Brookview Nursing Home Limited

Brookview Nursing Home

Inspection report

Holmley Lane
Dronfield
Chesterfield
Derbyshire
S18 2HQ

Tel: 01246414618

Date of inspection visit:
05 July 2016

Date of publication:
05 December 2016

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?	Requires Improvement

Summary of findings

Overall summary

We inspected Brookview Nursing Home on 5 July 2016.This was an unannounced inspection. The service provided accommodation, nursing and personal care for up to 60 older people and younger adults, with a range of conditions including dementia and physical disabilities. On the day of our inspection there were 53 people living at the service, who required varying levels of support.

Our last inspection took place on 25 January 2015 and at that time concerns were identified relating to staffing levels and inconsistent quality monitoring and record keeping. We found the provider was in breach of two regulations, relating to governance and staffing. Following this the provider sent us their action plan telling us about the improvements they intended to make. During this inspection we looked at whether or not those improvements had been met. We found some improvements had been made regarding record keeping, however other improvements relating to staffing levels and quality monitoring were still required.

During this inspection we found quality monitoring systems were inconsistent and ineffective and had failed to identify shortfalls within the service. Insufficient staff on duty at times meant people's care and support needs were not consistently met and the opportunity to pursue meaningful person-centred activities was limited.

A registered manager was in post and present on the day of the inspection. 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.

People received care from staff who were appropriately trained and confident to meet their individual needs. They were supported to access health, social and medical care, as required.

People's needs were assessed and their care plans provided staff with guidance about how they wanted their individual needs to be met. Care plans we looked at were centred on the individual and contained the necessary risk assessments. These were regularly reviewed and amended to ensure they reflected people's changing support needs.

Policies and procedures were in place to help ensure people's safety. Staff told us they had completed training in safe working practices. We saw staff supported people with patience, consideration and kindness and their privacy and dignity was respected.

People were protected by thorough recruitment procedures. Appropriate pre-employment checks had been made to help protect people and ensure the suitability of staff who was employed.

People received their medicines in a timely way. Medicines were stored and administered safely and handled by staff who had received the necessary training.

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals.

Staff received training to make sure they knew how to protect people's rights. The registered manager told us that to ensure the service acted in people's best interests, they maintained regular contact with social workers, health professionals, relatives and advocates.

There was a complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments.

We identified one breach and one continuing breach under the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the report.

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

The service was not consistently safe.

There was not always sufficient staff on duty to safely meet people's identified care and support needs. Medicines were stored and administered safely and accurate records were maintained. People were protected by thorough recruitment practices, which helped ensure their safety.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had the knowledge and skills to carry out their roles and responsibilities. Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected. The service maintained close links to a number of visiting professionals and people were able to access external health care services.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of care staff. Staff treated people with kindness, dignity and respect. People were involved in making decisions about their care; they were asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff had a good understanding of people's identified care and support needs. However, due to inconsistent record keeping and staffing levels, such care and support was not always provided in a safe or timely manner. There was little social stimulation for people throughout the service. A complaints procedure was in

place and people and their relatives felt confident any concerns or issues raised would be addressed.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The quality of service provided was checked and monitored by the registered manager. However these audits had failed to identify significant shortfalls relating to the provision of personalised care, including meaningful activities. Staff did not always feel valued and supported by the registered manager. However they were aware of their responsibilities and felt confident in their individual roles. There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion and respect.

Brookview 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.

The inspection took place on 5 July 2016 and was unannounced. The inspection team consisted of one inspector, two specialist advisors; one a qualified nurse and the other a qualified Occupational Therapist, and an expert by experience, with specific experience of dementia care services.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

We looked at other information we held about the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

We observed care practice and saw how people using the service were supported. We spoke with nine people who used the service, three relatives, a visiting health care professional, an activities co-ordinator, four members of staff, the regional operations manager and the registered manager. We looked at documentation, including the three people's care and support plans, their health records, risk assessments and daily notes. We also looked at two staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in January 2015 we identified that staffing levels were not sufficient to safely meet people's care and support. This was a breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014.

