

Denehurst Care Limited

Browfield Residential Home

Inspection report

159-161
Walmersley Road
Bury
BL9 5DE

Tel: 01617978457

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Browfield provides accommodation for up to fourteen people with enduring mental health needs who require support with personal care. Accommodation is provided on three floors. There is no passenger lift. On street parking is available to the side of the home. The home is situated approximately one mile from Bury town centre and is close to all local amenities and public transport. At the time of our inspection there were 11 people living at the home.

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

Whilst the service had a registered manager, they were not in day to day management of the service. Alternative management arrangements had been put in place however these had been unsuccessful. Arrangements were being made for the area manager to register with CQC so that some stability could be provided.

Thorough governance systems were not in place to evidence clear oversight of the service; identifying areas of improvement and learning.

Concerns had been raised about the safe care and treatment of people living at Browfield. Managers were assisting the local authority with their investigations. Notifiable events such as serious injuries or abuse and allegations had not always been reported to CQC, as required by law.

Robust recruitment processes were not in place. Staff said the team worked well together and there was good communication and support. Further training and development opportunities were being explored to enhance the knowledge and skills of staff.

The management and recording of people's prescribed medicines needed to be improved. Staff worked closely with relevant health and social care professionals so people's current and changing needs were met, including the care of someone at the end of their life.

People told us they were happy and settled. There was a positive response to the changes being made to the home including the development of activities and opportunities enabling people to develop their daily living skills as well as accessing the local and wider community.

Care records outlined the individual needs of people and how they wished to be supported. Areas of risk were assessed and planned for. 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.

The new provider was making considerable improvements to the physical environment. All areas were being refurbished so people were provided with a good standard of accommodation. Relevant health and checks

were also being completed to ensure the premises and any equipment were safe.

Good hygiene standards were maintained within the home. Additional guidance in relation to COVID-19 was being adhered to.

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

Rating at last inspection

This service was registered with us on 20 November 2020. We carried out a focused inspection in December 2020, at that time the service was not rated. The last rating for the service under the previous provider was Good, published on 3 October 2018.

Why we inspected

This was a planned inspection, as a new provider and due to concerns received about the recruitment and training of staff, management and administration of people's medication, record keeping, confidentiality and the care and support of people. As this was the provider's first inspection, we reviewed all five domains.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to staffing and recruitment, training and support of staff, management of people's medication and good governance systems at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not safe.
Details are in our safe findings below.

Inadequate 

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement 

Browfield Residential 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Browfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. However, we were aware the registered manager was not in day to day responsibility of the home as they were based at another home owned by the provider.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority quality monitoring team, safeguarding and mental health teams who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with four members of staff including the area manager, acting manager, deputy manager and support worker. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records, policies and procedures, staffing rotas, health and safety checks and business improvement plans.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

- We found robust recruitment processes were not in place.
- Concerns had been raised with us about the lack of information and checks completed prior to new staff commencing employment.
- We reviewed the files for three people. Shortfalls included gaps in employment, written references not in place and DBS checks not sought. Recruitment files for two staff who had recently worked at the home could not be found.

We found no evidence that people had been harmed however robust systems were not in place to demonstrate recruitment processes were effectively managed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We had also received concerns about staffing levels. A review of staff rotas showed sufficient numbers of staff were available however additional one to one support hours agreed for some people were not being provided.
- The new management team acknowledged they were not aware of specific agreements and were liaising with funding authorities so that appropriate arrangements could be put in place.
- One staff member, responsible for assisting people with activities and opportunities, said once support packages had been clarified this would enable them to plan specific opportunities with them.
- Further recruitment was taking place to ensure sufficient numbers of staff were available providing more flexible support to meet the individual needs of people.

We found no evidence that people had been harmed however sufficient numbers of staff were not available so that agreed packages of care were provided. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- We found the management and recording of people's prescribed medicines needed to be improved.
- Concerns had been raised about the management and administration of people's prescribed medicine.
- A check of controlled drugs showed the stock balance for one item was not accurate and administration of medicines had not always been signed by two members of staff. Records of medicines given had been initialled by staff; a signature list was needed to clearly identify who had administered people's medication.
- We found prescribed creams were not stored correctly, dated on opening or always stored at the correct temperature. Medicines not stored correctly can be less effective.

- Protocols for 'when required' medicines were not available for all items; nor did information provide enough detail to guide staff when these maybe required.
- Self administration assessments had not been carried out for those people who took responsibility for their own medicines when away from the home.
- On the first day of our inspection we found keys to the medication trolley and controlled drugs cabinet were stored in an unlocked cabinet. This was addressed immediately with managers and staff.

