Mr & Mrs H Rajabali

Brooklands Nursing Home

Inspection report

Wych Cross
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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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We inspected Brooklands Nursing Home on the 16 and 19 December 2014. Brooklands Nursing Home provides nursing care and support for up to 29 people. On the day of our inspection 19 people were living at the home. The home provided nursing care and support to people living with long term healthcare needs, this included heart failure and some people living with dementia.

A registered manager was in post. 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 and associated Regulations about how the service is run.

Through the duration of our inspection, people spoke highly of the home. Comments included, "Really lovely place to live" and, Very happy with the home." However, we identified a number of areas that required improvement. These had not been identified by the registered manager through auditing or quality assurance.

Summary of findings

People received their correct medicine in a timely manner however the home did not have effective systems in place for the disposal of medicines.

People's needs had been assessed and individual care plans developed, these contained appropriate risk assessments. However, a process to determine whether people's Mental Capacity required assessing had not been completed on admission to the home. Care plans did not always contain personal 'life histories' of people.

Staff received training that enabled them to support people living at Brooklands Nursing Home. However, the staff's understanding of the Mental Capacity Act (MCA) 2005 and its key principles was limited and training schedules identified a high proportion of staff had not received training in this area.

The provider had not submitted all statutory notifications to the Care Quality Commission, as required. Under the Health and Social Care Act 2008, providers are required by law to submit notifications. We have asked the provider to make improvements in this area.

There were some quality assurance procedures in place to improve the quality of the service but some areas had not been considered. There were no effective systems to capture people's views and opinions. Satisfaction surveys of people or their relatives had been undertaken since 2010.

Staff interaction with people was kind, caring and genuine. People spoke highly of the care they received. Comments included, "Very kind, all of the staff." People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. Staff members were responsive to people's changing needs. People's health and wellbeing was continually monitored and the provider regularly liaised with healthcare professionals for advice and guidance.

There were sufficient numbers of staff to care for people. People told us they felt safe living at Brooklands Nursing Home. Staff had completed safeguarding training and knew how to identify if people were at risk of abuse or harm and knew what to do to ensure they were protected.

Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff had a clear understanding of the vision of the home and they spoke enthusiastically about working for Brooklands Nursing Home. Staff were supported and could approach management with any concerns.

We found a breach in a Regulation. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires Improvement

People told us they felt safe living at Brooklands Nursing Home. However, records relating to medicines that were ready for disposal were not kept.

Staff were able to identify the correct procedures for raising safeguarding concerns.

There were sufficient staff on duty to safely meet the needs of people.

Is the service effective?

Requires Improvement

The service was not consistently effective. Most staff had not received essential training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and could not demonstrate a sound understanding of the legal requirements.

Most staff had not received regular supervision to ensure they were effective within their role.

People could see, when needed, health and social care professionals. The registered manager had built good links with the local healthcare centre.

People's nutritional needs were met and people could choose what to eat and drink on a daily basis.

Is the service caring?

Good

The service was caring. People told us they felt well cared for.

Staff were seen to be kind and compassionate and knew people well.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The home's equipment was maintained and checked regularly.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

There were no systems in place to capture people and their relative's views about the service.

Individual care plans were developed, updated regularly and understood by staff. However, most lacked detail on people's life history.

There was a complaints procedure in place and people felt comfortable raising any concerns or making a complaint.

Is the service well-led?

Requires Improvement

Improvements were required to make sure the service was well led.

Summary of findings

There were some systems to assess the quality of the service provided in the home, however not all areas had been reviewed.

Statutory notifications had not always submitted to the Care Quality Commission.

People spoke positively about the management and staff told us they were well supported.

Brooklands 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 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.

