

Alder Meadow Limited

# Brookdale Nursing Home

## Inspection report

16 Blakebrook  
Kidderminster  
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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

Brookdale Nursing Home provides accommodation, care and treatment for a maximum of 40 older people. On the day of our inspection there were 34 people living at the home.

The inspection took place on the 7 and 10 July 2015 and was unannounced. At our last inspection in September 2014 we found the provider was meeting the all the regulations focussed on.

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 told us that they felt safe and staff treated them well. Staff were seen to be kind and caring, and thoughtful towards people and treated them with dignity and respect when meeting their needs. Staff we spoke with demonstrated awareness and recognition of abuse and systems were in place to guide them in reporting these.

# Summary of findings

Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. Staff had up to date knowledge and training to support people who lived at the home.

We saw staff treated people with dignity and respect whilst supporting their needs. Staff knew people well, and took people's preferences into account and respected them.

People were able to make choices about their day to day care and staff supported them to make decisions in their best interest. The registered manager had identified that some people would need assessments by the local authority to ensure people did not have their liberty deprived in an unlawful way. Applications had not been submitted to the supervisory body so the decision to restrict somebody's liberty was only made by people who had suitable authority to do so.

We saw people had food and drink they enjoyed. People were supported to eat and drink well.

People told us they had access to access to health professionals were needed. Relatives had an inconsistent experience when receiving updates about their family member and being involved with their care provision.

People were able to see their friends and relatives as they wanted. There were no restrictions on when people could

visit the home. People and relatives knew how to raise complaints and the registered manager had arrangements in place to ensure people were listened to and action could be taken if required.

People were involved in some pastimes they enjoyed. Staff really knew people and their needs well. Relatives told us they were not consistently involved with their family member's care but felt able to approach the registered manager to discuss their concerns. They knew who to speak to if they needed to make a complaint and felt confident any issues raised would be resolved.

People and relatives said the registered manager was very approachable. Staff felt supported by the registered manager. Staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service.

The provider had identified areas of improvement in the quality of service provision. Systems in place to monitor and improve the quality of the service were partially effective because they had identified some but not all the areas of concern. Improvements were not consistent because some of the audits had not been fully implemented. The provider needed to action the on going concerns and effectively monitor the future quality of service provision.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service is safe

People were supported by staff who understood how to provide and meet their individual care needs safely. Relatives were generally happy with the support available to their family members. People benefitted from enough staff to meet their care needs.

Good



### Is the service effective?

The service was not always effective

People were potentially being unnecessarily deprived of their liberty. People's needs and preferences were met by staff. People enjoyed meals and were supported to maintain a healthy, balanced diet which offered them choice and variety. People were confident staff had contacted health care professionals when they were needed to meet people's needs.

Requires improvement



### Is the service caring?

The service is caring

People living at the home and relatives thought the staff were caring and treated them with dignity and respect. Staff treated people with kindness, compassion and promoted their independence in all aspects of their daily life.

Good



### Is the service responsive?

The service is responsive

People were involved in past times they enjoyed. People benefitted from regular reviews. People and relatives felt they were able to raise any concerns or comments with staff and these would be answered appropriately.

Requires improvement



### Is the service well-led?

The service was not always well-led

People were not always supported by staff who were monitored by the management team to ensure quality care. People were able to approach the registered manager at any time. People and their families benefitted from staff that felt well supported by their management team.

Requires improvement



# 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 7 and 10 July 2015. The inspection team consisted of one inspector, a specialist adviser and an expert by experience that had expertise in older people's care. 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 specialist adviser was a specialist in general nursing.

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 nine people who lived at the home and four relatives. We also spoke with one district nurse team, and a social worker.

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 and seven staff. We looked at four records about people's care and three staff files. We also looked at staff rosters, 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, “The staff are kind to me and make sure that I don’t hurt myself, they walk with me if I have to go anywhere.” Another person said, “I have never hurt myself so I feel safe here.” Some people we spoke with were not able to tell us if they felt safe. However we saw through the interactions with staff that people felt reassured when they became confused. We saw staff supported each person in a caring and sensitive way, and we saw through people’s facial expressions they were reassured.