We found no evidence that people had been harm however robust systems were not in place to demonstrate recruitment processes were effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A sample of medication administration records were reviewed. Relevant codes had been recorded along with an explanation showing why people had not received their medicines.

Systems and processes to safeguard people from the risk of abuse

- Prior to the inspection we had received concerns about two incidents involving people who use the service. The previous manager had failed to report these to CQC and the local authority. We raised these with local authority safeguarding team. During the inspection we saw managers had taken action to address the concerns
- People we spoke with told us they were happy and spoke openly with staff. This was observed during the inspection.
- Training in safeguarding people from abuse was provided as part of the training programme. Staff spoken with were aware of their responsibility to report any issues or concerns.

Assessing risk, safety monitoring and management

- Servicing and maintenance checks were being completed by the new provider. Up to date certificates were seen for the electric circuits, testing of small appliances, legionella and gas safety.
- A further fire risk assessment was undertaken in December 2020. Actions identified were currently being addressed, including improvements to fire doors and the emergency lighting.
- Areas of risk, for example behaviours, medication, health, were assessed and planned for. Assessments clearly identified the level of risk and guided staff in the support people needed.

Preventing and controlling infection

- We carried out an IPC inspection in December 2020. We again reviewed the arrangements in place and were satisfied appropriate arrangements remained in place.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Medication errors logs had been introduced. Records showed where action had been taken to address poor practice.
- Accidents and incidents reports were monitored to help identify any patterns or themes so additional support and equipment could be provided where necessary,

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Prior to the inspection we received concerns about the lack of training and support provided for staff.
- Formal systems in relation to induction and supervision of staff were not in place. A review of records and discussions with staff found that new staff had not completed a comprehensive induction on commencing their employment, so they understood their role and responsibilities. The area manager said a comprehensive induction pack was now available and would be used with all new staff.
- Individual supervisions, to review staff performance and provide support had not been provided. We were told a formalised programme of supervision was being planned.

We found no evidence that people had been harmed however staff had not received induction and supervision necessary to carry out the duties safely and effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had access to a programme of e-learning which explored a range of training areas, with good completion rates. Further face to face training was also now being accessed from the local authority. As part of the home's business improvement plan more specific training in people's health needs and behaviours were being explored to help enhance the skills of staff.
- Staff spoken with confirmed they had access to training and were always kept informed through team meetings and a communication book. Staff said the team worked well together and were supportive of each other.

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

- At our focused inspection in December 2020 we found environmental standards were poor. We were provided with assurances from the new provider of plans in place to improve all areas of the home.
- During this inspection we found lots of improvements had been made. Work completed had included a new roof, plaster work to areas damaged by damp, a new boiler and laundry equipment, vanity units in all bedrooms as well as the redecoration of some bedrooms.
- Further work was planned to all outstanding areas including a new kitchen, bathroom and wet room. A copy of the home's refurbishment plan was provided to CQC.
- People we spoke with were happy about the improvements being made. We were told, "It's fantastic" and "I like the place now. They've been doing a lot of stuff; rooms are much better now." A staff member also commented, "The environment's looking so much better."

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

- People had access to relevant health care professionals, so their health and well-being was maintained, and they received any treatment they needed.
- Those people requiring or wanting support to attend appointments were accompanied by staff. Any action required was recorded on people's records and followed up with staff.

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

- People were now being encouraged to be more active in the kitchen, making their own drinks and snacks.
- Staff said the meals had been improved with less processed foods. We saw sufficient food items were available and menus had been revised offering more choice.
- Where people were at risk of malnutrition or weight loss, relevant assessments had been completed and advice sought. We saw supplements had been provided.

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

- We found authorisations to deprive people of their liberty were in place, where necessary.
- Staff consulted with relevant agencies where people had been assessed as lacking capacity to make a specific decision. This helped to ensure decisions were made in the person 'best interest'.
- From our discussions with people, our observations and a review of people's care records we saw people's needs were assessed so their support needs and preferences were identified and planned for.
- People made decisions about their support and routine and where able, were seen to come and go freely from the home.
- A review of records showed training in the Mental Capacity Act and DoLS had been completed by the team. Staff were clearly aware of the individual needs of people and how they wished to be supported.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People had lived together for many years. During the day we saw people spent time in one of the lounges relaxing and chatting with others, watching television or listening to music. Others preferred the privacy of their own room. People told us they were happy and settled and the atmosphere was relaxed and friendly.
- People were seen to engage well with staff and were seen to enjoy a friendly rapport with them. People said staff were respectful and treated them well.
- Staff clearly knew people well and demonstrated their understanding of people's diverse needs and the individualised support provided.

