Brookfield Care (West Kirby) Limited

Brookfield Nursing Home

Inspection report

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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?	Requires improvement
Is the service well-led?	Good

Overall summary

The inspection took place on 5 January 2016 and was unannounced. The service is a care home providing accommodation and nursing care for up to 25 people. At the time of our visit, 22 people were living at the home and all were accommodated in single bedrooms.

The home is required to have a registered manager. 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.

At the time of our visit the service did not have a registered manager, however arrangements had been put in place to ensure that the home was well led in the absence of a registered manager and we were informed that a new manager would be confirmed in the near future.

Summary of findings

We last inspected Brookfield Nursing Home on 16 December 2014 and at that inspection we found the service overall required improvement.

People told us that they felt safe in the home and there were enough staff to meet people's needs. Staff had received training about protecting vulnerable people from abuse. The premises were clean and well maintained and a programme of significant refurbishment was in progress. There were arrangements in place to deal with foreseeable emergencies. People's medicines were well-managed.

The staff on duty knew the people they were supporting and encouraged them to maintain their independence. People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. People were able to see their friends and families as they wanted. There were no restrictions on visiting.

People had a choice of meals, snacks and drinks.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We did not see evidence that people who lived at the home and/or their families had been included in planning and agreeing to the care provided. The care plans we looked at were not written in a person-centred style and were not all up to date.

We saw evidence of suitable quality monitoring systems in place and of stakeholders being invited to give their views.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The home was well maintained and records showed that the required environmental safety checks were carried out.

There were enough staff to support people and keep them safe. The required checks had been carried out when new staff were recruited.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

A training programme was in place with regular updates for all staff.

People's capacity to make decisions and give consent was assessed and recorded.

Menus were planned to suit the choices of the people who lived at the home and alternatives could always be provided by request.

Good

Is the service caring?
The service was caring.

Staff working at the home were attentive to people's needs and choices and treated them with respect.

Staff protected people's dignity and privacy when providing care for them.

Good

Is the service responsive?
The service was not always responsive.

People had choices in daily living and staff were aware of people's individual needs and choices.

The care plans we looked at were not person centred and did not always give accurate and up to date information about people's care.

A copy of the home's complaints procedure was displayed and complaints records were maintained.

Requires improvement

Is the service well-led?
The service was well led.

Robust arrangements were in place to ensure the service was well managed in the absence of a registered manager.

Good

Summary of findings

There was a positive, open and inclusive culture and people expressed confidence in the staff team.

Regular audits were carried out and recorded to monitor the quality of the service and people were invited to express their views.

Brookfield 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 January 2016 and was unannounced. The inspection team consisted of an adult social care inspector, a specialist professional advisor (SPA), and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The SPA was a healthcare professional with experience in the nursing care of older people.

We spoke with seven people who were living at the home, three visitors, five members of staff, the acting manager, the responsible individual, and two company directors. We looked all around the premises and the expert by experience had lunch in the dining room with people who lived at the home.

Before the inspection we looked at information CQC had received about the service since our last inspection. We looked at staff rotas, recruitment records for three new members of staff and staff training records. We looked at health and safety records and care records for four people. We looked at how medicines were managed and recorded.

Good

Is the service safe?

Our findings

All of the people we spoke with said they felt people were safe in the home. One person said "I'm safe here and not alone at home." Another person told us "There's always people about." A relative said "The girls are really good and look after her very well." The home had policies and procedures relating to safeguarding and records showed that staff received safeguarding training. Approximately half of the people who lived at the home had personal spending money in safekeeping. We saw that each person's money was kept separately and detailed records of all transactions were maintained, signed by two members of staff, and cross referenced to receipts. This showed that people were protected from financial abuse.

