in people's care plans and from feedback provided by people and, relatives. Care plans were specific to individual needs but did not always given enough specific detail to ensure a consistent approach was provided.
- Staff spoke positively about the service and delivering individualised care and positive outcomes for people. The staff we spoke with were committed to delivering person centred care and improving people's lives.

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 investigated accidents and incidents. Investigations undertaken included considering factors involved in the incident occurring, and action taken to reduce future risk. Where needed apologies were offered.
- In accordance with their legal requirements, the provider had notified us of significant events which had occurred in the home.

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

- Quality assurance systems continued to be developed and in most cases identified areas for ongoing improvements. However, as evidenced by the medicine's shortfalls, further progress in embedding care systems and evidencing longer term consistency and further improvements in how medicines are managed is needed.
- The management team were responsive to the feedback during the inspection and were committed to continuing to improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a variety of processes to support people, staff and family members to engage in the service. These included a range of meetings and surveys. The service responded to feedback and used a 'You said... We did' information boards to inform people of how the service had responded to feedback.
- People were involved in decisions around their care as much as possible. People and staff told us they felt able to contribute ideas and suggestions and felt these were listened to by the management team.

Working in partnership with others

- People were supported to access support from other services as needed. We saw evidence that the service worked with other organisations and health care professionals.
- Staff worked closely as a team to meet the needs of the people they supported. We observed staff work together effectively and engage in a range of activities. Staff spoke positively about the sense of teamwork at Brook View.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People were not always being safely supported to take their medicines.