Following that inspection, the provider sent us an action plan outlining the improvements they would make. At this inspection we found that although some improvements had been made, there was not always sufficient staff deployed, with the necessary knowledge and skills to keep people safe and further improvements were needed.

Staff told us there was a qualified nurse on duty throughout the 24 hour period. However they stated that there were often not enough staff on duty and not enough time to spend, "Quality 1:1 time with the residents." One member of staff told us, "I really like to make the most of my time with the residents, doing personal care – and just talking to them. I think it's so important and they love it as well – but we just don't get the time!"

People and their relatives spoke positively about the safe, comfortable and homely environment. People told us they felt safe living at the service and were happy to speak with staff should they have any worries or concerns. However concerns were raised regarding inconsistent staffing levels and the impact this had on people. One person told us, "The staff here seem very busy and always in such a hurry. If you want anything, you often have to wait." Another person told us "I don't normally have to wait too long - if they're not busy."

Some relatives we spoke with thought their family member was safe at Brookview but others expressed concerns that staff were often very busy and their relation might have to wait for help. One relative told us, "The girls do a fantastic job, but they're rushed off their feet. [Family member] interacts well with them and I'm sure they do their best but some days there are fewer staff than others. It takes time to get through all the residents because it needs two people to use the hoist." Another relative said, "There are just not enough staff. They do their best, but don't have enough time and they always seem to be very busy." This view was shared by another relative, who told us, "I think [family member] is safe, but he has to wait for the toilet. I have known on a number of occasions that they're short staffed and so he's just left in bed. They know he has frequent visitors but often seems to be up late. He was still in bed this morning, I shaved him. I think care could be better." Throughout the day we heard call bells ringing, unanswered, for long periods of time. This demonstrated there was not always sufficient staff on duty to meet people's care and support needs safely.

Staff we spoke with said they were generally able to meet people's needs although they were often "stretched" at peak times. One senior staff member felt the overall dependency level of people had increased over recent months, although this had not been reflected in the staffing levels, which had remained unchanged. They told us, "The last six months has been the worst I've ever known it. It's down to people needing more and more care and support, not enough staff and poor management." They went on to say, "I've had some of the girls in tears because they felt they couldn't do their job, because they don't have time. One of them said, 'I promised [name] I'd give them a nice bath – and I just haven't had the time'."

Another member of staff we spoke with acknowledged the impact of insufficient staff on people's safety and welfare. They told us, "We all work well together but it is getting busier and a lot of people seem to need more help these days. And, there are times when some people have to wait for help as we're just too busy. We also can't just to sit and talk with the residents, which is a shame because they like that – and so do we!"

Due to the high number of concerns regarding staffing levels we received from the people who used the service, their relatives and members of staff, it was evident that staffing were levels were not sufficient to safely meet people's care and support needs. This was a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person did not ensure that, at all times, there were sufficient numbers of staff on duty.

Staff demonstrated an understanding of what could be considered to be abuse and were aware of their responsibility to report any concerns about possible abuse. They were able to explain to us what they would do if they suspected abuse. One member of staff told us, "We've all had the training about the different types of abuse and what to do." This was confirmed by training records. Another staff member told us, "If I had any worries or saw something that was not right I would go to the manager." We saw policies and procedures and individual training records relating to safeguarding. This meant people were protected from possible abuse and harm because staff had the skills, knowledge and awareness needed to act appropriately if a person was potentially at risk.

There were risk assessments in place and they were regularly reviewed. We looked at the records and logs of accidents and incidents in the service for the previous twelve months. The registered manager confirmed that regular analysis of these records took place, which enabled them to monitor people at risk of harm, for example, falls due to reduced mobility. Where risks had been identified, appropriate action had been taken.

People we spoke with were confident they received their medicine at the correct time. They were vague about what they were taking and why but were content to leave that to staff. One person told us, "I get my medicines after breakfast, lunch and tea. No problem." Relatives also felt that medicines were correctly administered in a safe and timely manner. One relative told us, "[Family member] gets his medication on time."

We looked at the management of medicines, including the provider's policies and procedures. We observed medicines being administered. We saw the medication administration records (MAR) for people who used the service had been completed by staff when they gave people their medicines. We also saw the MAR charts had been appropriately completed to show when people had received 'when required' medicines. The deputy manager confirmed that people had annual medicine reviews. These were carried out in consultation with the local GP and ensured people's prescribed medicines were appropriate for their current condition.

