

## Kidderminster Care Limited

# Brownhills Nursing Home

### Inspection report

29-31 Hednesford Road  
Brownhills  
Walsall  
West Midlands  
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Website:

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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?

Requires improvement



Is the service well-led?

#### Overall summary

We inspected Brownhills Nursing Home on 29 July 2015. The inspection was unannounced. At the last inspection on 8 January 2015, we had identified a breach of regulations. We found the provider had not followed guidance provided by the local authority safeguarding team with regard to the installation of close circuit television (CCTV) cameras. We also found some people's dignity had not been respected. We asked the provider to make improvements in these areas and this action has been completed. They sent us an action plan stating they would meet the legal requirements by 11 May 2015. We

undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. We also followed up on concerns we had received before the inspection. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brownhills Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Brownhills Nursing Home provides accommodation, nursing and personal care for up to 50 older people with a range of needs. There were 40 people living at the home

# Summary of findings

when we visited. The home did not have a registered manager in post. The provider had appointed an acting manager who had submitted an application to CQC to become registered. 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. The newly appointed acting manager was not present at the inspection and we were therefore assisted by the area manager.

People were not always supported by sufficient staff numbers. There was a recruitment procedure in place which was followed. This ensured staff were appropriately checked before they started work at the service.

Staff did not always show a commitment in respecting people's dignity. Staff had a good understanding of people's needs. The CCTV had not been switched on since the last inspection and it was confirmed that this would remain the case for the foreseeable future.

A varied menu was in place and people told us they enjoyed the food. The provider did not support people to follow their individual interests. There was a lack of stimulating social activities available for people to access.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

There were not always enough qualified, skilled and experienced staff to meet people's needs. Recruitment procedures were followed to ensure people's safety.

Requires improvement



### Is the service effective?

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs in the way they preferred. People's nutritional needs were assessed and monitored.

Good



### Is the service caring?

The service was caring.

Not all staff showed a commitment in respecting people's dignity. The provider had committed to improve this area. Staff had a good understanding of people's needs.

Good



### Is the service responsive?

The service was not always responsive.

There was a lack of social stimulation and opportunities for people to be supported to follow their interests or hobbies.

Requires improvement



### Is the service well-led?

We did not assess this key question as this was a focussed inspection and we did not have cause to re visit the question.

# Brownhills Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was focussed and 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 whether the provider had made improvements to the home. We had also received some concerns before the inspection about staffing, recruitment, nurse's competency and the quality of the meals.

The inspection took place on 29 July 2015 and was unannounced.

The inspection team consisted of three inspectors.

Before the inspection we reviewed the information we held about the service and looked at the information the provider had sent us. We looked at statutory notifications

we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from the local authority about the quality of the service provided. We used this information to help us plan our inspection of the service.

During the inspection we spoke with seven people who were living at the home. We also spoke with five care staff, the cook, kitchen assistant, the area manager and a visiting professional. We looked in detail at the care two people received, carried out observations across the home and reviewed records relating to people's care. We also looked at records relating to staffing, recruitment and meals.

During the inspection we used the Short Observational Framework for Inspection (SOFI) observation. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

We looked at staffing levels and recruitment following concerns we had received before the inspection.

One person told us, “I feel sorry for them (the staff), they are so busy. They have to come from upstairs to help out.” Another person said, “I think generally there are enough staff on duty”. A third person told us, “There are not always enough staff because sometimes I have to wait over an hour for the toilet”. This was unacceptable and potentially compromised the person’s dignity. A visiting professional told us, “I think there is an appropriate level of staffing. In the past there has been difficulty accessing staff, but not today. I went to find someone and they came straight away”. A member of staff told us, “There are plenty of staff, we also have breakfast buddies to support people with their food”. Another member of staff said, “The skills mix and numbers of staff here are fine”. The area manager told us staffing levels were planned across the home based on people’s dependency levels. However, we saw a person who had behaviours which challenged the staff and other people. This person had been admitted the previous evening and the assessment information indicated that the person could make advances to females. On the morning of the inspection we saw this behaviour present. This potentially posed a risk to other people when staff left the

lounge to attend to other people who were in their rooms or required their personal care needs attending to. We discussed this with the area manager who acted promptly by re deploying staff to ensure that there were always two staff on duty in the lounge. They also took action to ensure the person was re assessed to ensure their needs could be met at the service. We looked at the nurse and care staffing rotas for the day and night shifts for a period of two weeks prior to the inspection and the forthcoming two weeks. We saw that the home had been staffed at a level that did not meet everyone’s needs based on our observations and feedback we received at the inspection.

Safe recruitment procedures were in place. The area manager and staff we spoke with told us recruitment procedures were thorough and people did not start work until all necessary checks had been completed. One member of staff told us, “I completed an application form, came for an interview, had to provide two references and I was checked by the disclosure and barring service (DBS) to make sure I did not have a criminal record. I was thoroughly checked before I could begin working here”. The DBS is a check the provider can do to assist them make a decision as to whether they employed a person. We looked at two staff files and found that necessary checks had been undertaken before staff started work.

# Is the service effective?

## Our findings

We looked at staff training and meals because of concerns that we had received before this inspection.

