

Alder Meadow Limited

# Brookdale Nursing Home

## Inspection report

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Worcestershire  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

Brookdale Nursing Home provides accommodation, care and treatment for a maximum of 40 older people. On the day of our inspection there were 35 people living at the home.

The inspection took place on the 2 August 2016 and was unannounced.

We completed an unannounced comprehensive inspection of this service on 7 and 10 July 2015. We found there was a breach in the legal requirements and regulation associated with the Health and Social Care Act 2014. The provider did not have suitable arrangements in place to prevent people being unnecessarily deprived of their liberty. We asked the provider to send us an action plan to show how they would meet the legal requirements of the regulation and when their actions would be completed by. We completed a focussed inspection on 16 December 2015 and we found the actions required had been completed and these regulations were now met.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 and their relatives said there was sufficient staff available to support people living at the home safely. They told us staff were caring and promoted people's independence as much as possible. People said they were able to maintain important relationships with family and friends. We saw people had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. They were supported to eat and drink well in a discreet and dignified way. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. People and their relatives told us they had access to health professionals as soon as they were needed.

Relatives said they felt included in planning for the care their relative received and were always kept up to date with any concerns. They told us an assessment of their family member's needs before and when they arrived at the service supported staff to provide the care they needed. People living at the home were able to see their friends and relatives as they wanted. They knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns. We saw the registered manager acknowledged when things had not gone well and put actions in place for improvements.

Staff we spoke with knew how to recognise signs of abuse, and systems were in place to guide them in reporting these. They were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. Staff had up to date knowledge and training to support people. We saw staff treated people with dignity and respect. They knew people well, and took people's preferences into account and respected them.

The management team had assessed people's ability to make specific decisions about their daily life when they needed to. They had put in place support for people to ensure decisions were made in a person's best interest within the legal framework. Staff we spoke with understood how to work with people to ensure they made their own decisions where possible.

People who lived at the home and staff were encouraged to share their views and concerns about the quality of the service. People and their relatives thought the service was well managed. The provider and registered manager had systems in place to monitor how the service was provided, to continuously improve the quality of care.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

People were supported by staff who understood how to provide and meet their individual care needs safely. People said there were sufficient staff to keep them safe. People received their medicines in a safe way.

### Is the service effective?

Good ●

The service was effective

Some people needed support with decisions; staff ensured people's best interests were protected in a lawful way. People's needs were met by well trained staff. People enjoyed meals and were supported to maintain a healthy, balanced diet. People were confident staff had contacted health care professionals when they needed to.

### Is the service caring?

Good ●

The service was caring

People were involved in all aspects of how their care was provided. People living at the home and their relatives said the staff were caring and treated them with dignity and respect. People were supported to maintain important relationships and be as independent as possible.

### Is the service responsive?

Good ●

The service was responsive

People who lived at the home and relatives felt listened to. People were supported to make everyday choices and engage in past times they enjoyed. People were confident to raise any concerns with the management team and staff. The management team took action when improvements were needed.

### Is the service well-led?

Good ●

The service was well-led

People and their families said they were able to approach the registered manager and the management team at any time. People benefited from a management team that regularly monitored care provided and sought to continuously improve the quality of care.

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# Brookdale 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.

We made an unannounced inspection on 2 August 2016. The inspection team consisted of one inspector.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

Before the inspection, the provider completed 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.

We spoke with seven people who lived at the home and two relatives. We also spoke with a social worker and tissue viability nurse specialist who supported people who lived in the home.

We observed how staff supported people throughout the day. As part of our observations 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.

We spoke with the registered manager, the operations manager, the deputy manager and eight staff. We looked at two records about people's care. We also looked at complaint files, minutes for meetings with staff, and people who lived at the home. We looked at quality assurance audits that were completed.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe. One person said, "I always feel safe, there are always staff about if I need them." Another person said, "Staff always take care with me and keep me safe." We saw staff reassure people when they needed to, and spend time with people to ensure they were safe. Staff knew people well and we could see that people had confidence with staff when they reassured them.

