

Sure Care (UK) Limited

Brocklehurst Nursing Home

Inspection report

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20 April 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection of Brocklehurst Nursing Home (Brocklehurst) took place on 17, 18 and 20 April 2018. The first day was unannounced. The service was previously inspected in January 2017 and we found breaches of the Health and Social Care Act regulations relating to need for consent, safe care and treatment and good governance. At this inspection we found some improvements had been made but not sufficient to ensure the provider was meeting the regulations.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question(s) of safe, effective, caring, responsive and well led to at least good. They submitted an action plan in March 2017 which identified what action would be taken to address the concerns identified at the inspection in January 2017. At this inspection, we noted improvements had been made in all areas of concern identified at the last inspection such as staff recruitment, providing meaningful and appropriate activities, need for consent and records management. However further improvements were required in some of these areas, for example, need for consent and audit processes. Further information about these concerns is identified within this summary and the full report. This is the second time the service has been rated 'Requires Improvement' overall.

Brocklehurst is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Brocklehurst can accommodate up to 41 people in a two-storey purpose-built building. At the time of this inspection there were 33 people living there. The care home consists of four units across two floors and is set in its own grounds. Each unit has its own kitchenette used for making drinks and snacks. Each unit accommodates people needing both residential and nursing care. Both floors are accessible by two staircases, at each end of the building, and one central lift and staircase. There is a large lounge and dining room on the ground floor though most people preferred to dine in the communal area on their respective units. The kitchen and laundry facilities were situated on the ground floor as was the hairdresser's salon.

There was a manager responsible for the day to day operation of the service. However our records showed they were still in the process of registering with the CQC. 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.

We found three breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014 in relation to medicines management, need for consent and good governance. You can see what action we told the provider to take at the back of the full version of the report.

We found the service was not always safe in some respects though people told us they felt safe with the staff

who supported them. People were supported by a consistent staff team and the provider had suitable systems in place to take action to protect people from abuse including accidents and incidents.

People were supported by competent staff to take their medicines safely. We found concerns with how medicines were stored. This could compromise the integrity of the medicines and put people at risk of harm.

Recruitment processes had improved. Staff employed at the home had undergone all appropriate pre-employment checks to help ensure they were suitable for the role. Staff we spoke with were aware of safeguarding policy and procedures and knew what action to take if they suspected abuse was taking place.

Risk assessments were up to date and contained sufficient information for staff to support people in a safe way.

Suitable arrangements were in place to ensure hygiene standards were maintained within the home. Staff were knowledgeable about and demonstrated good infection control practices. The home was visibly clean and free from unpleasant smells. Regular maintenance and checks of the building and equipment was carried out. This included lifts, hoists, fire safety equipment and the water system.

We found the principles of the Mental Capacity Act were not always followed; for example, in some care records, we saw consent to care was signed by relatives without the appropriate legal authorisation. This was a continuing breach of the regulation relating to need for consent.

Appropriate applications for the deprivation of liberty safeguards had been made to the local authority and the home manager had a good system in place to track the progress of these.

Staff received an induction, training considered mandatory by the provider and shadowed experienced colleagues prior to working unsupervised. Records showed staff had supervisions with their line manager. This helped to ensure staff were competent and had adequate professional support to carry out their roles.

Most people were satisfied with the food and drink on offer at Brocklehurst. The service acted proactively to ensure people maintained a balanced diet and that they received relevant health and medical attention as required. This helped to ensure people achieved a good quality of life and wellbeing.

In the main, people were supported in a friendly and respectful way. Staff responded promptly when people asked for help and were seen to support people in a patient and unhurried manner. People we spoke with were happy and settled living at Brocklehurst. They said the care they received was supportive and kind and that staff were genuinely caring. Relatives were also happy with the care provided.

Staff responded promptly when people asked for help and were seen to support people in a patient and unhurried manner. People we spoke with were happy and settled living at Brocklehurst. They said the care they received was supportive and kind and that staff were genuinely caring. Relatives were also happy with the care provided.

The atmosphere at the care home was calm. We observed good rapport between people and the staff. It was evident to us that staff knew the people they cared for and supported.

The care home operated within a diverse and multicultural community and had systems in place to ensure people's equality and diversity needs were recognised.