We observed a lunchtime medicine round with a senior member of care staff, in the dining area. We saw that the member of staff spoke to each person with respect and reminded them what their medicine was and remained with them while the person took it. People told us they were satisfied with how their medicines were handled.

The provider operated a safe recruitment procedure and we looked at two staff files, including recruitment records. We saw that before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

Good

Is the service effective?

Our findings

People we spoke with thought some staff knew what they were doing and could support them appropriately. One person told us, "Most of the staff are very good, but some of them don't know what they're doing." A relative had some worries about staff turnover and whether new staff were sufficiently well trained. They told us, "There does seem to be a lot of new staff, some are very young." Other relatives thought staff were competent. One relative told us, "They seem well trained, there's training on going, seems to be on their day off and doesn't impinge on care."

Some relatives spoke about the support and care they and their family member had received. They told us, "On the whole I think the staff are trained. They have involved us in discussions on end of life care and it's been very apparent they know what they are doing, which is reassuring. They think [family member] can still hear us and treat him as if he can hear. They obviously know him very well - every little look and smile."

The care staff we spoke with were aware of the companies whistle blowing policy and one member of staff told us, "I would always report any concerns to the manager and she would deal with it." Staff said they felt supported in their role and received formal supervision "about three times a year." Another member of staff told us, "We don't have a separate appraisal this is part of the supervision session." Staff told us they had attended dementia awareness training which one staff member described as, "Really interesting and useful." They also told us, "The manager is very supportive when you want to do any extra training. I've done phlebotomy NVQ 3 in care and level 3 in management." The deputy manager told us, "The manager checks the registration status of all the qualified nurses twice a year, using the NMC registration service on line and makes a note on our file." They added, "She has a system that flags up when our registration is coming up for renewal."

Care records we looked at demonstrated that the service was responsive to fluctuations in people's individual health needs. The record had a section which logged visits of medical staff and other health and social care professionals.

People said they would see the GP if they needed to. One person told us, "You get very good care, the GP comes and the optician. They're taking me to the dentist." Another person told us, "There's a chiropodist who comes here and the hairdresser comes in weekly. I've got a problem with my eyes and they arranged for me to see a doctor who came here."

Care plans we looked at demonstrated that, whenever necessary, referrals had been made to appropriate health professionals. Staff confirmed that, should someone's condition deteriorate, they would immediately inform the registered manager or person in charge. We saw that, where appropriate, people were supported to attend health appointments in the community. People's care plans contained records of all such appointments as well as any visits made by healthcare professionals. This meant people had regular access to healthcare professionals.

People we spoke with said they were happy at Brookview. One person told us, "I'm pleased I'm here – and

I'm very happy." Another person told us, "They [staff] certainly look after you, the meals are always nice. They can't do enough for you and always want to know if you're okay." Another person told us, "The staff look after me very well. I don't like being in a home but I've no complaints. They're good to me and I couldn't live on my own."

Other people also said they enjoyed the food provided. One person told us, "The food's always nice here and there's always enough to eat." Another person told us, "The food's very good." A relative we spoke with thought, "The food always looks nice and there seems to be a good selection." During our inspection we observed people frequently being offered drinks and there were jugs of juice and glasses in the lounge for people to help themselves. Hot drinks were served from a trolley throughout the day and we saw cold drinks and milk shakes were also available.

We observed lunch being served in the dining room. There was a menu on a board at the entrance to the room, which gave details of the menu for the day. Tables were laid with cloths, cutlery, napkins and glasses. There was a choice for main course and pudding and earlier we had seen care staff asking people what they wanted for lunch. The food looked and smelt appetising. Staff asked people where they wished to sit, what they wanted to drink and were happy to provide an alternative option if the person did not want the meal in front of them. We observed that, where necessary, people who required assistance with eating and drinking were supported by the care staff. However there was no adapted cutlery in use, which might have made it easier for some people to eat more independently.