Our last inspection took place in October 2013, and found no concerns. This inspection took place on the 16 and 19 December 2014. This was an unannounced inspection. The inspection team consisted of two inspectors and an Expert by Experience who had experience of older people's residential care homes. An Expert by An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. For people, whom due to health reasons, were unable to respond to our questions, we observed how staff interacted with them. We looked in detail at care plans and to examine records which related to the running of the service. We looked at five care plans and four staff recruitment files, all staff training records and quality assurance documentation to support our findings. We also 'pathway tracked' people living at Brooklands Nursing Home. This is when we look at care documentation in depth and obtain views on how people found living there. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at areas of the building, including people's bedrooms, bathrooms, the lounges and the dining area. During our inspection we spoke with 13 people who lived in the home, five visitors, two nurses, three care staff, the home's cook and the registered manager. We also spoke with three health care professionals who were visiting the home at the time of our inspection. We observed care and support in communal areas and in people's rooms, spoke with people in private and looked at the care records for five people. We also looked at records that related to how the home was managed.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law.

We reviewed records related to the running of the home, which included quality assurance audits, staff training and recruitment along with schedules and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living at Brooklands Nursing home. Some people who were not able to answer our questions responded to staff in a way that showed us they felt secure and safe in the home. However, we identified some issues within the home that affected safety.

Brooklands Nursing Home had a medicines policy and procedures. These had been last reviewed in August 2013. People said they received their medicines correctly and on time. However, no records were kept in relation to medicines which had been identified for disposal. This increased the risk to people that they could receive medicines they no longer required or medicines that had past their expiry date.

Medicines were held securely. Medicine requiring refrigeration was kept in a separate locked fridge in the drug room. The room was clean and well organised, the temperature of both the room and the fridge were monitored and recorded daily and had been maintained within safe limits. Controlled drugs were stored securely in a separate locked cupboard fixed to the wall. They were checked regularly and were accurate. All people had their medicines administered by a nurse. We noted that the staff recorded each administration before progressing to the next person. We looked at four people's Medication Administration Records (MAR). The records were legible, accurate and there were no missing gaps where signatures were required. They included guidance for the use of 'as required' medicines and only recorded when given to people. Creams were recorded in people's daily records kept in rooms; this ensured they were not shared with others. All other topical medicines and special dressings were administered by nursing staff and recorded on MAR sheets.

We recommend that Brooklands Nursing Home reviews guidance from a relevant source on the storage and disposal of medicines.

Staff files included details of previous employment and evidence of qualifications achieved, identification documents and copies of current criminal record checks. Not all files included a signed contract of employment. This meant that there was no formal record the staff member agreed to their terms of employment. Staff's terms and conditions of employment did not specify the need to complete a satisfactory probationary period before becoming permanently employed. Information relating to probationary period was available in the staff handbook however the registered manager acknowledged that signed confirmation of staff's agreement to complete a successful period of probation had not been obtained. Accurate staff records contribute to ensuring people working in care are suitable for their role. This is an area which requires improvement.

Risks to people were assessed and risk assessments designed in accordance. Risk assessments included information on mobility, skin integrity, and personal care and call bells. These provided guidance about what action staff should take in order to reduce or eliminate the risk of harm. Concerns regarding people's safety or wellbeing were taken seriously by staff and would be reported appropriately to help ensure people were protected as far as possible. Staff confirmed they had received safeguarding training and understood their own responsibilities to keep people safe from harm or abuse. They had an understanding of the types of abuse and who they would report any suspicions or concerns to. One staff member told us, "I know how to raise a safeguarding myself but I would go to the manager first." Safeguarding policies and procedures were in place and were up to date and appropriate for the type of home.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. Staff and people using the service told us that there were enough staff both during the day and at night to meet their needs without being rushed. One person told us, "There are plenty of folk around, never wait long for anything I need." The registered manager told us that staffing levels were reviewed on a weekly basis to ensure adequate numbers of staff were available to meet the needs of people. We reviewed staffing rotas for the previous four weeks and noted that there were sufficient staff working to meet the needs of people.