People told us they knew how to make a complaint or raise concerns. There was a process in place for managing complaints and concerns raised. Some concerns were recorded within individual care records which meant the provider and home manager had limited oversight of all issues raised.

The provider had employed a dedicated activities coordinator; this helped to improve the provision of activities across the home. We observed various activities taking place during our inspection and people told us they enjoyed participating in these.

The home had not had a registered manager since April 2016. This is a condition of the provider's registration. In December 2017, we took enforcement action for this offence and the provider was charged a fine which was paid.

The lack of consistent management had had an impact on the quality monitoring and improvement of the service. Though the provider had put in place mechanisms to offer support to interim managers these were not effective in ensuring people received a service that was of a good standard.

There were some audits in place to monitor the quality of service provided. These were not sufficiently robust as they did not identify some of the concerns we found in medicines management and care records.

People and their relatives told us they knew who the current home manager was and that they were friendly and approachable. Staff were equally complimentary about the home manager saying they were visible within the home and maintained an open door policy.

The home manager had implemented various methods to help improve communication amongst the staff team. These included the flash meetings. Staff we spoke with felt these methods had improved communication.

There were relevant policies and procedures in place and staff meetings had been reintroduced; these helped to ensure staff had appropriate guidance to carry out their roles.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service is not consistently safe.

People received their medicines safely. However we identified some concerns with how medicines were stored.

Improvements made to the recruitment process provided better assurances that appropriate staff were employed.

Is the service effective?

Requires Improvement ●

The service is not consistently effective.

The provider did not always work within the Mental Capacity Act to ensure people's rights were safeguarded.

There were records to show that staff had an induction and on-going training to help ensure they carried out their functions effectively.

People were able to access relevant healthcare professionals. These included consultant geriatricians, GPs and dentists.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness. We saw good humoured interactions between people and staff.

The atmosphere at the home was comfortable and relaxed. Staff knew people well.

In the main, people were treated with dignity and respect.

Is the service responsive?

Good ●

The service is responsive.

An activities coordinator had been hired and improvements had been made to activities provided at the home.

Care plans reflected people's individual needs and included personal histories, interests and hobbies.

Concerns and complaints were investigated in line with the provider's policy. However there was inconsistency with how some concerns were recorded which meant the registered provider and home manager had limited oversight of issues raised.

Is the service well-led?

The service is not well led.

There was no registered manager in post since April 2016. There had a series of interim managers at the home since then. The new home manager was currently registering with the CQC.

There was a system of quality checks and audits in place. These needed to be strengthened to effectively monitor the safety and quality of care and support provided.

Inadequate 

Brocklehurst 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 checked 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.

This inspection took place on 17, 18 and 20 April 2018 and the first day was unannounced. The inspection team comprised of an inspector, a specialist adviser 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 expert by experience had experience in caring for an older person.

We asked the provider to complete 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.

Before our site visit, we asked the local authority contracts and commissioning team for information they held about the service. The contracts officer with responsibility for that service had carried out a full monitoring visit in October 2017 and had identified no concerns. We reviewed information from the public health team at Manchester City Council on infection control audits; the last audit had been done in February 2017. We contacted Manchester Healthwatch and checked their website for information they held about this service. We found no information about this service. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

We looked at other information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 10 people using the service and 11 relatives. We also spoke with a range of staff including the home manager, the area manager, kitchen staff, care assistants and domestic staff. We observed the way people were supported in communal areas and carried out an observation known as a Short Observational

Framework for Inspection (SOFI). This is a way of observing care to help us understand the experience of people who cannot easily express their views to us. We also looked at records relating to the service, including three care records, daily record notes, medication administration records (MAR), five staff recruitment files and policies and procedures.

Is the service safe?

Our findings

At the last inspection in January 2017 we found a breach of the Health and Social Care Act 2008 in relation to recruitment processes. Records of interviews were not kept and references were not verified. At this inspection we found improvements had been made but not in all aspects.

We looked at six staff recruitment files. In one staff's file, we found no evidence to demonstrate gaps in employment had been explored at interview. However, we found that all staff had provided suitable references and had disclosure and barring service (DBS) checks carried out prior to starting their employment. The DBS checks to ensure that the person is suitable to work with vulnerable people.

