

Ideal Carehomes (Number One) Limited

De Brook Lodge

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 28 February and 1 March 2017 and was unannounced. The service was last inspected in August 2016 when it was rated as Requires Improvement.

De Brook Lodge is owned by Ideal Care Homes (Number One) Limited. The service is a purpose built care home that provides residential care for up to 52 people. All the bedrooms are single rooms with en-suite facilities. The home has three floors accessible by lift. Each floor has a lounge / dining area. At the time of our inspection there were 48 people living at the home.

The service had a new manager who had worked at De Brook for six weeks prior to our inspection. They were in the process of being registered with the Care Quality Commission. 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.

Prior to the new managers' appointment the home had had a series of temporary managers after the previous registered manager left in November 2016.

We found the new manager was now completing a full system of audits to monitor and improve the home. Care plans were being re-written and new recording tools had been introduced.

The staff we spoke with were all positive about the new manager and the changes they had made.

We found a new medicines ordering policy had been agreed with the pharmacy and implemented. This should ensure the home does not run out of people's prescribed medicines as had happened previously.

We found Medicine Administering Records (MARs) were fully completed for prescribed medicines. However there were gaps in the recording of topical creams and guidelines for when 'as required' medicines, for example pain relief, were to be administered.

All the people we spoke with said they felt safe living at De Brook and that the staff were kind, caring and knew their needs well. We heard and saw positive interactions between people and staff members throughout the inspection.

There were sufficient staff on duty to meet people's needs. Staff told us the new manager had addressed the high levels of sickness that the home previously had.

A safe system for recruiting new staff suitable for working with vulnerable people was used. A thorough induction process was in place, with training and staff shadowing experienced staff to get to know people and their needs. However refresher training was not up to date. The new manager was aware of this and was

arranging for the refresher training to be completed. Staff had not received regular supervision meetings. The new manager had a plan in place for completing supervisions every two months with every staff member.

A handover was completed between each shift to inform incoming staff about any changes in people's needs; for example due to illness. One diary had been introduced for the whole home to ensure items were not missed by having separate diaries on each floor.

Care plans and risk assessments were in place for each person. Two thirds had been re-written since the new manager had been appointed and they were written in a person centred way. The care plans included details of people's needs and guidelines for staff in how to meet these needs. However we found two care plans that did not fully reflect people's needs. Risk assessments identified risks to people's health and well-being and how these were to be mitigated. Care plans were now being evaluated on a monthly basis.

The provider had introduced new capacity assessment forms, which were in the process of being completed with each person and their family where appropriate. These detailed whether the person had the capacity to consent to their care at the home. If they did not have capacity a Deprivation of Liberty Safeguards (DoLS) application was made. Staff did not fully understand the requirements of the Mental Capacity Act and further training was being arranged.

Incidents and accidents were recorded and analysed to identify any patterns; for example falls. We saw referrals to the falls team or dementia crisis team were made where required.

Systems were in place to meet people's health and nutritional needs. People were regularly weighed in line with the assessed risk and referrals made to the Speech and Language Team (SALT), district nurses and other medical professionals as needed. The weekly menu was not currently displayed in the home. We were told the menu was being reviewed and copies would be available on each floor when it had been finalised so people could choose what meal they wanted to have.

Information about people's wishes at the end of their lives was not detailed. A new booklet had been obtained that would enable people and their families to record their end of life wishes.

All areas of the home were clean. Procedures were in place to prevent and control the spread of infection. Dementia friendly signs were in place, as well as stencils on the walls to promote conversation and memory boxes outside people's rooms so they could orientate themselves around the home.

Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply. Regular checks were in place of the fire systems and equipment.

People, relatives and staff were asked for their feedback about the service through regular meetings. The provider had surveys they sent to relatives and staff, however the new manager had not seen any results of these surveys since joining the service.

The service arranged some trips out for people to take part in, for example to Blackpool or to local shops. There was also a 'pop up' restaurant which had themed nights; for example an Italian evening. Entertainers visited the home and 'open house' lunches were arranged for local elderly people to join the people living at the home for a meal. These were enjoyed by the people who used the service. However there were few day to day activities taking place, for example craft or reminiscence groups. A new activities officer was being recruited to organise day to day activities and to complete life stories with people.

During this inspection we found three breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However the new manager had plans in place which would meet the Regulations. You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

A new medicines re-ordering policy had been introduced. Topical creams were not always signed to say they had been applied. 'As required' medicines guidelines were not always clear.

Risks to people's health and wellbeing were identified and guidelines in place to minimise the risks. Risk assessments were reviewed now being reviewed monthly.

Staff had received training in safeguarding vulnerable adults; however some staff had not completed their refresher training. Staff were aware of the procedures for reporting any signs of abuse.

Sufficient staff were on duty to meet the needs of the people living at the home. The new manager had reduced the levels of staff sickness at the home.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff refresher training was not up to date. Staff supervisions had not been regularly completed. The new manager had plans in place to address these issues. Staff completed a thorough induction training programme when they started working at the service.