Relatives we spoke with said they felt their family member was safe. One relative told us, “It’s an okay home as they go. I think my relative is safe and I don’t have any concerns at the present moment.” Another said, “I have no concerns about how they treat [my family member], [my family member] always happy so I would know.” A social worker that had regular involvement at the home told us they had no concerns about the service and the service was generally well received.

Staff said they were able to contribute to the safe care of people by giving information to their colleagues at handovers. They said they would discuss each person’s wellbeing at handover and raise any issues they had observed which may require a risk assessment review or follow up on their physical health needs. We saw that people’s risks were identified and their risk assessments were regularly reviewed. Staff said people had their needs assessed and risks identified. Staff told us about how they followed plans to reduce these identified risks. For example we saw staff using the correct piece of equipment to support a person’s mobility, we saw there was a risk assessment and staff were knowledgeable about how to keep the person safe.

We saw staff responded to people’s needs in a timely way. For example, we saw staff were available to support people’s care needs in line with their identified risks. One person said, “The staff look after me very well, they will stop and talk with me.” Another person said, “There’s staff around all the time to look after me.” A further person said, “When I press my nurse call staff come more or less straight away.” Relatives told us that there was generally enough staff available when they visited. One relative said, “Staff are around.” Another relative said, “Sometimes there could be more staff around to look after [my family member].” A

further relative said, “The call bells are always answered quickly.” One relative told us their family member had waited all morning to go into the lounge. We spoke to the registered manager and they said that this was unusual, and the family member could have gone to the lounge if they wanted to. The registered manager told us staffing levels were determined by the level of support needed by people. This was assessed as people arrived at the home and then monitored to ensure there were the correct numbers of appropriately skilled staff to meet the needs of the people living at the home.

The staff we spoke with able to tell us how they would ensure the people were safe and protected from abuse. One member of staff said, “We would always protect people and report straight away.” They said they would report any concerns to the registered manager and take further action if needed. They could describe what action they would take and were aware that incidents of potential abuse or neglect were to be reported to the local authority. Staff said they spent time talking with people to get to know them, and they would be aware if a person was in distress or was being harassed in any way. Procedures were in place to support staff to appropriately report any concerns about people’s safety. Staff were aware of the whistle blowing procedures and one member of staff said, “We would report, without a doubt.”

Staff we spoke with said they had not worked alone until they had completed the main part of their induction training. There were on going working practice assessments in place to ensure people’s safety and provide effective care. The manager had recently added to these assessments to further monitor staff practice. The staff told us the appropriate pre-employment checks had been completed. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

We looked at how people were supported with their medicines. One person said, “I have my medicine every day at the right time I think.” Another person said, “I take my medication when the nurses gives it to me; they stay with me until I have swallowed them.” One relative said, “They seem to give them the tablets, they (staff) arranged for the GP to review the tablets [my family member] takes and they seem much brighter now.” All medicines checked showed people received their medicines as prescribed by their

## Is the service safe?

doctor. We observed staff supported people to take their medicines. We found people were asked for consent before the medicines were administered and people received their medicines as prescribed to meet their needs. Staff told us and we saw suitable storage of medicines in a locked

trolley. 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.

# Is the service effective?

## Our findings

We looked at whether the provider was applying the Deprivation of Liberty Safeguards (DoLS). These aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The arrangements in place were not effective. We spoke with the registered manager, whilst they were aware they needed to consider people's capacity to make specific decisions and involved family's to support best interest decisions. The registered manager had not considered levels of continuous supervision and control for people at the home. With further questioning we discovered that most people that lived at the home would not be able to leave the home, did not have capacity to make the decision about leaving the home and were receiving full support with all aspects of their care. These people would need to have an application to the local authority in line with the DoLS.

Staff we spoke with also confirmed restrictions were in place for most people because they would not be safe to leave the home unescorted. Staff told us the people would not be allowed to leave if they expressed a wish to do so unaccompanied. They also confirmed that these people needed full support with all aspects of their daily living continuously. Whilst most staff had received training in MCA and DoLS, when we asked questions about how they put this into practice, they had limited understanding about DoLS. The registered manager sought guidance from the local authority between our two visits, and established that most people at the home would need an application submitting to ensure their liberty was not restricted unlawfully. We discussed with the registered manager the need for them to fulfil their responsibility.