We saw the service held up to date records showing the nursing staff employed at the home were registered with the Nursing and Midwifery Council (NMC). This helped to ensure they remained authorised to work as a registered nurse.

During our previous inspection in January 2017, we found the room temperature recordings of the first floor treatment room was 27 degrees celsius and the room was not ventilated or air conditioned. At this inspection we found this room was no longer in use.

We observed the provider had adequate systems in place to help ensure people received their medicines safely. However there were aspects which required attention. We found the provider had appropriate policies and procedures in place and medicines training and induction programme for new and existing staff. Each person had a detailed care plan and medication administration chart. We examined five MAR charts and care plans and found these to be completed correctly. We observed a medicines round and spoke with people about how they received their medicines. We were satisfied that medicines were provided in a safe way; this included controlled drugs, which are medicines subject to stricter legal controls because of the risk of misuse. People we spoke with were happy with the way they received their medicines. We identified the following areas which required attention: (1) the medicines cabinet was full to capacity and there was no physical separation between medicines belonging to different people. This meant the likelihood of errors occurring when selecting people's medicines was possible; (2) the medicines fridge temperatures recorded in the last week had several readings of 12 degrees centigrade and (3) one of the fridges was filled to capacity with limited space to facilitate air flow. If medicines are not stored at the suitably they may not work in the way they were intended, and so pose a potential risk to the health and wellbeing of the person receiving the medicine. We found these examples evidence of a breach of Regulation 12(1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we observed there was sufficient staff to support people safely. People and relatives told us they found this to be the case. Their comments included: "I can't fault you for the staff, they always come really quickly" and "When [person] is in bed if (they) need anything (staff) are always coming in."

Since our last inspection in January 2017 the provider had recruited new nursing staff and care staff. This meant the provider had reduced the number of agency staff used across the home. This was confirmed by

the staff rotas we looked at. While it was the responsibility of the agency to ensure staff supplied were suitable for the role, we found the provider had checks in place to help ensure the agency staff's suitability. There was also an induction checklist which agency staff signed to confirm they had read relevant policies and procedures. Handovers helped to ensure all staff knew the concerns of people living at Brocklehurst. The home manager told us, where possible, they used the same agency staff members to ensure continuity of care for people at Brocklehurst. We looked at the information available for agency staff, such as their training records and recruitment checks, and found it was sufficient to ensure they were suitable to work with vulnerable adults.

People and their relatives told us the environment at Brocklehurst was safe. They said, "Yes, very safe here", "When it's new staff they always have a senior (staff member) who introduces them", "You're quite safe here I looked at all the places and this is by far the best" and "I have no problems regarding safety and they're not mobile so there's always two of them to hoist them."

We found staff had sufficient knowledge and support to ensure people living at Brocklehurst were safe from abuse. Staff we spoke with knew what action to take if they suspected abuse was taking place. Staff told us the registered manager, deputy manager and team leaders were approachable and open and therefore could go directly to them if they had any concerns about people's welfare or safety. The home manager kept a record of safeguarding incidents referred to the local authority and CQC. We found appropriate action had been taken to ensure people were safeguarded.

We looked at how accidents and incidents that happened across the home were reported and actioned. We found these were recorded in line with company policies and procedures and reported to relevant authorities such as the local authority and the CQC. There was a monthly summary of the identified types of incidents and actions taken as a result. However we noted there was no analysis of all the incidents that took place across the home. This would help to identify any common themes and lessons learnt process.

We looked at three care records which contained risk assessments. These identified any potential risk to a person's health and wellbeing and the action required to manage those risks such as moving and handling, falls and nutrition. We found these provided ample guidance to help staff manage people's risks safely. We saw that assessments were reviewed monthly or when a person's circumstances changed.

We found the home was visibly clean and free from malodours. Staff we spoke with told us and we saw there were daily, weekly, and monthly cleaning schedules depending on the task required. COSHH risk assessments had been completed for cleaning materials used. These identified potential hazards and safe storage so that people were kept safe. Prior to our site visit we reviewed the last infection control audit carried out by the public health team (from Manchester City Council) in February 2017. The service scored 74 percent, an 'amber' rating which meant further work was required to meet infection control standards. An internal audit carried out by the home manager in March 2018 provided no evidence that some of the concerns raised by the public health team had been actioned. The area manager told us these had been addressed in an infection control check conducted by another registered manager from another home owned by the provider. We requested a copy of this audit. However at the time of writing this report this information had not been provided to us.