Some people who were in wheelchairs at the table were not in a good position for eating and struggled to reach the table and their food. Care staff noticed some people needed cushions to position them better and helped them, others did not notice there were some individuals who struggled to reach the table. One person was reluctant to eat their main meal and we observed a member of staff patiently assisted them. They gently encouraged them using appropriate humour: "This is the best mash potato in Chesterfield, everyone wants the recipe." The person clearly enjoyed the banter, responded positively and proceeded to happily eat the food provided.
However, there were some inconsistencies in the level of support provided during lunchtime. We observed two people in particular who needed prompting to eat. Their food was put in front of them, one was falling asleep and the other pushed her knife around the table, making no attempt to eat. No one prompted or supported either person for around 15 minutes, by which time their food was cold.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that where a person lacked the capacity to consent to any specific aspect of their care, MCA assessments were in place in individual care plans. Staff described how they carefully explained a specific task or procedure and gained consent from the person before carrying out any personal care. This was confirmed by people we spoke with. The registered manager told us that following individual assessments, they had recently made a DoLS application to the Local Authority, for five people. We also saw a further five authorisations were already in place. Although not all staff had received training on the MCA and DoLS, the staff we spoke with had an understanding of the importance of acting in a person's best interests. They were aware of the need to involve others in decisions when people lacked the capacity to make a decision for

themselves.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were caring and kind. One person told us, "It's a very nice place to be, people look after you all the time." Another person said, "The staff here are smashing – if I need any help, they come straight away and help me." This was echoed by another person who told us, "They (staff) can't do enough for you."

Relatives also spoke positively about the care provided and were content that their relations were cared for and supported by staff who were kind and compassionate. One relative who had said they were concerned about there being enough staff available, went on to tell us, "They do treat [family member] with dignity and respect. They're nice girls and I can walk away from here and know he's being looked after." Another relative who had also had some concerns about staffing levels told us, "Some girls here are exceptional. I've not come across anyone who is rude or disrespectful."

A relative whose family member was very poorly and in the advanced stages of dementia told us, "I have seen they care, they've been in and out to ask how he's doing and they've always gone up and taken his hand and spoken to him. They know he may not be able to hear but it's been very apparent they are still treating him as if he can hear. They are caring. It's been very obvious while I've been here and he's been so ill this time."

We saw that staff knew people well; they were kind and respectful when interacting with them. People were relaxed and comfortable with the staff and responded positively to them and clearly enjoyed appropriate and good natured banter. During the day we observed some examples of kind, considerate and respectful care towards people at the service. We observed people being carefully moved with the hoist and saw staff accomplished this sensitively and safely. They also demonstrated patience and consideration, as they took time to reassure the person and explain what they were doing, why and how. They gave people time to understand what was happening and ensured they were comfortable. During the morning we observed staff take people's individual request orders for the main meal. This was done with patience and people were gently encouraged to make their own choices. We saw that where someone appeared uninterested staff would sensitively support them with helpful prompts such as, "You said you enjoyed this last time."

We saw one person independently using an electric wheelchair who became a little stuck in a doorway. Care staff were quick to help and reassure them, again taking time to explain, reassure and help them to manoeuvre safely. One member of staff crouched down to the person's eye level, spoke kindly and made sure they were alright and had not hurt their arm which had been caught.

Communication between staff and the people they supported was sensitive and respectful. We observed care staff were cheerful and friendly whenever they approached people, although we did note that this was usually task focussed. Throughout the day, we did not see many instances of staff spending time sitting and chatting with people, other than the activity coordinator who was giving individual manicures during the afternoon.

Although none of the people we spoke with could tell us about their care plan or recall whether they had been involved in their individual care planning. One person told us, "I think my daughters see to all that sort of thing." Another person said they thought, "They (staff) talk more to my daughter about care." Another person told us, "I'm not involved in care planning."

However relatives confirmed that, where appropriate, they were involved in care planning and had the opportunity to attend reviews. They said they were generally kept well-informed and were made welcome whenever they visited. One relative said they had discussed recent changes in their family member's level of care, with staff. They told us, "I've discussed the change to nursing care and am pleased that at least he can stay here." Another relative told us they had been involved in discussions about their family member's end of life care plans. They said they felt they had been listened to and was content with the sensitive way this had been done.