The provider did not have effective arrangements in place to prevent people being unnecessarily deprived of their liberty. **This is a breach in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Staff we spoke with understood the importance of ensuring people agreed to the support they provided. All staff we spoke with had an understanding of the Mental Capacity Act 2005 (MCA) and how important it was for people to give their consent. We looked at how the MCA was being implemented. This law sets out the requirements of the assessment and decision making process to protect people

who do not have capacity to give their consent. We saw the registered manager had completed this process when it was needed. For example, we saw one person had instructions for what would happen to them if they needed resuscitation. Their relative told us about the process that had been followed to ensure the decision was made in the person's best interest and involved the relative and the person's GP. The registered manager assessed the person's capacity to make that specific decision and ensured the decision was made in the person's best interest following the MCA. We saw examples when staff asked and waited for people to agree to staff support. For example we saw staff knocking on a person's door and waited for the person to invite them in.

People told us they enjoyed the food and were offered choice. One person said, "I do like the food they give me and I can pick what I want which is very nice." Another person said, "I like the food they give me and I have plenty to drink all day with snacks about as well." Relatives told us they had seen that the food was generally good. One relative said, "The meals look appetizing, and my [family member] now eats well." Another relative said, "The meals are very nice and smell good too, and are well presented on the plate."

People were offered choice and were supported with dignity. However in one lounge two people sitting at the table were not supported in a position to eat their food fully independently. We spoke with the registered manager and they said this was not usually the case. When we returned for the second day of our inspection people were supported to be able to sit up to the table effectively. We saw staff were patient and caring when supporting people to eat, giving the person time to be as independent as possible without feeling rushed.

We spent time with the cook and they showed us how people's nutritional requirements were met. They were aware which people had special dietary needs. They worked with the care staff and people to ensure everyone had the food they needed and enjoyed.

We saw people were supported to maintain their food and drink levels. During meals staff ensured people had drinks and additional drinks and snacks were provided throughout the day. We looked at four care records, three included nutrition and fluid charts. These are charts used to record all the drinks and food a person consumes during the day. People had been identified as at risk and they

## Is the service effective?

wanted to monitor their intake more closely. Staff told us they regularly reviewed the information from the records to support a person's wellbeing. Staff we spoke with knew why these charts were in place and knew what the preferred levels of intake should be.

People and relatives told us staff were well trained and knew how to support them. People we spoke with said, "They (staff) know what they are doing." One relative told us, "Staff go on regular courses and know what they are doing." We saw staff had the skills to meet people's needs. For example we saw they supported people to move safely. One member of staff told us about the "Marvellous deafness awareness training," which had improved their practice by giving them, "Real empathy about how it feels to be deaf." Staff we spoke with told us they had received training in a range of areas to be able to do their jobs effectively. There were updates for this training scheduled to ensure that staff were able to continually improve their practice. Staff told us the registered manager worked alongside them to lead best practice and monitor care provision.

People told us their GP came out regularly to monitor them, and their dentist and optician visited them at the home when needed. One person said, "If I needed my doctor staff would arrange it for me." Relatives we spoke with said their family members received support with their health care when they needed it. One relative said, "My [family member] will see the Doctor when they need to, they (staff) will always tell me what's going on." The staff we spoke with told us the importance of monitoring the health of each person. Some people were not always able to say if they felt unwell. Staff said they used observations and discussion with their colleagues and the registered manager to communicate and record any concerns about people's wellbeing. A district nurse from the district nurse team told us the registered manager and staff were always helpful and able, and there was good communication with them.

# Is the service caring?

## Our findings

People told us staff were caring. One person said, "It's nice living here. If I was upset I would talk to the staff who treat me nicely." Another said, "Staff are very good to me and keep me company sometimes when they have time." A further person said, "It's nice here with good staff to look after me." One relative we spoke with said, "When the carers are helping [my family member] they are polite, kind and compassionate and dignified." Another said, "Staff are always so helpful and caring to everybody, including me." None of the people or their relatives we spoke with raised any concerns about their care. The district nurse said staff were very caring, and people's needs were supported well.