We saw protective clothing and equipment disposable gloves and aprons were readily available and worn by staff as appropriate. Alcohol hand-gels were available on the corridors and hand-wash sinks with liquid soap and paper towels were available throughout the home. We found there were appropriate systems in use for cleaning. This helped to reduce the risk from cross-contamination.

We found the laundry was properly equipped and well organised. There was a clear system in place to keep

dirty items separate from the clean ones. People and relatives we spoke with were satisfied with how the laundry was managed and we found there was a system of labelling people's clothes to help ensure people's belongings were returned to them when laundered. One relative told us, "The laundry is really good as their clothes and their bedding are all cleaned regularly and even their duvet is washed."

We found appropriate premises and maintenance checks were carried out to help ensure the home environment was safe for people, staff and visitors at Brocklehurst. Checks carried out included fire safety equipment, electrical systems, hoists and the passenger lift and water systems. Actions identified were progressed to help ensure people's safety and wellbeing.

We saw people had up to date personal emergency evacuation plans (PEEPs). The provider used a traffic light system (red, amber, green) to prioritise the level of support each person required. PEEPs are plans which detail people's individual needs to help ensure they are safely evacuated from the premises in the event of an emergency such as a fire. No personal information, except for the person's name, room number, and evacuation needs were recorded so data protection was not breached.

Is the service effective?

Our findings

At the last inspection in January 2017, we found a breach of the regulation in relation to need for consent and working within the principles of the Mental Capacity Act 2005 (MCA). The 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.

At this inspection we found insufficient improvements had been made in this area. This was a continued breach of the Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found examples in which relatives continued to sign consent without the legal authorisation to do so, such as power of attorney. This meant people were potentially receiving care or support where consent had not been obtained in the appropriate way.

We found that medication administered covertly (that is, hidden in food or drink) was carried out in line with the MCA however we did not see evidence that the best interest decision made would be reviewed. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We looked at how the service managed DoLS applications made to the local authority. The home manager told us when they first started in November 2017 they carried out an audit of DoLS applications made and followed this up with the local authority. We saw email correspondence to confirm this. We found the home manager now had an up to date register of people who had a DoLS in place and expiry dates, and applications in process. We found the home manager had a good oversight of the DoLS process within the home. This helped to ensure people were not unlawfully deprived of their liberty.

People told us staff always sought their consent before undertaking any task. During our inspection we observed staff asking people's permission before carrying out any task. Relatives and visiting friends we spoke with also confirmed this. One relative told us, "I noticed that the staff asked first before they do anything with the residents."

At this inspection there was a new chef in post replacing the previous chef who had recently retired. They told us they were working with the home manager and the provider in devising new menus for the home. We looked at the current menus in use which offered a choice of suitable and nutritious food and drink.

We observed the dining experience and how people were assisted by staff when required. In the main, we found staff supported people in a kind and unrushed manner.

We found people and relatives had mixed views about the food on offer at Brocklehurst. Comments included: "I would say there is a lot of choice since the old chef has left; we are just getting used to a new one now", "Food just okay", "I could eat with my family and the chef does me a fry up at the weekends if I fancy something else they make me a big potato or a sandwich" and "My family member is vegetarian and I know they're really good giving him vegetarian options including fish every day."

The home manager told us and people and relatives confirmed the provider had distributed a Food and Drink survey to help drive improvements to the food on offer. One relative said, "We were given a survey about the food and we were asked what did we like and what didn't you like."

We observed that food was served hot though we found some foods such as pureed diets did not always look well-presented. We spoke with the chef about ways in which the presentation of texture modified foods (for example pureed or fork-mashable) could be improved. We noted subsequently from the recent residents and relatives meeting that this was an area identified for improvement. From our observations we found little improvement had been made in this but noted this as an area for follow up in the home manager's March 2017 nutrition audit.

We saw the kitchen staff had an up to date list of people requiring specific diets such as soft or pureed diets, halal or vegetarian and also food preferences. The head chef told us they had devised a system of labelling people's meals to ensure each person received the meal that was intended for them. The home manager told us and we saw from meeting notes that they held weekly nutrition meetings with staff to discuss each person's nutritional needs as they related to weight gain or loss. We found the home acted proactively to ensure concerns relating to people's nutritional needs were addressed.