People told us that staff were caring and respected their privacy and dignity. Staff understood the principles of privacy and dignity and had received relevant training. We observed staff speaking respectfully with people calling them by their preferred names. They also checked that the person had heard and understood what they were saying. We saw staff knocking on people's doors and waiting before entering. We observed one member of staff knock on bedroom doors and identify themselves before entering the room. They said, "Good morning [name] it's [name] can I come in?" We saw that people wore clothing that was clean and appropriate for the time of year and they were dressed in a way that maintained their dignity.

Requires Improvement

Is the service responsive?

Our findings

The service was not always responsive to people's care and support needs, due mainly to the insufficient number of staff on duty. During the morning of our inspection, we saw an example of this when we observed a gentle exercise session taking place, in the main lounge area. It was delivered enthusiastically and was well received and clearly enjoyed by people taking part. However there was only one member of staff around who, despite their best efforts, was unable to help and support everyone at once. We saw one person who wanted to leave the session and who became very agitated as there was no one available to help them. This was only resolved later, with the arrival in the lounge of a second member of staff, who had been busy supporting people elsewhere.

Care records, including risk assessments, were of a paper format and were located in the nursing staff office. Individual charts were in people's bedrooms or with them if they were in the lounge area. Routine reviews by psychiatrists, community nurses, as well as annual reviews by the GP and diabetic clinics were appropriately recorded. There were risk assessments for moving and handling, risk of pressure ulcers, falls and malnutrition there was evidence that these risk assessments were reviewed and weights were regularly monitored.

Individual care plans we looked at were not always up to date and did not accurately reflect people's changing support and healthcare needs. We also found inconsistencies in people's individual daily progress notes, which we found to be confusing. For example, it was recorded that one person had pulled out their catheter on 28 June. However, according to their records, they were not re-catheterised until 3 July, although there was no entries to explain this delay. There was also no documentary evidence that any attempt had been made to identify why they had pulled the catheter out. However we saw the daily handover notes stated that the person had been re catheterized on 1 July - a difference of two days. The deputy manager was unable to explain this discrepancy and told us, "I don't know why there was a delay; it could have been due to trauma caused when he pulled it out." They also acknowledged, "He should have been on an out- put chart." We found other inconsistencies in this person's care plan, including 'turning' and 'observation' charts that were not fully completed, we saw they were loose in the care file and were not in chronological order.

We also saw in the handover notes that another person was reported as having fractured their hip and taken to hospital. The daily notes stated, "[Name] found on the floor, taken to A&E." The care plan for mobility was dated the 31 October 2015. A risk assessment, dated 26 May 2016 indicated the person's risk of falls had increased from one (low risk) to five (medium risk). However their latest evaluation, on 7 July 2016 stated, "Mobilises independently." The care plan had therefore not been reviewed, in light of the increased risk of falls. The deputy manager told us, "The care plan should have been reviewed at that point by the named nurse." None of the records indicated people and /or the families were involved in the planning of their care or evaluations and reviews. This demonstrated the service was not always responsive to people's identified care and support needs.

People we spoke with said they enjoyed the activities provided. One person told us, "We do loads of things –

we bake, do gardening, and make designs and mosaics." Another person told us enthusiastically, "I enjoy the jam and cream scones; we bake them, then have them in the afternoon with a cup of tea." Another person told us they also enjoyed helping out and liked to keep busy with various tasks. They also enjoyed the activities and told us, "We do baking once a week and we go on trips." We saw there was an activity board up in the main hall and also in the lounges with information about the activities provided on each day.

A senior member of staff was concerned that people in the service with a more advanced level of dementia often found it difficult to access some of the group activities and thought more consideration needed to be given to providing more individual, personalised activities for people. Although they acknowledged this would be difficult with the current staffing levels and the increased dependency levels of many people at Brookview.

During our inspection we observed there was only one hoist available on each floor. We saw the impact this had on people, when one person was being transferred into a wheelchair, at the same time another person was heard to request to use the toilet. A member of care staff replied to them saying, "Sorry, it's being used at the moment, we will come to you next."