At the last inspection we saw that the provider had installed a number of CCTV cameras throughout the home in corridors and the manager's office. We were told no cameras had been installed in people's rooms. The matter was referred by the area manager to the local authority safeguarding of adults process. They had given advice and guidance to the provider for them to follow in relation to considering the impact this might have on people and how consent should be obtained. The provider had not followed this guidance. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection the area manager confirmed that the CCTV cameras had not been switched back on since the last inspection and it was their intention that they remained switched off.

Staff told us they were given opportunities for on-going training. We spoke with a new member of staff who told us, "I had an induction and shadowed a carer who had worked here for a long time. It gave me the support I needed". We saw staff had completed a variety of essential training. We also saw the provider had booked future training. This ensured that staff were supported with their ongoing training requirements. We spoke to two registered general nurses. They told us they were fully supported to access the training they required to maintain their continued professional development.

People told us they liked the food. One person said, "The food is good and we always have enough of it. I have porridge every morning. It is my favourite". Another person said, "If you don't like what's on the menu then they will make you something else. I did not want what was on offer yesterday so they asked me what I would like. I chose a ham salad". We observed people were given a choice of food at breakfast. This included a cooked breakfast, cereals and toast. We also observed people having their lunch and saw that a choice of hot food was offered followed by dessert. Lunchtime was relaxed and people were supported to eat a balanced diet. People were offered a choice of drink. We saw where people required assistance to eat, staff provided this in a discreet and dignified way. Two people complained that the swede was hard at lunch time but this was only on the day of the inspection. We told the cook and the area manager so that they were aware of people's comments. We spoke to the cook who told us no one currently required a special diet.

The provider had arrangements in place that ensured people received good nutrition and hydration. Care records showed risk assessments had been used to identify specific risks associated with people's nutrition. People identified as being at risk had their diet and fluid intake monitored closely. We saw staff recording people's intake and monitoring this with the nurses. Care staff told us if they felt someone had not had enough to eat or drink they would not hesitate to report this to the nurse in charge or the acting manager.

# Is the service caring?

## Our findings

We looked at consent and privacy and dignity to follow up on the concerns we identified at the last inspection. We also looked at these issues because of concerns that we had received before this inspection. We received positive comments with the exception of one in relation to how staff respect people's privacy and dignity. One person told us, "Staff just walk into my bedroom". This practice is unacceptable and does not promote people's dignity. We discussed this feedback with the area manager who agreed to address this with the staff. Another person said, "When staff take me to the toilet they make sure they shut the door and keep me covered". A third person told us, "My curtains remain closed until I am washed and dressed. Staff we spoke with confirmed they had completed training in promoting people's privacy and dignity. We saw that mail was given to people unopened. Staff provided protective clothing to people who required their dignity to be promoted when eating. We saw people were supported to eat in a caring and sensitive way. Staff talked with people and encouraged them to take their time when eating and

swallowing. On one occasion we heard a member of staff ask someone if they wanted the toilet in a loud voice, in a way that meant other people could hear. We discussed this with the area manager who agreed that reminding staff about these important details was an ongoing part of the management team's role and responsibilities. The provider had committed to continually improving people's dignity. In order to do this the area manager told us that the acting manager had sourced training for four staff to become designated 'dignity specialists' and told us the four staff were due to receive this training shortly. It was intended that once these staff had received training they would encourage best practice in this topic, keep up to date in ways to continually promote people's dignity and to share this information with all of the staff.

At the last inspection we saw the provider had installed close circuit televisions in communal areas throughout the home. The provider had not considered the impact on people's privacy and dignity in a planned way. Since the last inspection it was confirmed that the CCTV cameras had not been switched back on.

# Is the service responsive?

## Our findings

Before the inspection we received concerns that there were insufficient activities made available for people.

At the last inspection we received positive feedback about the activities at the home. The area that people told us required improvement was the desire for more trips. At this inspection we saw this had been acted on. However, we did not observe people's individual needs were being met. We did not receive positive feedback from people. One person told us, "There is an activity calendar in the reception. We are having a film today". Another person said, "I prefer to stay on my own and read my book". A third person told us, "You do nothing here really unless you need to. I just sit here and get fed up. Sometimes they do ball and board games but not always". We spoke to the member of staff who was responsible for organising activities. They told us, "I ask people what they enjoy doing and try to include these. We have recently done painting, drawing, baking, playing dominos and making hanging baskets. Some people would like to go to Chase Water, a local park and the pub. We are planning these activities". We observed there was very little stimulation for people and individuals were not supported to follow their hobbies or interests. One person was reading their newspaper and another

person who remained in their room was listening to music. Although a film had been put on in one lounge people we saw people did not appear interested in watching it. Other people remained seated in the two lounges unoccupied throughout the inspection. We spoke with the area manager about what we saw. They told us that there were plans to change an unused lounge at the home into a cinema room. The staff would be encouraged to recreate a cinema experience by serving popcorn and ice-cream through the showing of a film. Although this was a positive idea the provider should be developing ways to support people to follow their individual preferences that meet their specific needs.

One person told us they had been involved in their assessment before they were admitted to the home. We saw people's needs were fully assessed with them or the person's representative to make sure that the home could meet their needs. We saw assessments had been obtained from professionals who had been involved in people's lives before they were admitted. Care plans were updated as people's needs or wishes concerning their care changed. We saw people were asked for their permission before staff did anything. For example, before staff assisted to transfer people using hoisting equipment.



# Is the service well-led?

## Our findings

We did not assess this key question as this was a focussed inspection and we did not have cause to re visit the question.