Relatives we spoke with told us their family member was supported in a safe way. One relative said about their family member, "They are always safe, they are quick to notice if something needs doing." Another relative told us, "Safety is always their priority, I am happy with how they treat my [family member]" A social worker who had regular involvement with people living at the home said, the staff were always keen to work with people and their family to ensure they were safe.

We spoke with staff about what actions they took to ensure people were protected from abuse. They explained they would report any concerns to the registered manager and take further action if needed. Staff were aware that incidents of potential abuse or neglect should be reported to the local authority. The registered manager was aware of their responsibilities, and knew how to report any concerns to the correct authority in a timely way. Staff said they really knew the people who lived at the home and their families well. They told us they were confident that they would know if a person was distressed or worried about anything. One member of staff said, "We know straight away if there is a problem." There were procedures in place to support staff to appropriately report any concerns about people's safety.

Staff told us they received information about the people who lived at the home during handover. Staff told us this supported them to be aware of any current concerns about each person's health and wellbeing. Staff said sharing information with their colleagues at handovers contributed to the safe care of people living at the home. They told us immediate concerns would be discussed and action would be taken straight away. The registered manager told us that the handover sheets were kept available for staff off shift to look at on their return so they were up to date with what happened with people living at the home.

People had their needs assessed and risks identified. Staff were aware of these risks and the registered manager kept them under review. For example we saw one person needed a specific piece of equipment to reduce the risk of sore skin. The person was using the piece of equipment where ever they were sitting. Staff we spoke with were aware of this risk and ensured the piece of equipment was moved with the person. We spoke with the tissue viability nurse specialist and they said that staff at the home were proactive and always sort advice when they needed to. They also told us that staff followed their advice and managed concerns well.

People and their relatives told us there were sufficient staff on duty to meet people's needs. One person we spoke with said, "There are always enough staff about." We saw auxiliary staff spend time chatting with people, and people clearly knew staff well and enjoyed their conversations. One relative told us they visited regularly at different times of the day and at weekends and there were consistently sufficient staff on duty. We saw and staff told us there were enough staff on duty to meet the needs of people living at the home.

One staff member said, "We all like to chat when we can, it makes my day when I see people smile." We saw people and staff chatting, many of the staff had been employed for many years at the home and really knew people well.

The registered manager told us staffing levels were determined by the level of support needed by people. This was assessed when people arrived at the home then monitored to ensure there was sufficient appropriately skilled staff to meet the needs of the people living at the home. Staff told us of occasions when additional staffing had been arranged, for example when people living at the home needed additional support. The tissue viability nurse specialist told us when they visited there were always staff available to support them.

Staff told us they completed application forms and were interviewed to check their suitability before they were employed. The registered manager checked with staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable people were employed, so people using the service were not placed at risk through recruitment practices.

We looked at how people were supported with their medicines. People we spoke with told us they had their medicines on time and were happy with staff supporting them to take their medicines. One person said, "They always ask if I need any pain relief." Relatives told us they were confident their family members received the support they needed. One relative said, "They are spot on with the medicines, they are always on the ball." We saw staff supported people to take their medicines; they explained what they were taking and sought consent before they administered them. Staff told us they were trained and assessed to be able to administer medicines. Staff were aware of what to look for as possible side effects of the medicines people were prescribed. Staff told us and we saw suitable storage of medicines. There were suitable disposal arrangements for medicines in place. Some people were unable to say when they need their as and when medicines. There was clear guidance for staff to know when to administer them. We saw that the local pharmacy regularly checked how medicines were administered and they had recorded that there was a robust system in place at their last inspection.



## Is the service effective?

### Our findings

We completed an unannounced comprehensive inspection of this service on 7 and 10 July 2015. We found there was a breach in the legal requirements and regulation associated with the Health and Social Care Act 2014. The provider did not have suitable arrangements in place to prevent people being unnecessarily deprived of their liberty. We asked the provider to send us an action plan to show how they would meet the legal requirements of the regulation and when their actions would be completed by. We completed a focussed inspection on 16 December 2015 and we found the actions required had been completed and these regulations were now met.

We found at this inspection that these improvements had been sustained and people were not deprived of their liberty unlawfully.