We asked people if they thought there were enough staff on duty both day and night. One person said "They are a bit short during holidays." and another person said "They build it up with agency staff, there's been a lot of shortages recently over Christmas and New Year." However another person we spoke with said "There's always staff about if you need one, the staff are very friendly." and a relative said "She's never had to wait an unreasonable length of time." We noticed that people had a call bell within easy reach in their room and they all told us the bell was answered quickly. All the bells we heard during our visit were answered within a couple of minutes.

We looked at the staff rotas which showed that there was always a registered nurse on duty. In the morning there were five care staff on duty, in the afternoon and evening four care staff, and at night two or three, depending on people's needs. The acting manager told us that they were able to increase staffing levels if needed to ensure that people's needs were met.

We observed that all parts of the home were clean and there were no unpleasant smells. Cleaning schedules were in place for the housekeeping staff to follow. An NHS infection control audit was carried out in June 2015 and areas for improvement identified. An action plan had been written and most actions had been completed. Other actions would be addressed with the provision of a new laundry, which was scheduled to be completed during 2016. We noticed that personal protective equipment was readily available for staff.

Regular health and safety checks were carried out by a member of administration staff who took lead responsibility for health and safety in the home and the adjoining domiciliary care service. A weekly fire alarm test was carried out and an individual emergency evacuation plan was in place for each person who lived at the home. However, we noticed that personal emergency evacuation plan had not been updated for a person whose mobility had changed significantly.

The home did not employ a maintenance person and maintenance support was brought in as needed from local contractors. Records we looked at showed that all equipment and services were tested and maintained as required by external contractors.

Risk assessments were completed for any identified risks, for example use of bed rails, nutrition, falls and pressure areas. We saw that any accidents that occurred were recorded on an accident form and the acting manager wrote a report about each incident. These were filed and audited monthly to identify any trends or actions needed.

We looked at the personnel records for three members of staff who had started work at the home since our last visit. We saw that recruitment checks had been carried out to ensure that they were safe and suitable to work with frail older people. Records showed that new staff received training about subjects relating to health and safety within a short time of commencing employment.

We looked at the arrangements for ordering, storage, administration, and disposal of medicines. The people living at the home were registered with either of two local GP practices and received repeat prescriptions from them. The repeat prescriptions were received at the home and checked by the deputy manager. Copies were kept to show what had been ordered. The deputy manager checked in the items that were received and we saw this recorded in detail on the medicine administration (MAR) sheets. At the end of each medication cycle, a record was made of any unused medicines and a contract was in place for disposal.

Storage was in a room of adequate size with locked cupboards and a separate controlled drugs cupboard. Room and fridge temperatures were recorded daily. Most medicines were dispensed in monitored dose blister packs. All storage was neat and tidy and there were no surplus stocks.

Good

Is the service safe?

We looked at administration records and these showed that people received their medicines as prescribed. There was a separate record to show when people had received antibiotics. There was a separate record of controlled drugs and of drugs liable to misuse. Arrangements were in place to ensure consistent administration of medicines prescribed to be given 'as required'.

The home had policies and procedures for self-administration of medicines, however none of the people living at the home looked after their own tablets but some were able to apply prescribed creams.

Good

Is the service effective?

Our findings

Training records showed that a programme of training was in place for all staff which included fire safety, moving and handling, food hygiene, safeguarding, bedrail safety, health and safety, dignity, first aid, and infection control. Nearly all staff had completed an update of this training during 2014 and 2015. Some staff had also attended training about other subjects including dementia and nutrition. More than half of the care staff had a National Vocational Qualification (NVQ) in care and most of these were level 3.

Staff had attended individual supervision meetings during October and November 2015 and we also saw records of group supervisions that had taken place prior to this. The acting manager and the provider's nominated individual told us they had revamped the home's appraisal system as they considered it was too complicated. Pre-appraisal forms had been sent out to members of staff for them to complete before their appraisal.

The acting manager, two other nurses, and ten of the care staff had attended training about the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. There were no restrictions on people's movements around the home and one person we spoke with told us that they were able to go out on their own.