We looked around the kitchen and found the environment was clean and well organised. There was an effective system in place to ensure food stocks were sufficient. We saw that the kitchen had an up to date record of people's specific dietary requirements and food preferences.

We noted the last food hygiene inspection was done in August 2016 and the home had been rated a '5' which is the highest award.

At the last inspection in January 2017, we asked the provider about staff development and support such as training and supervisions that had been carried out prior that inspection. These documents were not provided to us however we saw and staff confirmed they had an induction, undertook training and shadowed experienced colleagues before working unsupervised. In January 2017 we saw training had been arranged for January and February but we did not see a full schedule of training for the year. At this inspection we found significant strides had been made in this regard. We spoke with a senior staff member who was now the training lead. They told us and we saw the provider had implemented the care certificate as induction for new members of staff (care assistants) and also as a refresher for existing staff members. The care certificate sets out knowledge, skills and behaviours expected for specific job roles within the health and social care sector. Records we looked at confirmed new staff completed an induction and training the provider considered mandatory; this included an overview of the home, fire safety and policies and procedures. The training lead told us and we saw there was a system in place to help ensure staff kept up to date with their training. We saw examples of their provider's commitment to develop its staff in particular areas such as end of life training and nursing qualifications. For example, the home manager told us and records confirmed two senior care staff were currently pursuing nursing associate qualifications. The nursing associate is a new role within the nursing team; these staff will work with healthcare support workers and registered nurses to deliver care.

We saw that staff had regular supervisions with a line manager including observational supervisions which checked how they performed in various areas of their work such as moving and handling and personal care. While we found these actions helped to ensure staff were effective in their role, the provider needed to ensure staff's understanding and awareness of providing dignified support was reinforced. We observed this was not always the case in practice and have raised this in another section of this report.

We looked at the care records for three people living at Brocklehurst. We found the home manager carried out initial assessments prior to admission which recorded the specifics of care and support required. This helped to ensure the service was able to meet the person's assessed needs. The home manager told us and we saw initial assessments were used to develop person centred care plans for each identified need, for example, maintaining safety, oral care, diet and weight, and also identified personal outcomes. People and relatives we spoke with confirmed an assessment had been carried out before the person moved into the home and that they had been involved in the process.

We found the service was proactive in identifying concerns relating to people's continuing healthcare needs and engaging the relevant health care professionals. We saw that the service continued to be supported by the Nursing Home Service which comprised of advanced nurse practitioners and doctors. These professionals visited on a weekly basis and carried out routine and reactive reviews of people living at the home. From care records we saw the home manager made appropriate referrals to other health care professionals such as tissue viability nurses and speech and language therapists. People told us and care records confirmed they could request to see a doctor or dentist if they wished and that the care home would facilitate this. This helped to ensure people had access to appropriate healthcare when required.

Brocklehurst is a purpose built care home. Accommodation is spread across four identical units with several assisted bath and shower rooms and separate toilets throughout. We saw that some bedrooms had shared en-suite facilities. We noted that that people's bedrooms were homely and personalised with their own items such as family photos, plants and other personal effects. One relative told us, "The home has completely redone my (relative's) bedroom yesterday and they asked [person] what colour (they) liked. (Staff) then set about getting matching curtains and bedspreads and painted the walls, we're really pleased with it."

Is the service caring?

Our findings

At the last inspection in January 2017, we found examples of signage which did not demonstrate respect for people's privacy and dignity and we made a recommendation that the provider review how information regarding people's care was communicated to care staff to protect their privacy and dignity. At this inspection we found appropriate consideration and improvement had been made in this regard.

People and relatives told us staff treated them with dignity and respect and gave us the following examples: "They do protect my dignity and respect they always draw the curtains" and "Yes, they're very good. If they want to do anything they always close the door." During our inspection we observed staff were friendly yet respectful of people's privacy. However we observed a staff member making the sound of aeroplane noise to a person to get them to open their mouth for food. While, above example demonstrated there was scope for learning, we concluded this practice was not reflected throughout the service.