Staff had access to people's personal histories to support them to provide personalised care and to get to know people's likes and dislikes. We saw staff chatting with people; they had a good knowledge of people's personality, their lifestyles and interests. We saw caring interactions between staff and the people living at the home. People told us they really liked to have a chat with staff and staff listened to what they had to say. When we spoke with staff about providing care and support to people they were respectful and showed they cared. One member of staff said, "We all really care about everybody here, residents and each other." Another said, "It's a lovely home to work in."

We saw staff were very caring and spoke warmly with people living in the home. We observed staff knew people well. We saw one member of staff bend down to be on the same level as a person so they could understand what was being said. We saw during quiet times staff sat with the people talking about their interests and their lives before they came to the home. We saw one person that had become upset, staff spoke to that person calmly in a way that reassured the person and we saw the person was then relaxed and chatting with staff.

We observed and staff said people living at the home were not always able to understand information. We saw staff spent time with people so they could understand what was being said or asked of them. We saw staff using different phrases, clear hand gestures and simple words to help people understand. Staff took the time to ensure people were supported to meet their needs.

Staff recognised the importance of people's personal appearance and respected people's choices. One person said, "I choose my own clothes before I get dressed." A relative said, "My [family member] is always clean and smells nice, this was always important to them before they had dementia." We saw the people that chose to remain in bed were in clean clothes that were loose to enable them to be comfortable."

People and their relatives told us they were treated with dignity and respect. One person said, "If I need the toilet they treat me with dignity so I am not embarrassed." Another person said, "I am always treated with dignity, they always knock the door." A relative told us, "They treat my [family member] as a person; they do it with love and respect." The staff we spoke with told us how they maintained people's privacy and dignity. One member of staff said they said they always treated the people "How I would want to be treated." The staff said ensuring people maintained their dignity was very important to them. We saw one person was covered with a small blanket when using a piece of equipment to support their mobility. This was completed in a discreet way to respect the person's dignity.

Relatives told us they were welcome to visit at any time. One relative said, "I am always welcome, they will always ask if I want a cup of tea or coffee." This helped people who lived at the home to maintain important relationships. Some relatives said they were involved in people's care and this was important to them. However two of the relatives we spoke with felt they were not always kept up to date with information about their relative and communication could be improved. They both said they were happy to discuss this with the registered manager. Staff told us they always included people's relatives, and talked with them about what was happening with their relative; however this did not appear to be happening consistently with all the relatives we spoke with. We spoke with the registered manager who would discuss this with staff at the next team meeting to ensure all relatives felt included.

The registered manager told us they talked to each person individually rather than have residents' meetings. They said people were much more open to engaging in a one to one situation rather than in a group.

# Is the service responsive?

## Our findings

People we spoke with told us they were happy with their care and support. One person said, “I stop in my room all the time because I want to. I have a shared room and feel that my confidentiality is respected,” and “I have a shower and staff respect my privacy and will only do the tasks that I can’t manage.” Another person said, “I was asked lots of questions when I arrived about what I needed help with.” Two of the relatives we spoke with said they were included in their family members care and involved in their reviews. Two said they were not included in their relatives’ care, but said they felt able to discuss this with the manager if they had any concerns. Their relatives care records showed they should have been included in their care planning. We saw through people’s care records that people’s relatives were not always contacted regularly. There was an inconsistent approach to involving people’s relatives in their care planning. The registered manager told us they would look at ways of improving relationships with relatives.

We saw in care records that staff recorded as much information as possible about each person living at the home, their interests, history and preferences. Staff told us they added to this information so they knew as much as possible about the person and their history. The district nurse team said the home’s documentation supported any actions they needed to take when supporting people at the home. Staff we spoke with were able to tell us about the individual needs of each person as well as any health conditions that affected their care. We looked at four people’s care plans and found that two of them were not consistently updated or focussed on each person as an individual. The registered manager was aware that care plans needed improving and was working on ways to improve them.