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 told us staff always asked for their consent before supporting them. Staff we spoke with told us they were aware of a person's right to refuse their support and they explained how they would report this when they needed to. They had an understanding of the MCA, and had received relevant training about this. Staff said they always ensured people consented to their care. We saw staff ask people for their consent before they supported them. Staff were aware of who needed support with decision making and who would be included in any best interest decisions for people. The registered manager had a good understanding of the MCA and was aware of her responsibility to ensure decisions were made within this legislation. For example, we saw a best interest meeting had been arranged for one person who needed support with a particular decision.

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 checked whether the service was working within the principles of the MCA.

Staff we spoke with understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. The registered manager had submitted DoL applications as she needed to. They understood the process and had completed this when required, she was aware of how to access any further support.

People told us staff knew how to meet their needs. One person said, "They (staff) know what they are doing." Relatives we spoke with said staff knew how to support for their family member. One relative said, "Staff are clued up, they know people really well and what help they need."

Staff we spoke with said they had received regular training and knew how to support people living at the home. The staff we spoke with were able to explain how their training increased their knowledge on how to support people living at the home. For example, a member of staff told us how their training about dementia had increased their knowledge about what it was like living with a dementia. They explained how this had improved their empathy for people and enabled them to improve their practice when supporting people at the home. Staff told us their working practices were assessed to ensure they were competent to provide effective care. For example supporting people to mobilise. Staff said they were supported to achieve their job related qualifications and they valued this opportunity. Staff we spoke with said their mandatory training was up to date, and they had the skills to effectively support people who lived at the home. The tissue viability nurse specialist we spoke with said the registered manager supported staff to attend training about skin management when this was provided. They said that staff were keen to benefit from the learning.

People said they had choice about the food they ate and that the food was good. One person said, "Good food, I never leave any." Another person told us, "Really good, we choose what we want." Relatives we spoke with said the food was very good. One relative told us, "The food always looks good, [family member] can usually feed themselves, but staff are always quick to step in if they need any extra support." We saw when extra support was needed that staff did this in a discreet way, promoting people's independence as much as possible.

Staff we spoke with said people were monitored regularly to ensure they were maintaining a healthy diet with both food and drink. Staff knew who needed extra support. We spent time with kitchen staff and they showed us how people's nutritional requirements were met. They were aware which people had special dietary needs and how they needed to meet them.

People told us they had access to their GP, their dentist and optician when needed. One person said, "They get the doctor out if I need them." Relatives we spoke with said their family members received support with their health and wellbeing when they needed it. One relative said about staff, "They are always quick to let me know if they are worried." Staff we spoke with told us how important it was to monitor the health of each person.

# Is the service caring?

## Our findings

People told us staff were caring and kind. One person said, "It's lovely here, the [staff] are brilliant, so kind." Another person told us about staff, "They all really care." We saw many caring conversations between staff and people living at the home.

Relatives told us they were happy with their family members care. One relative said, "All the staff are really kind and treat [family member] really well." Another relative told us, "Staff here really care, they are always welcoming." They told us they felt involved and included in the care for their family member and felt welcome to visit the home. One relative explained how they were always offered a drink when they visited and this made them feel welcomed by staff. The tissue viability nurse specialist said they were always welcomed when they visited and staff they spoke with knew people well.

We noticed that all staff engaged with people in a friendly and understanding manner. For example, we saw one member of staff spend time reassuring one person, they spoke with them in a kind way and showed they knew the person well. The person responded positively to the reassurance from the staff member. We saw people enjoying chatting with staff and they appeared at ease with them. Throughout our inspection we saw staff had time to chat with people, and staff had a good knowledge of all the people living at the home. The social worker we spoke with told us that in their experience staff always appeared kind and patient with people living at the home.

People told us they had choice in how they were supported by staff. They said staff knew them well. One person told us, "They usually have time for me just to have a chat makes me feel better." Another person said, "I can usually do what I want." We saw staff promote people's independence, and respond to each person with knowledge of them as an individual. For example one person enjoyed walking about regularly, staff were always aware of where they were and were able to support if they needed it.