We observed that staff had good interactions with people, their families and visitors. People and relatives we spoke with were very complimentary about staff's approach and attitude. They said, "Can't give enough praise about the carers here and the nurses as well to go the extra mile", "You have a good laugh and joke with the staff", "Really good staff here, it's really helped me through the bad times; they're good and give me a hug and give me a shoulder to cry on" and "I love all my carers some a lot less but they make time to see me. I believe they do care."

People and relatives also told us that staff knew the people they supported well and had sufficient information to assist in this process. Comments included: "The staff know my family member's needs and wants" and "The carers get more involved in care plans now."

In the main, we found the care home had maintained a consistent staff team. People and relatives confirmed that "regular staff" always worked alongside new staff. This helped to ensure people were supported by staff that knew their care and support needs.

"People and their relatives told us they were involved them in decisions regarding care and support provided and that the service provided with them with information and explanations as needed. Their comments included, "I know my care plan has been done with my son" and "I've been involved in the care plans. I've been asked for my comments and felt that my comments have been valued and have seen other family members being asked as well."

People told us staff encouraged them to maintain their independence and they were free to make their decisions to suit themselves. One person said, "I'm not rushed. You're allowed to do things in your own time when you're ready".

Brocklehurst is located within a diverse and multicultural community. We saw that the provider had appropriate policies and procedures to help ensure staff understood how to protect people's rights and to challenge discrimination. People's care plans recorded relevant information regarding people's ethnicity,

religious and cultural beliefs and practices. Staff we spoke with demonstrated they understood equality and diversity needs and we saw they had received relevant training on this topic.

Is the service responsive?

Our findings

At the last inspection in January 2017, we found the provider was in breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to providing meaning activities and recreation. At this inspection, we found improvements had been made the regulation was being met.

Since the last inspection in January 2017, the provider had employed a dedicated activities coordinator and we saw there were a variety of activities carried out on a group or individual basis such as arts and crafts, chair exercises and colouring. The schedule changed each week. However, people, relatives and staff told us the only activity that happened on the same day was bingo and that this was what people preferred. The schedule we looked at confirmed this. People and relatives were positive about the activities provided and said, "I like to play the bingo when they have it", "I like the singalongs and music quizzes" and "We do crafts, play bingo and we had a charity quiz night to raise money for the home" and "The staff member does their best with the activities. They put on classical music and get singers in covering music from years ago. They try and get the residents involved by giving them instruments like tambourine, maracas etc. so they can all tap along to the music." During our inspection we saw one person had arranged for a priest to visit the service each week and other residents enjoyed attending this service.

While at the service we saw relatives, partners and friends were able to visit and spend time with their loved ones living at the care home. We observed and people told us they were supported to maintain good contact with their relatives and friends. For example, one person told us they had been able to host family and friends at the home to celebrate their birthday. They said the staff and management helped to ensure Brocklehurst felt like home to them.

Care plans we looked at reflected a holistic assessment of people's needs and included their personal history and individual preferences, interests, cultural considerations, dietary requirements and end of life wishes. There were also care plans to manage short term concerns such as a course of antibiotics. We found that people's communication needs, disabilities and impairments were identified and recorded. This helped the service respond appropriately to their needs. From all the care plans we examined, we found people and their relatives were involved and contributed to the care planning and review process. People and relatives we spoke with confirmed this and said, "I've been involved in the care plans; I've been asked for my comments and felt that my comments have been valued and have seen other family members being asked as well" and "I did speak to the manager about a couple of points (regarding care support) when we had a care plan review." We saw care records were reviewed every six months or sooner if care needs changed.

People and relatives also told us the home manager had told them information could be provided in another format such as large print, if required. This was also documented in the provider's service user guide.

The home manager and staff told us about the 'Resident of the Day'. This process involved each department within the home such as the care, catering and maintenance, speaking with this person or their relative to ensure their care and support was satisfactory, their records updated and any other concerns they had were

heard and dealt with. One member of the kitchen staff told us, "It (Resident of the Day) was introduced by the new manager; it's a good thing as it helps you interact with the resident and (the residents) see you more on the floor." This helped to ensure people received responsive support and that their records were kept up to date.