People we spoke with were not specific about having any concerns or complaints which needed to be resolved. However they did say if there was a problem they could talk to someone and were confident that staff would listen to them. One person told us, "I know I can talk to anybody, they all look after us all the time." Another person told us, "I'm all right, I get on with most people and I would always speak to someone if I was worried about something."

Some relatives expressed concern about how well complaints may be resolved. One relative spoke to us about a problem with the number of showers their family member received. They told us, "I made a complaint on two or three occasions, that [family member] should get a shower at least on a weekly basis." They added that having raised the issue there was some initial improvement, and then things reverted to how they had been previously. They told us, "I really think there should be a rota to ensure it happens." They went on to say, "I do feel that the care here could be better organised." However they did say they were pleased that staff informed them promptly if [family member] was unwell. Another relative told us, "If I have a concern, I will always tell the staff." Although not wanting to go into details, they said there had been a concern during the last year which was "quite serious." They had addressed the issue with the social worker and the registered manager. They said their impression at the time had been that, "Each person just seemed to blame the other, but the problem did eventually get sorted out."

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection we found the registered person did not ensure that an effective system or process was in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following this the provider sent us their action plan telling us about the improvements they intended to make. During this inspection we looked at whether or not those improvements had been met. We found some improvements had been made, however other improvements were still required.

During this inspection we found quality monitoring systems were still inconsistent and ineffective. Despite previous concerns, the registered manager had failed to identify or address ongoing shortfalls within the service, including inconsistencies in staffing levels, record keeping and the overall quality of individual care plans. As previously documented, poorly maintained care and treatment records and inconsistent staffing levels had wide ranging impact on people's quality of life, including their safety.

The regional operations manager acknowledged the concerns we raised regarding inadequate staffing levels and inconsistent record keeping. They confirmed there had been a failure of management to carry out the necessary monitoring audits, including a dependency scoring analysis. They explained this was a dependency based system used to determine appropriate staffing levels needed. As a direct consequence of this analysis not being undertaken, as required, they confirmed the necessary increase in staffing levels had not been applied. This had resulted in negative outcomes for people at Brookview Nursing Home, as their care, and support needs were not always met in a safe, consistent and timely manner and the opportunity for them to pursue meaningful person-centred activities was limited. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives we spoke with regarding the registered manager were generally positive. Some people were able to identify who the registered manager was and said they would talk to them if they were worried about anything. One person told us, "I don't see an awful lot of the manager but if you wanted to you could see her." Relatives we spoke with were aware of the registered manager. One relative told us, "The manager is amicable." Another relative said, "You can talk to the manager and it will be acted upon."

Relatives said they felt generally well informed and communication with the service was satisfactory. One relative told us they were informed, "If there's a problem with [family member]. They told us, "I've had calls recently to tell me if something happens." Another relative told us, "They let me know when [family member] slides out of his wheelchair."

We asked people and their relatives if they had attended any meetings or been asked for their views on the service provided. One person said they thought there were meetings sometimes but didn't know how often. However they told us there had been, "No residents' meetings lately." Another person told us, "There is a meeting for residents, but I don't go." One relative recalled a more structured approach to gathering people's opinions and any concerns they might have. They told us, "I remember there was one meeting last

year and we filled in a questionnaire."

Care staff, including nurses, we spoke with were satisfied with the registered manager and the support they received. One member of staff told us, "The home manager is very approachable and supportive and receptive to new ideas." Another member of staff spoke positively about the open and inclusive culture at Brookview and told us, "The team here is really good and staff work well together." They also said things generally felt better, with staffing levels "much improved" but they went on to say, "There are still difficulties covering short term sickness."

In accordance with their legal responsibilities, the registered manager notified CQC of any significant events, as required. They also promoted relationships with stakeholders. For example, the registered manager told us they took part in reviews and best interest meetings with the local authority and health care professionals. This was confirmed by a health care professional we spoke with.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager had failed to identify or address ongoing shortfalls within the service, including inconsistencies in staffing levels, record keeping and the overall quality of individual care plans.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Due to the ongoing concerns regarding inconsistent staffing levels we received from the people who used the service, their relatives and members of staff, it was evident that staff were not deployed in sufficient numbers to safely meet people's care and support needs.

The enforcement action we took:

Issued Warning notice.