The home and equipment was maintained to a safe standard for people and for staff. The provider employed a dedicated maintenance worker who carried out day-to-day repairs; staff said these were attended to promptly. There were contracts for the servicing of equipment and building utilities. The home had recently undergone an inspection by the Fire Service and there were robust fire procedures in place, these included personal emergency evacuation

Requires Improvement

Is the service safe?

plans (PEEP). Staff had been trained in fire safety and could identify their role within an emergency. There were systems in place to make sure that fire alarms and equipment operated effectively.

Requires Improvement

Is the service effective?

Our findings

People and visitors spoke positively about Brooklands Nursing Home and the staff. People told us that they trusted the staff. Comments included, "The staff are very good here" and, "The staff are wonderful." However, we found the service did not consistently provide care that was effective.

The Care Quality Commission (CQC) is required by law to monitor how providers operate in accordance with the Mental Capacity Act (MCA) 2005. The MCA requires that assessment of capacity must be decision specific and must also record how the decision of capacity was reached. Staff told us that most of the people supported would be able to consent to care and treatment. The registered manager told us that if people could not make a decision they would consult with family members and relevant professionals to make sure decisions were made in the person's best interests. No one living at Brooklands Nursing Home had been identified as requiring assessment using the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. On admission to Brooklands Nursing Home there was no decision making process for determining if a person required a mental capacity assessment in spite of people living there with dementia.

Staff spoken with were unable to demonstrate a clear understanding of MCA principles and how it related to their role. These staff had not received training in this area. Records indicated that less than half of the care staff had completed MCA training. This increased the risk that staff may deprive people of their liberty or make unlawful decisions on people's behalf.

This is a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, the registered manager provided evidence that MCA training had been booked for remaining staff who had not undertaken it in January 2015. Staff confirmed the importance of explaining to people the reasons for their care and to respect a person's right to refuse care. One staff member told us that if this happened they would offer it again later and if a person continued to refuse care they would document the reason for refusal and inform the trained nurse.

Staff supervision and appraisal processes were not being undertaken for the majority of staff. The registered manager told us they had fallen behind with staff supervision. Staff supervision can promote best practice and support individual staff to improve within their roles. This is an area that requires improvement. However, supervision for nursing staff had recently begun and we saw meeting minutes which identified a clinical supervision had occurred with four nurses. Staff and the registered manager confirmed that handover sessions took place each morning and these provided an opportunity to share good practice and updates on each person. One staff member told us, "The handovers in the morning are really useful; they give us a chance to bring up any issues." The registered manager had appointed 'champions' for key areas within the home. These linked to people's needs at Brooklands. For example, tissue viability, pressure area care, infection control and catheter care. Champions were responsible for sharing their acquired learning with other staff.

Staff accessed a range training which was appropriate to enable them to care for people living at Brooklands Nursing Home. For example, end of life care, pressure care and anaphylaxis training had been undertaken. Anaphylaxis is a serious allergic reaction that could be triggered by sensitivity to medicines. One staff member told us, "I found the recent safeguarding training really useful and now more aware of the signs of possible abuse."

People told us they enjoyed the food at Brooklands Nursing Home and they always had enough to eat and drink. One person told us, "The food is very good." Another person told us, "We get to choose what we like." We observed the lunch service. The service catered for a variety of diets, determined by individual choice and medical requirement. Where specialist healthcare professionals, such as speech and language therapists, had recommended that some people required softened food, this was provided. The food served was well presented, looked appetising and was plentiful. People were encouraged to eat independently and supported to eat when needed. Drinks were provided during meals together with choices of refreshments at

Requires Improvement

Is the service effective?

other times of the day. The majority of people ate in their rooms, and we confirmed this was their choice. Four people ate in the dining room. The meal time was unrushed; staff interacted in a friendly manner and were aware of people's needs. The atmosphere in the dining room during the meal was relaxed. Staff checked people's food and fluid intake and looked for indicators of weight loss and malnourishment. Records of people refusing to eat or only eating small amounts were recorded in daily notes and formed a basis for GP or dietician referrals. Staff were knowledgeable about the people they cared for and were able to describe how those with limited verbal ability communicated their wishes and feelings through facial expression and gestures. One staff member told us, "One person closes their eyes when they have had enough to drink."

