

Alliance Care (Trendlewood) Limited

Brockwell Court Care 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Brockwell Court is a residential care home which provides people with nursing and personal care. The home can accommodate up to 75 people. The home has four areas of accommodation – Allensford, Blanchland, Corbridge and Dewentside. At the time of our inspection Allensford was closed for refurbishment. This meant temporarily the home could accommodate 55 people and there were 52 people using the service.

People's experience of using this service and what we found

People were consulted about ongoing environmental changes at the service which was having an impact on people moving rooms short term.

Medicines were managed safely, there were enough staff on duty and staff were recruited safely. People were protected from abuse by staff who understood how to identify and report any concerns. The risks to people's health, safety and welfare had been assessed, recorded and plans put in place to reduce these.

People were supported to access healthcare services if needed. People were supported to have enough to eat and drink and staff were trained to support people who had different dietary needs.

Interactions we saw between people and the staff team were very positive and relatives also said they were made very welcome at the home. People were treated with kindness, dignity and respect.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to engage in activities they enjoyed and we saw the service promoted people accessing local community facilities and supporting them to go on trips. People and their relatives told us they knew how to make a complaint.

There was a clear management structure and staff were supported by the registered manager. Quality assurance systems were completed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was requires improvement (published 3 April 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brockwell Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Brockwell Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of this inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and eight relatives about their experience of the care provided. We spoke with members of staff including the regional manager, registered manager, nurse, senior care workers, care workers, kitchen and domestic staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse: Using medicines safely: Preventing and controlling infection.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's individual risks had been assessed and staff knew how to keep people safe.
- The registered manager had reviewed the risks about the building and staff working practices. They had asked staff to read the risk assessments for their job role and sign them.
- Staff were trained to administer people's medicines and did so in a safe manner. Air conditioning had recently been installed in the treatment rooms to keep people's medicines at an appropriate temperature. Medicine audits and checks were completed regularly.
- The home was clean and tidy. Relatives confirmed the home was kept clean.
- Staff had been trained in safeguarding and understood how they should report concerns to their manager.

Staffing and recruitment

At our last inspection the provider had failed to carry out checks on agency staff. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

At our last inspection the provider had failed to deploy sufficient staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager had taken steps to improve the checking of agency staff before they began working in the service.
- The provider had arrangements in place to carry out checks on staff to assess their suitability before they were employed in the service.
- There were enough staff on duty. Relatives had no concerns about the staffing levels. Staff said they felt the numbers on duty were about right.

Learning lessons when things go wrong

- The registered manager reviewed accidents and incidents in the home to assess if lessons could be learnt.
- Following our last inspection where we had concerns about the condition of the flooring in Allensford unit, the provider had taken steps to avoid a similar situation arising in Blanchland unit.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to their admission. Their needs and choices were documented. Staff were able to describe people's needs in detail.
- The registered manager and the staff had made improvements to the service in line with standards, guidance and the law.

Staff support: induction, training, skills and experience

- Staff confirmed they were supported using training and supervision. The registered manager kept a staff training matrix which showed staff training was up to date.
- New staff were required to go through an induction process to familiarise them with the service.
- People and their relatives told us staff were competent.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider had failed to maintain accurate records in relation to people's food and fluid intake. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff promoted a healthy, balanced diet and all meals were freshly homemade. The chef explained their systems for providing people with the correct food to meet their specific dietary needs.
- Care plans outlined people's preferences and the support they required with their food and drinks.
- Where there were concerns about people's eating, drinking or their weight, appropriate referrals had been made to health professionals in a timely manner and monitoring systems put in place.
- Dinner was a social and well organised time, one person told us, "The food is great here, you get heaps!"
- Food and fluid charts were completed by staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had documented contacts with other professionals which demonstrated people had received effective care.

- The home had seven bedrooms set aside for people who required support whilst they made plans about their future. External professionals worked with the staff to help people's rehabilitation. Staff understood how to use equipment introduced by other professionals.
- People and their relatives confirmed if they were unwell then staff immediately called a doctor.

Adapting service, design, decoration to meet people's needs

- Adaptions such as hand rails and signage were in place to support people's movement around the home.
- The regional manager and the registered manger spoke with us about the renovation to Allensford unit to meet the needs of people living with dementia.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service worked within the principles of the MCA.
- Staff had assessed people's capacity to make specific decisions. Where people lacked capacity professionals and relatives were involved to make decisions in people's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people very well. They spoke in kind tones to people and used their initiative to support people's well-being.
- Relatives described staff as, "Very caring." One relative described the staff as, "Spot on." They told us they were very happy with the service.
- The provider had policies in place to support staff to address equality and diversity issues.
- Staff understood the needs of people living with dementia and supported them in ways to avoid causing distress.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to express their views through residents' meetings and surveys.
- Care records showed staff had involved people in decisions about their care.
- Staff held meetings to seek the views of relatives. Unfortunately, attendance at these meetings was poor. The registered manager felt that whilst the service offered meetings, staff engaged relatives in different ways such as face to face conversations.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity. Personal care took place behind closed doors. Staff, with permission, adjusted people's clothing so their dignity was not compromised.
- Staff promoted people's independence. They understood about people's capabilities and encouraged them to do as much as possible for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as required improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to maintain accurate records in relation to people's care and treatment. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff had updated people's care plans. The care plans were person-centred. These had been checked by the registered manager for their accuracy and content.
- The service had a resident of the day scheme in place. This meant when a person was the resident for that day their care records were routinely updated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's communication needs. Most people preferred information given to them verbally. Staff used electronic systems to record people's verbal comments.
- Information around the home provided people with knowledge about events.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff respected people's right to family life and avoid social isolation. Relatives were welcomed into the service and offered drinks. Pets were allowed into the home.
- The provider had employed two activities coordinators. An activities plan for the week was on display. People who did not wish to engage in group activities were offered one to one care to provide stimulus.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Information on how to complain was displayed throughout the building. People and their relatives told us they had no complaints. One relative told us they were "very

content" with the service.

- The registered manager kept an electronic record of complaints and concerns. There had been no complaints made since our last inspection. Records showed the registered manager and staff had responded to people's concerns to improve the quality of care.

End of life care and support

- Staff respected people's right to life. They had involved people and their relatives in discussion about end of life care. People's preferences were detailed.
- People had been prescribed medicines for their end of life care. Staff carried out observations to ensure people were not suffering from pain.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure the use of a robust quality assurance system which meant people were still at risk of receiving poor quality care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager and staff had effectively used the provider's systems to monitor the quality of the service.
- Staff described the manager as "approachable" and "brilliant." They felt supported by the manager. Staff meetings were used to provide staff with information and seek their views.
- The registered manager had informed CQC of events in the service in line with the requirements of their registration.
- Staff understood their roles and communicated with each other and their line manager to deliver good quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture in the home. Staff provided a calm atmosphere where people were empowered to participate in their care and make their own decisions.
- Staff were confident in their approach to people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour. They were open and honest when sharing information with the local safeguarding team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff involved people in the service in meetings and in discussion about their individual care.

- Members of the public including a mother and baby group had been invited into the service. People were able to participate in singing songs and reminiscing about their babies.

Continuous learning and improving care

- The registered manager reviewed and updated the service's action plans. The plans showed steps had been achieved to make improvements to the service.
- There was a 'You Said, We Did' board on display. The board showed staff had listened to people and had improved their care.

Working in partnership with others

- The service worked in partnership with a range of professionals including GPs, nurses, chiropodists and opticians to meet people needs.