The social worker told us people had regular reviews of the support they needed and staff at the home were responsive to changes in people’s needs. For example, one person was going back home because they had received support from staff and the community physiotherapist team to improve their health and wellbeing. They had regular reviews and were now able to return home. Relatives told us their family member had their care needs

reviewed. For example one person was having their body weight monitored by staff. Staff recognised the person was losing weight and involved the GP. The person was now on fortified food to improve and stabilise their body weight.

We saw the walls of the home were decorated with many pictures and items which promoted memories. Bedrooms were personalised with possessions to reflect the person living in them. The garden was accessible to the people living at the home to promote people’s independence as much as possible. For example there were portable call bells available to people could summon support if they were outside.

People said they were involved in activities they liked to do. One person said, “I can play games when I want.” Another person said, “I can read, play games, or do something else if I want to.” The activities organiser told us how they worked with each individual to find out the activities they enjoyed would stimulate their memories and promote their abilities. For example, they would use ‘Grandparent’ playing cards that promote thoughts of their past. Relatives told us they saw their family members were sometimes involved with pastimes they enjoyed.

People said they would speak to staff about any concerns. One person said, “If I was worried or upset I would speak to the staff who would help me.” Another said, “If I needed anything I would talk to staff who would help me I know.” Relatives told us they were happy to raise any concerns with either the registered manager or staff. One relative said, “If I was worried or needed to complain I would speak to the manager.” Another relative said, “If I needed to complain I would speak to the manager.”

The provider had a complaints policy in place. This information was available to people and was displayed in the home. In practice the registered manager showed that they were open to complaints and responded to these appropriately. The complaints policy showed how people would make a complaint and what would be done to resolve it. All complaints were recorded and monitored so improvements to the service delivery and learning could take place. The social worker told us about a recent complaint they were involved in. The complaint was about the standard of service a person had received. They said the registered manager was professional and responsive with a real wish to put things right.

# Is the service well-led?

## Our findings

The registered manager and the operations manager acknowledged they could not consistently demonstrate good management and leadership. There were several areas which needed improvement to ensure people received consistent quality care and were not deprived of their liberty unlawfully.

During our visit, we found a breach of the regulation in relation to the Deprivation of Liberty safeguards (DoLS). The provider should have taken action to ensure this regulation was being met. The registered manager told us they were already aware that DoLS applications needed to be made. The registered manager contacted the DoLS team between the two days of our inspection and sought further guidance so they understood who to make the applications for.

We saw records of audits had been carried out to assess the quality of the service. These had been partially effective as they had identified areas where improvement was required and these had been actioned. However, improvements were not consistent as the audits were not fully implemented. For example, there were schedules for cleaning by domestic staff; however on the day of our inspection we saw areas that needed further cleaning which staff were not aware of. Care plans were audited but some needed further improvement to ensure the care plans were focussed on the person and fully updated. We spoke with relatives and some said they were not always updated by staff about their relative and not always included in their care planning. This highlighted that improvement and leadership needed to be strengthened in some areas to promote the safety and wellbeing of the people who lived at the home.

Many of these concerns had already been identified by the operations manager and the registered manager. The operations manager told us they were recruiting to the deputy manager post to support the registered manager with the quality assurance for the home. They also had plans to introduce the “Resident of the day” which ensures

that each person at the home has a full review of all their support needs including their family on a regular scheduled basis. This would support the improvements that were identified.

We saw people chatting with the registered manager. People appeared relaxed and cheerful as they spoke with her. The registered manager had a good knowledge of all the people living at the home. She was aware of their health and wellbeing, and we saw people knew her well. Relatives all told us they were happy to speak to the registered manager about any concerns they had. They felt she would listen and act on their concerns.

Staff told us their colleagues were, “Very good,” and it was a “Lovely place to work.” One member of staff said they worked together “From the registered manager down.” and as a team. There was an established team of staff who had been with the provider for a substantial number of years. Staff told us they felt well supported by the registered manager and she was always available to speak with them if they had a concern. 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 ensure the staff were aware of their roles and responsibilities.

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.

We saw the provider had made improvements to the home. The registered manager told us there were plans 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 manager 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.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	<b>A person must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority.</b>
Treatment of disease, disorder or injury	The provider did not have effective arrangements in place to prevent people being unnecessarily deprived of their liberty.

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.