We looked at people's care plans we saw that, where people lacked capacity to make informed decisions, an assessment of their mental capacity had been recorded. The staff we spoke with understood the need to obtain consent prior to care interventions, both spoken and implied, and were aware that people had the right to refuse should they wish. This had improved since our last inspection.

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 are called the Deprivation of Liberty Safeguards (DoLS).

Records showed that people's health was monitored by the home's staff and records kept. We saw evidence that people received visits from their GP as needed and were referred to other health professionals as required. Records of practitioner visits included podiatrist, social worker, wound care nurse, dietician, and speech and language therapist.

We asked people what they thought about the food and their replies varied. One person said "So-so, it's not so bad"; another person said "Excellent, it's always very good." Everyone told us that if they didn't like what was served, an alternative would always be offered. Everyone told us they had enough to eat and were never hungry or thirsty, neither did anyone feel they ever needed a snack between meals apart from biscuits which they had in their rooms.

The expert by experience had lunch in the dining room with people who lived at the home. People had drinks of juice and there were condiments on the table and paper napkins. There were menus on two of the tables, but not on the table the expert by experience sat at.

The expert by experience felt that the meal was rather overcooked, however some people commented on how much they enjoyed it. We saw that one person was assisted with their lunch and this was done thoughtfully and respectfully. Everything was cut up into bite sized pieces and the member of staff told the person what she was giving her and didn't hurry her, allowing the person to eat at her own pace. We noticed that another person would have benefitted from having a plate guard as they kept pushing food off their plate. We discussed this with the acting manager who told us that the person had refused all offers of adapted cutlery and crockery.

We spoke with the cook who showed us the four week menu rota. The menus were varied and people who lived at the home had been involved in compiling them through questionnaires. There was one main course for lunch, however the cook told us that when it was fish some people didn't eat fish, so an alternative was always provided on these days, and by request on other days.

Fresh meat was delivered six days a week and fresh vegetables on alternate days. All soups and cakes were

Good

Is the service effective?

home-made. Bowls of fresh fruit were available in the kitchen. The cook told us that this was because most people stayed in their own rooms, and people could request fruit at any time. At teatime a wide variety of sandwich fillings was provided and people could choose brown or white bread. Home-made soup was also available. Evening and night staff had access to the kitchen and could make snacks for people.

We saw that people's weights were recorded monthly and a plan of care was put in place if a concern was identified. Enriched drinks were provided for people at risk of malnourishment.

Brookfield Nursing Home is an old building that has been adapted and extended over many years. We saw that most of the bedrooms were spacious and some had en-suite facilities. One of the directors told us that en-suite toilet, wash basin, and in some cases a shower, had been provided wherever possible, but a small number of rooms were unsuitable.

A programme of major refurbishment had been on-going since our last visit to the home. This had started with a new kitchen. The lounge and dining room had been greatly improved to provide a pleasant space for people to use which looked out over the garden. Carpets and floor coverings had been replaced and some corridors had been widened. Upgrading of all bedrooms, bathrooms and shower rooms was underway and a new laundry was planned for 2016.

The passenger lift had been replaced with a lift that some of the people who lived at the home could use independently, but a member of staff told us they were disappointed that the lift was still very small. We observed that there was plenty of equipment to meet people needs, for example hoists, pressure-relieving mattresses and adjustable beds.

Good

Is the service caring?

Our findings

People told us “Staff are very polite, they’re marvellous staff, I couldn’t fault the staff at all.” and “They are all lovely. They all stop and talk to me, they’re delightful.” One person said “We all have a laugh together.” A visitor described the staff as “warm and friendly”.

We spoke with a visitor whose relative had lived at Brookfield for several years. The visitor told us her relative was clean, warm, and comfortable, ate well and had continuity of staff. The visitor liked that the home was small and friendly and said she had never had any complaints or concerns.