The registered manager told us, "A real strength of the home is the relationship we have with our GP's." All people were registered with a local GP practice. Two GP's rotated weekly visits to the service. We spoke with a visiting GP on the day of our inspection. They told us, "I feel very confident about the standard of care. Any deterioration in health is picked up quickly." They added, "Our communication with the home is very good."

In the event of people's health deteriorating, action was taken and the service worked in partnership with allied healthcare professionals. For example, on the day of our inspection one person was visited by a specialist Hospice nurse. Suitable equipment was available to enable the person to be as comfortable as possible, for example the use of a syringe driver. A syringe driver releases a dose of medicine, such as painkiller, at a constant rate to alleviate discomfort.

Good

Is the service caring?

Our findings

People were supported with compassion and consideration. One person said, “The staff are very kind and always willing to help. Nothing could be better.” Another person said, “Staff spend time with you, come quickly when I call, I’m always pleased with what staff do for me.” Everyone we spoke with thought they were well cared for and treated with respect and dignity. Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. One relative person told us, “I am very happy with my wife’s care and am glad that I chose Brooklands. If the need arose, I would be quite happy to come here to live myself.” There was a friendly and relaxed environment; people were happy and engaged in their own individual interests, as well as feeling supported when needed.

People were encouraged to make decisions about their care. One person told us, “I don’t like waking up early, staff respect that.” Staff knew people well and spoke about people’s choices and preferences in detail. People said they had their privacy and dignity respected. One relative told us, “Mum is a very private person and the staff are aware of this and are always discreet”. Staff had a good understanding of privacy and confidentiality. One person chose to have their door closed and this was respected by staff. Staff knocked on people’s doors prior to entering.

People’s rooms had been personalised to reflect their tastes and interests. One person said, “It’s lovely having my things around me, my photos are important to me.” Another person was having their hair cut and had drifted off to sleep; the staff member continued to speak softly to them and covered their legs with a blanket. Another person was seen to become upset and distressed and put their arms out to a member of staff to be comforted. The staff member was genuine and caring in their response and provided comfort and reassurance to the person. A staff member told us, “The care we offer can quite often be short so it’s important we do all we can for people whilst they are with us.”

During our inspection we saw a podiatrist providing foot care to people in their rooms. One person had become uncomfortable with the treatment and requested that a member of the staff be called to ‘hold their hand’. The staff member arrived promptly and offered empathy and kindness.

Care records were held securely in the registered manager’s office. Information was kept confidentially and there were policies and procedures to protect people’s confidentiality.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. A relative told us, “I come a couple of times a day and always made to feel welcome.”

Requires Improvement

Is the service responsive?

Our findings

People told us they felt listened to and the service responded to their needs. Visiting relatives and friends were happy to call into the registered manager's office to discuss issues and told us that they were pleased with the care offered. One told us, "The manager is always here and I would feel confident raising any issues, they listen and follow up on comments I have." However there were no consistent processes in place to collect views. There had not been a satisfaction or questionnaire survey undertaken with people or their families since 2010. People whose family were unable to visit regularly had not been canvassed for their views. This is an area that requires improvement.

There were insufficient activities to meet people's individual needs and interest. Brooklands employed one part time activities coordinator. There was a weekly activities calendar displayed on a notice board. On the day of our inspection hairdressing was identified as an activity and people were having their hair cut. The registered manager told us that due to the number of people who received care in their rooms a significant amount of the activities coordinators time was spent with one to one interaction. People told us they were generally happy with how they spent their time. However, one person said, "It would be nice to have someone read the paper to me more often." People told us that baking on a Friday was popular and they looked forward to this. Another person told us that they had enjoyed the recent Christmas party. On the day of our inspection a local primary school had been scheduled to perform carols however due to some children's poor health this was postponed. One person enjoyed a daily walk in the home's grounds and we saw that they were supported by a member of staff to do this. One relative told us, "It would be nice to see a bit more going on." This is an area that requires improvement.