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

- People were encouraged to maintain their autonomy and choice. People said they made their own decisions about their preferred routines; those able to were seen to come and go freely throughout the day.
- People told us the planning of their care and support had been discussed with them.
- Throughout the inspection we saw people openly discuss things important to them with staff. These were listened to and evidenced where they had been acted upon.

Respecting and promoting people's privacy, dignity and independence

- As part of the new ethos of the service, people were being encouraged to take part in activities of daily living, helping them to regain or maintain their independence. Some people were enjoying helping with tasks such as washing up and tidying the kitchen.
- Further opportunities within the local and wider community were being explored to help promote people's community presence and support networks. One person spoke with talked about returning to education and trying to secure a job.
- Some people maintained relationships with friends and family, contacting them on their personal phones or visiting them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Individual care and support plans were in place. These provided comprehensive information about people's needs, wishes and preferences.
- A review of records was being completed to check information reflected people's current and changing needs. We were told any changes were communicated with the team, so people were supported in a way they wanted and needed.
- People confirmed they were involved and consulted with about the support they wanted and needed. We were told, "I can choose what I want to do" and "They know me, what I like and what I don't."

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

- It was acknowledged activities and opportunities for people could be enhanced enabling people to learn new skills as well as take part in the local and wider community.
- Whilst some people were able to come and go freely following routines of their choosing, others needed support. To assist, a staff member had been given the responsibility to explore this further considering people's individual needs and preferences.
- People we spoke with talked about activities they were exploring with staff such as educational courses, gardening jobs and attending a family wedding. One person was planning a birthday party. More recently people had been accessing the local shops and visiting the local pubs. Other ideas being considered included a museum trip, cinema and pamper days.

End of life care and support

- Due to the changing needs of one person the home was working closely with relevant health care professionals, so they were cared for in a sensitive and dignified way.
- Family members were involved and consulted to ensure the person's wishes and feelings were considered.
- Suitable aids were being provided to promote the comfort and safety of the person.
- End of life training was provided as part of the e-learning programme. Additional support was being sourced from specialist nurses to help support and guide the staff team.

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.

- People were clearly able to communicate their wishes and feelings. One person, who had a visual impairment was using a virtual assistant which controlled electronic devices.
- As part of the provider's business improvement plan an easy read guide about the service and what to expect was to be provided to people.

Improving care quality in response to complaints or concerns

- People said they were able to speak with staff about any issues or concerns and felt they would be listened to. One person said, "They help me when I need it."
- Issues raised with us prior to the inspection were known by managers and appropriate action had been taken.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Prior to the inspection we were made aware of incidents involving people living at the home. Notifiable events affecting the well-being of people should be submitted to CQC as required by law. These had not been provided.
- Further concerns had been raised about the storage and disposal of confidential information. We saw information was stored in a locked office. The Information Governance service had been contacted due to personal records being wrongly managed and disposed of. This had been addressed by managers.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a registered manager. However, they were not in day to day responsibility of the service. Alternative management arrangements had been put in place however these had been unsuccessful. Arrangements were being made for the area manager to register with CQC so that some stability in management could be provided.
- Audit systems were not sufficiently robust and had not identified the shortfalls found during this inspection, including shortfalls with recruitment and medication. Policies and procedures provided by the previous provider had not been reviewed and updated so they reflected current practice.
- The area manager was looking to implement a detailed quality monitoring system so all areas of the service were monitored and reviewed. Any areas of improvement would be included in the home's development plan.
- Due to the management changes time was being spent to re-establish roles and responsibilities and offer stability to the team. Staff told us, "I was worried about the service, but less anxious now" and "Feels it's going in a better direction and there's more empathy towards residents."

All the above issues did not demonstrate effective systems were in place providing clear management and oversight of the service provided so people received a safe and effective service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had regular opportunities to speak with staff on both an informal and formal basis, where they were able to share their views. One person told us, "The staff do listen to me".
- Staff spoken with felt morale was improving however felt the service needed time to settle as there had been "constant changes."
- Communication between the team was said to be good with a communication book and team meetings.

Working in partnership with others

- The new management team were looking to develop working relationships with health and social care teams.
- What we were told, and people's records showed that additional advice and support was sought from health professionals where people's needs had changed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management and recording of people's prescribed medicines were not effective ensuring people were protected.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems were not in place evidencing clear management and oversight of the service provided so people received a safe and effective service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Robust systems were not in place to demonstrate recruitment processes were effectively managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of staff were not available so that agreed packages of care were provided. Staff had not received induction and supervision necessary to carry out the duties safely and effectively.