People told us they were treated with dignity and respect. One person told us, "They always really listen." Relatives said their family members had their dignity maintained and were respected by staff. One relative said about staff, "They all know everyone so well and I always see them treat people with respect." We saw staff consistently knocked people's doors before entering their rooms and waiting for a response. We also saw staff speaking with people at eye level so they were not standing over them during the conversation.

Staff said maintaining people's dignity was very important to them. Staff we spoke with showed a good awareness of people's human rights, explaining how they treat people as individuals and support people to have as much choice as possible. One member of staff told us how important they thought it was to cover people whilst they were supporting them with their personal care. They explained how vulnerable they would feel if they had no clothes on. The member of staff felt this was really important when maintaining people's dignity. Another member of staff said, "Everyone here wants what's best for people."

We heard staff calling people by the names they preferred. People told us they were supported with their choices in how they looked. One member of staff explained how they offered a selection of clothes to one

person to support their choice, to ensure they were not overwhelmed.

We saw that people's rooms were personalised. People had a choice of different communal rooms to spend time in. We saw there were many artefacts and decoration which supported people living with dementia. There was clear signage for people to identify designated areas to support their orientation at the home.

## Is the service responsive?

### Our findings

People told us they were involved in all aspects of their care planning. One person said, "I just say what I need." Another person said, "They always ask what I want help with." A further person told us they had help when they needed it. Relatives said they were included in their family members care. One relative told us about staff, "They know everyone really well, and know what help [family member] needs." Staff told us they recorded as much information as possible about each person living at the home, their interests, history and preferences. People and their relatives told us a full assessment was completed before they arrived at the home to ensure their needs could be met. Staff told us that from admission they ask about everything, and start to build a picture. They said the information was continually added so they knew as much as possible about the person and their history.

Relatives we spoke with said they were involved in reviewing how their family member was supported. They told us they felt able to discuss any changes at any time with the registered manager. One relative explained how staff regularly monitored their family members weight and had taken action by contacting the doctor when they had any concerns. The social worker we spoke with said they worked with staff to support people and that staff were very keen to co-operate with them to support people well.

Staff we spoke with said people's care plans were regularly updated. We looked at two people's care plans and saw that they were regularly reviewed and held up to date information. Staff said that regular reviews were held for people to ensure people were happy with the support they received. The registered manager said they involved people and their family with all aspects of how people were supported.

People we spoke with said they had some interesting things to do during the day. One person explained that the member of staff who usually did craft with them was on annual leave. They said they enjoyed making things with this person and missed them when they were not at work. Another person told us they enjoyed sitting and chatting with other people living at the home and staff. A further person said they enjoyed singing sessions regularly with different staff.

Relatives said their family members had pastimes they enjoyed. One relative told us their family member enjoyed the organised events such as a singer who regularly entertained people living at the home. Another relative said they regularly saw staff trying to engage their family member in different activities, for example drawing. They said staff had limited success, however, they felt that it was very positive that staff continued to try and stimulate their family member.

We spoke with the registered manager who said they were reviewing how staff supported people to do interesting things. They said they were working towards a more consistent approach to ensure people were supported with this on a daily basis.

The registered manager explained how they sought feedback about how they provided the service. She said she met with people living at the home regularly to ensure they were happy with the service they received. People told us they spoke with the registered manager regularly. Relatives we spoke with said they had

completed questionnaires. We saw that the responses to the last questionnaires were positive.

People said they would speak to staff about any concerns, and they felt they would listen to them. One person said, "I am happy here, I have nothing to complain about." Relatives told us they were happy to speak with staff or the management team if they needed to. One relative explained they had no wish to change anything but would raise any issues with staff if they had any.

We saw there were complaints procedures available for people and their relatives. People and their relatives said they felt listened to and were happy to discuss any concerns with any of the staff team at the home. We looked at how complaints were investigated and what actions were taken from the outcome of the complaints. We found that the registered manager used the learning from complaints to improve the quality of care for people living at the home. For example, we saw one complaint had highlighted a concern about how care was delivered. The registered manager had investigated and spoken with the staff involved. Staff we spoke with were aware of the concern and were taking the appropriate action to improve how care was delivered.