People told us that they had good relationship with the staff. However we found most care plans did not contain information relating to people's life history. Staff told us that they found out information about people through the process of providing care but they did not have records to review. It is important for staff to have an understanding of people's past and life history so as they can personalise the care they deliver. The registered manager told us that, "Not everyone wants to tell us this information but we could involve families more in collecting this information." This is an area that requires improvement.

Each person had an individual care plan which was underpinned with risk assessments. Areas covered included, moving and handling, pain management and nutrition. Staff told us they were useful documents to refer to for up-to-date information. We saw evidence to indicate the care plans had been updated on a monthly basis or more frequently in line with any change in needs. Some people due to their medical conditions were cared for in their beds. Their care plans contained key health information that would identify if there was deterioration in their health. This information included recording of people's breathing, sleeping patterns and skin integrity. Some people and their relatives had chosen to be been involved in the setup of their care plans. One relative told us they knew of a care plan and had contributed to its design. One person said, "I am involved in all aspects of my care plan." Prior to moving into the home a senior member of staff carried out an assessment of their needs. We looked at a completed pre admission assessment and noted information had been gathered from a variety of sources including healthcare professionals. Daily records also provided detailed information for each person and staff could see at a glance how people were feeling and what they had eaten and drunk.

Records showed complaints were monitored and acted upon. Documentation showed that complaints had been handled and responded to appropriately. The procedure for raising and investigating complaints was available for people. One person told us, "If I was unhappy I would talk to the manager." We heard one person inform a staff member they thought their radiator was broken, within a short time the home's handy person was seen replacing the heating unit.

Requires Improvement

Is the service well-led?

Our findings

People told us they have confidence in the way the service was run. However, regular collation of people and their relative's views was not taking place. This meant the provider did not have clear oversight of a wide range people's views and opinions of the home and how the service could be improved.

The registered manager provided us with evidence that some quality assurance audits were in place to ensure a safe level of quality was maintained. For example environmental audits of water temperatures and the call bell system were undertaken regularly. However, the registered manager did not have systems in place to monitor the quality for areas such as cleaning, health and safety and care plans. Without these systems in place it is more difficult to identify where shortfalls in the quality of the service may occur. Following feedback by inspectors on the first day of the inspection the registered manager had taken action in response in order to make some immediate improvements. This is an area that requires improvement.

People spoke highly of registered manager. Despite people's approval of management, we found the registered manager was not consistently notifying the Care Quality Commission of incidents where injury, harm or abuse had occurred to people. Under the Health and Social Care Act 2008, providers are required by law to submit statutory notifications. We identified two incidents which had not been notified to the CQC. The provider was unaware these should have been submitted, however agreed to submit notification following any future incidents. Without notification the CQC's effective monitoring of a service is reduced. We have asked the provider to make improvements in this area.

The home had a vision and values statement, this was displayed and staff we spoke to were clear on the homes purpose. Staff told us they were supported within their roles and described an 'open door' management approach. Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. One member of staff told us, "Management is approachable; you could always pop in the office." There were good systems of communication, and staff knew and understood what was expected of them. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that the manager would support them to do this in line with the home's policy.

There was a clear management structure at Brooklands Nursing Home. Staff members were aware of the line of accountability and who to contact in the event of any emergency or concerns. The registered manager was visible to people and staff. Staff commented that the registered manager was available for advice when they were working on the floor. The registered manager told us they felt well supported by the providers and that weekly meetings took place where they were able to raise issues and concerns and look at ways improvements could be implemented.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 11 HSCA (RA) Regulations 2014 Need for consent **The provider did not have arrangements in place for assessing people's mental capacity.** **The provider did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.**