Throughout our inspection we saw that people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. For example, we heard someone in their bedroom calling for help. She was unable to reach her call bell so we activated it for her. Staff responded in timely way (less than three minutes) and we heard the staff member responding asking what the person needed in a calm and kind way. The person’s response was confused, but the staff member remained to comfort her and offer a drink, which was available on the table next to her. We later heard the activities organiser engaging this person in a one to one quiz which the person seemed to enjoy very much.

Some people told us they had made friends with others who lived at the home, however quite a few said they preferred their own company and this was respected by the staff. People said “You can socialise if you want to, but I like to keep myself to myself.”; “I prefer to be in my own room.” and “I go to the dining room each day and mix with other people.”

Everyone we spoke with said that friends and relatives could visit at any time. One person said “My family live nearby and they’re welcomed.” Another person said “My relative stayed until 10 o’clock the other night.”

We asked people how the staff maintained their privacy and dignity, and if staff knocked on their door before entering. The majority of people liked to have their bedrooms doors open during the day and did not think it was necessary for staff to knock before entering. People told us “They don’t always knock because I never close the bedroom door.”; “They do knock, it amuses me, it’s hardly necessary.” and ‘The staff knock, or stand in the doorway and say may I come in.” Nobody felt their privacy or dignity was compromised.

All the people we spoke with told us they were encouraged to be as independent as their physical condition allowed. They said “Yes, I’m a very independent person.” and “I’m a little bit shy, so it’s nice to feel you can choose what you do for yourself.”

The activities organiser told us that everyone got a birthday cake, card and present to the value of £5.

A monthly holy communion service was held in the home.

People were provided with information about the service in a ‘Service Use Guide’. A copy of this was available in the entrance area where visitors signed in. A copy of the most recent CQC inspection report was displayed.

Requires improvement

Is the service responsive?

Our findings

We asked people if they could choose what time they got up and went to bed. One person said "I don't go to bed until midnight." Another person said "They do come and wake me because they know I like to wake up at 8.15. I read until midnight." Everyone said they chose what to wear each morning, and choose whether to stay in their room or go to the lounge.

Only one person we spoke with thought she had been involved in her care plan. She said "Yes, one's due about now." Another person said "I don't think so, but I'm quite happy with what treatment I get." Neither of the relatives we spoke with were involved in care plans but told us it would be another family member who did this.

The care plan folders we looked at contained assessment documents that had been completed before the person came to the home to make sure that their needs could be met. The care plans were based on a medical model and were not person centred. They contained little information about people's choices and preferences, or what was important to them. However, we considered that in general they contained sufficient information and assessments in order to be responsive in meeting care needs.

One person who had been admitted to hospital in November 2015 and had returned to Brookfield two weeks before our visit. It was clear that the person's needs had changed significantly but their assessments and care plans had not been updated, for example moving and handling advice referred to the person being able to walk whereas they were actually being looked after in bed. We were able to speak with this person who said they felt well cared for and safe and added "staff are wonderful".

We spoke with members of staff about individual's care needs and how their needs were met. The staff were all able to tell us in great detail about the care they provided and about how people liked their care to be given. We looked at documents in the bedrooms of the more frail people. These included position record sheets and charts for recording food and fluid intake. These had not been completed consistently.

We spoke with the acting manager and the nominated individual about one person who, following discussion with care staff, we considered may need greater support with pain management. They were aware of the difficulty in managing pain in people with dementia who may not be able to communicate effectively. They said they would ask the person's GP to review this.

We asked people how they spent their time during the day. One person said "In the summer I go in the garden. I don't do much in the winter." Another person told us "I listen to music and talking books". A third person replied "Reading, making phone calls, talking to visitors and watching television". A visitor told us "He watches telly and talks to people, he's happy with his own company. Sometimes he listens to music, he doesn't seem bored."

We asked people if they ever went out on trips. One person told us "We've been out four or five times but I can't remember where." Another person said "We've been to Chester Zoo and yesterday I went out for a walk and a coffee." A third person said "The carers take me out wherever I want to go." A fourth person told us "We've been to Liverpool, Sefton Park and the park in West Kirby". The activities organiser told us about other trips including Chester Cathedral and afternoon tea in a cafe on the promenade. Trips out were paid for from a 'residents comfort fund'.