## Is the service well-led?

### Our findings

At our last inspection in July 2015, we found that the management team did not consistently demonstrate good management and leadership. There were several areas which needed improvement to ensure people received consistent quality care. During this inspection we found that steps had been taken to improve how the service was led. We found there was a deputy manager in place to support the registered manager in completing improvements.

People we spoke with knew the registered manager well and we saw people enjoyed talking with them. One person said, "I think [registered manager] always listens to me" Another person told us, "I love it here, everybody is lovely." Relatives told us they were confident with the registered manager and staff at the home. One relative said, "They do excellent care here, they really are good at what they do." The social worker we spoke with said the home was well managed.

The registered manager had a good knowledge about all of the people living at the home. They knew about each person's individual needs. We spoke with the deputy manager and although they had only been in post for a short time they were also very knowledgeable about the people and the staff team they supported. They both had a clear understanding of their roles. Staff told us they had clearly defined roles and responsibilities and worked as part of a team.

The registered manager told us she was passionate about supporting people as individuals, and about ensuring the care wrapped around the individual rather than the individual fitting around staff and their support. The culture of the home was that everyone at the home was listened to and received the support they wanted. They explained how they encouraged all staff to be involved with how people were supported. For example, we spoke with the handy person and they said they knew if someone was at end of life and would always prioritise anything that needed to be done for them.

Staff told us, the registered manager and the deputy manager, were available when they needed to speak to them. They told us the registered manager attended the handover every morning so they could share concerns at that time and keep up to date. The registered manager said she attended handover to ensure she was up to date with everybody's health and wellbeing, and to pass on reminders and any changes that were happening at the home. There was an established team of staff who had been with the provider for a substantial number of years. They all said they knew people really well and worked well together as a team.

Staff also said they were comfortable to raise any concerns with the registered manager or the deputy manager. One staff member said, "They will always listen, and if I have a problem they will help to sort out." Another member of staff said, "I love working here, I am always happy coming to work." All the staff we spoke with said the home was a good place to work. One member of staff told us about how the registered manager had listened to them when they needed extra support because of concerns in their personal life. They said the registered manager had been really supportive and they felt appreciated.

Staff told us there were regular meetings where information was shared about what was happening at the

home. This ensured all staff received the information they needed and were given an opportunity to voice their opinions. Staff we spoke with said they felt these meetings were useful and they felt supported. They were aware of the whistle blowing policy and said they would be confident to use it if they needed to.

All the staff we spoke with said they had regular time with the management team. They said this was very helpful in their development and they had the opportunity for further vocational qualifications. One new member of staff told us, "We have a lot of support, if I am struggling with anything, someone will work alongside me so I learn." Another member of staff said, "I love working here, it is such a lovely place to work."

The registered manager and the management team completed regular audits to monitor how care was provided. For example the registered manager had an overview of accidents and incidents to ensure that concerns were identified and investigated. The registered manager monitored the accidents and incidents and looked at any trends or areas for improvement. The management team had a sensor system that could be put in place for people to reduce the risk of falls. We saw for one person who had a fall, the GP was requested and a review of their medicines completed. There was a system in place for night staff to use that electronically recorded when care tasks were completed. This system supported the registered manager to ensure effective care was completed.

The area manager regularly visited and monitored how care was provided and how people's safety was protected. For example, the provider looked at how people's identified risks were managed, and the management of medicines. We saw the regional manager looked at an overview of all aspects of care provision, what was going well and what need improving. The areas identified for improvement had been actioned, and were subject to regular reviews. There were action plans in place, for example, monitoring to ensure risk assessments were reviewed and updated. They also monitored to ensure learning from any complaints had been actioned and improvements sustained.

We saw the provider had made improvements to the home. The registered manager showed us work had started to enlarge the area of the garden that had been made accessible for people to use independently. This was so there would be more space for events to be held outside. This demonstrated that the provider was making improvements with particular consideration to meeting people's needs and to enhance their wellbeing. There were also plans for continued refurbishment of the home; there were areas we saw that had already benefitted from this.