People and relatives told us they knew how to make a complaint or raise a concern and that they had done so with either the home manager or the area manager. One person told us, "It's easy I'll speak to the manager, if I had any complaints." Another person said, "If I need to make a complaint then I would mention it to staff first but I know who the manager is." We saw the provider had a clear process in place for managing concerns and complaints. There was a complaints folder which kept a record of the concern/complaint and the resolution of this. We noted not all complaints were recorded here but kept in people's individual care records. At inspection we discussed with the home manager and they agreed that the system made it difficult to have a thorough oversight of concerns and themes raised.

We checked to see how the service supported people at the end of their lives. In two of the three care plans we looked at we saw information which identified people's End of Life wishes and requirements. The home manager told us staff were currently pursuing 'Six Steps' end of life training. We looked at training records and spoke with staff which confirmed this.

Is the service well-led?

Our findings

At the previous inspection in January 2017 we found a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not demonstrate that systems were appropriate and effective in monitoring and evaluating the quality of the service provided. At this inspection we found some improvements had been made in some areas such as record keeping, business continuity, review of care records and seeking feedback from people using the service. However other improvements had not been systematically implemented as evidenced by the on-going breaches of the regulations. We found current checks did not identify concerns found at this inspection such as safe medicine storage and missing consents.

We found evidence of some audits and checks taking place. These included infection control, care concerns such as pressure areas, accidents and incidents, and complaints.

There has been no registered manager in post since April 2016. A registered manager is a mandatory condition of the provider's registration of this service. As a result, in December 2017, the Care Quality Commission (CQC) took enforcement action, the provider was fined for this offence and they have paid this fine.

Prior to this there had been a series of temporary managers which had an impact on the governance of the service. In the absence of a registered manager, the provider had implemented a system of additional management support to the managers at the home. However adequate management processes at Brocklehurst were yet to be embedded. The current manager had been recruited in November 2017 and our records confirmed they were in the process of registering with the CQC.

The above concerns constituted a continuing breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives thought the home manager was very approachable and visible within the home. They said, "I know who the manager is and find (them) very fair and have been to see them a few times", "The manager has an open door policy" and "The new manager is very approachable and does listen, they seem concerned about the level of service."

Staff were equally complimentary indicating that the new home manager had an open door policy and that communication amongst the staff team had improved. The home manager told us and we saw they had implemented various methods to help improve communication such as daily flash meetings. These meetings were facilitated by the home manager and attended by a representative from each department within the home. Staff raised key concerns and provided feedback to colleagues within their department.

The home manager told us and we saw surveys had been sent out between January and March 2018 seeking the views of people using the service, relatives and staff. Not many had been returned and these were due to be analysed. People and relatives we spoke with confirmed they had been asked to provide feedback about

the service. However, most people and relatives we spoke with said they did not have to wait for a survey to give their views about the service and that they would speak with home manager, the area manager or staff. Some people and relatives told us about the recent residents and relatives meeting that took place in February 2018 at which they were able to raise their concerns about various aspects of the service including catering, activities and staff training. We found concerns around how meals were presented were yet to be acted upon and we discussed this issue with the home manager and the chef during our inspection.

At the last inspection in January 2017, the area manager told us and we saw a schedule had been arranged to have quarterly staff meetings. At this inspection, we asked the home manager and staff about meetings. Staff told us meetings had not been happening as planned. The home manager told us they held their first meeting in January 2018. Minutes of meetings confirmed this and we saw that staff had the opportunity to highlight and discuss service related matters with their peers and the manager.

The current home manager was aware of their statutory obligations to report any incidents in relation to a resident to the appropriate authorities and the CQC. We checked our records prior to our visit and found they had submitted appropriate notifications to the CQC in line with their legal obligations.

The provider had a number of policies and procedures in place to guide staff in their roles. The home manager told us they assigned three policies a month for staff to read and sign as understood. Staff we spoke with confirmed this was the case.

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 11 HSCA RA Regulations 2014 Need for consent |
| Treatment of disease, disorder or injury | People were potentially receiving care or support where consent had not been obtained in the appropriate way. |

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Treatment of disease, disorder or injury | Medicines were not stored appropriately so that administration errors were minimised nor were they always stored at the right temperatures to help ensure they worked as intended. |

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | Systems in place to monitor and assess the quality of the service were not fully embedded and had not identified the concerns found at inspection. |