The home employed three part-time activities organisers. We spoke with one of the activities organisers who tried very hard to get people to stay in the lounge and participate in a quiz after lunch, however she didn't have any success.

We looked at the activity planner, which was quite vague, however the activity coordinator told us she tried to plan the activities to suit individual people's interests. She did painting, quizzes, group reading (books and poetry), music, bingo, and word searches. When the weather was nice she took people out both in groups and individually. She had borrowed a reminiscence box from the local library and regularly took two people to the library to change their books. All activities were documented in the activity file, both the activities undertaken and who had participated. Further activities were planned to celebrate Burns night and the Queen's 90th birthday. The home also had entertainers once or twice a month.

The home's complaints procedure was included in the service user guide and was displayed in the entrance area. The complaints procedure had been updated to show the names and contact details for members of the home's

Requires improvement

Is the service responsive?

management team. It also referred to CQC and the local authority as bodies to which people could make complaints. Five complaints had been logged since our last visit and records we looked at showed that these had been investigated and responded to appropriately.

Good

Is the service well-led?

Our findings

People who lived at the home who we spoke with thought the home was well run, however they were unsure who the manager was. We asked people what they liked about the home and they told us “They’re friendly, visitors can come whenever they want.”; “The feeling of belonging and the security.”; “The atmosphere, everyone is very friendly and it’s homely.” and “The meals, the carers are warm people, and the rooms are quite nice.”

We asked people if there was anything the home could do better. One person replied “Nobody ever asks about the food.” and another told us “I can’t remember the names of the staff and they don’t wear name badges.”

Three members of staff we spoke with felt supported by the acting manager and other senior persons. They told us they could raise any concerns, should they need to and felt these would be responded to. They told us that all staff had a shift handover meeting and the nurses updated staff during day of any changes, for example following a GP or other professional visit. A nurse who was fairly new to the home said she felt competent with most aspects of clinical care, but there were certain specific areas where she needed further training and she was confident that the acting manager would support her to access this training.

A staff survey was being conducted at the time we visited and the acting manager told us they had already received a number of useful comments from staff. We saw records of staff meetings being held, the most recent being a nurses’ meeting on 23 November 2015 and a general staff meeting on 24 November 2015. These showed that staff were able to contribute their views.

The home did not have a registered manager, however during our visit we were informed that a manager appointment would be confirmed within the near future and a registration application would be made to CQC. The home was being managed by the deputy manager, who was very experienced and had worked at the home for many years. She was very committed to the service and was working as manager to ensure that the service ran smoothly. Notifications of incidents occurring at the home had been made to CQC as required. Members of the management board, one of whom was a health professional, were supporting the manager and were present in the home most days.

We asked people if they attended residents/relatives meetings or completed questionnaires. One person told us “We haven’t had a meeting for a long time, a good few months.” Another person said “I have been, we get feedback.” A relative said “We’ve only been to one, we don’t know about them.” People told us they had filled in questionnaires. We saw questionnaires that people who lived at the home and their families had completed during September and October 2015. A separate catering survey had been included. One person had commented ‘[Name] is very happy at Brookfield and is content to stay in her room and enjoy the view of the garden. She has everything she needs in her room.’ Negative comments referred to the shortage of car parking spaces and staff not wearing name badges.

The acting manager told us they planned to compile a folder of staff photographs which could help people to identify staff.

There were systems to assess and monitor the quality of the service provided in the home. These included a monthly medicines audit, detailed monthly care plan audits, accident and incident audits, catering and cleaning audits. We saw that any discrepancies found by the audits had been investigated and followed up. Regular health and safety checks were carried out by a member of administration staff who took lead responsibility for health and safety in the home and the adjoining domiciliary care service.