New capacity assessment forms were being introduced which would meet the principles of the Mental Capacity Act (MCA). Staff training for the MCA to aid understanding was required.

People's nutrition and health needs were identified and referrals to other medical professionals were made when required. One person's care files held contradictory information about the use of thickeners in their drinks.

The environment supported people living with dementia to orientate themselves within the home through the use of

Requires Improvement ●

appropriate signage, pictures and memory boxes.

Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives all said that the staff were kind and caring and knew their needs well.

We observed and heard positive respectful interactions between staff and people living at the home throughout our inspection.

A new end of life care booklet was being introduced to record people's wishes at the end of their lives and in the event of their death.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans were in the process of being re-written, with two thirds having been completed at the time of our inspection. Care plans were now being evaluated each month.

Care plans included details of people's support needs and guidelines for staff in how to support people to meet these needs; however two care plans did not fully reflect people's needs.

A complaints system was in place to record and respond to any complaints received.

A new activities officer was being recruited to facilitate day to day activities. Trips, restaurant themed nights and entertainers were taking place.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

A new manager had been appointed who was in the process of registering with the Care Quality Commission.

The new manager had introduced a comprehensive system of audits; however robust audits had not been taking place before their appointment.

Staff were complimentary about the new manager and the changes they had introduced to the home.

De Brook Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 February and 1 March 2017 and was unannounced. The inspection team consisted of two adult social care inspectors, an inspection manager and an expert by experience on the first day. 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 had experience of services for older people. One adult social care inspector returned for the second day of the inspection.

We did not ask the provider to complete a Provider Information Return (PIR) on this occasion. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed 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 had been made aware of changes in the management at the home and had been notified about a medicines error. We therefore brought this inspection forward. We contacted the local authority commissioning and safeguarding teams. The local authority had had concerns about the changes in management and had agreed with the home that no new admissions to the home would be accepted for a period of four weeks. This had been lifted shortly prior to our inspection as a stable management team had been put in place.

During the inspection we observed interactions between staff and people who used the service. As some people were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI) during the lunch period in the communal areas of the home. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who used the service, six relatives, the new manager, 12 care staff, the activities

organiser and one visiting health professional. We observed the way people were supported in communal areas and looked at records relating to the service. This included six care records, four staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, audits on health and safety, accidents and incidents, policies and procedures and quality assurance records.

The previous inspection took place in August 2016 and the service was rated as Required Improvement.

Is the service safe?

Our findings

All the people who used the service and their relatives we spoke with said they thought De Brook was a safe place to live. One person said, "Yes I do feel safe here of course" and another told us, "It's excellent here; my life's improved a lot since I moved here."

At the last inspection in August 2016 we found a breach in Regulations due to Medicines Administration Records (MAR) not always being signed, 'as required' guidelines not being clear and directions for the application of topical creams not being in place.

The Care Quality Commission had also been notified of continued incidents of the home not having sufficient quantities of prescribed medicines, which meant people did not always receive their medicines as prescribed.

At this inspection we found that the MAR charts had been fully completed to show that people had received their medicines. The new manager told us they had introduced a new policy for the re-ordering of medicines and checking received medicines so that the home did not run out of any prescribed medicines. We saw the policy was displayed in the medicines rooms. The deputy manager was responsible for re-ordering medicines, and fully explained the new procedure to us. The new manager had arranged for a medicines audit to be completed by Boots, the pharmacy supplying medicines to the home. Boots had reviewed the new re-ordering policy. Boots had also agreed to add space on the MAR charts for a running total of the quantity of tablets in stock. The new manager told us they were introducing a monitoring audit where the quantities of five people's medicines were checked every day. This would mean any counting errors would be identified within ten days. This meant people should receive their medicines as prescribed as the home had procedures in place to ensure they had sufficient quantities of medicines at the home.

We saw opened tubs of thickeners, used if a person has swallowing difficulties to reduce the risk of choking, were stored in a kitchen cupboard for ease of access for the care staff. We noted that the thickeners were always returned to the cupboard after use. There was usually at least one staff member in the kitchen / lounge area at any one time. However the cupboards were not locked which meant that it was possible for people or visitors to access the thickeners if the staff member was called away to support someone. There is a risk of the thickener powder being ingested. We recommend the home looks at a method to ensure the thickeners are securely stored to ensure people cannot access them.

However we saw that the 'as required' medicine guidelines, for example for pain relief medicines, were not always clear. Some had been photocopied and it was not clear if the person was able to verbally request 'as required' medicines or not. Other guidelines did not specify how staff would know if a person needed the 'as required' medicine if they were unable to verbally ask for it. This meant staff, especially new staff or agency staff, may not be aware if someone needed their 'as required' medicine. We discussed this with the new manager who said they would ensure the 'as required' guidelines were updated and clear.

We saw the topical cream charts included information about where they were to be applied and how

frequently. However they had not been signed every time the cream had been applied, especially by the night staff when supporting people to get up in a morning. We saw this had been noted by the senior staff when checking the charts; however the missing signatures continued. The new manager told us they were planning to include the cream charts with the night time observation charts. These had to be returned to the new manager or deputy manager fully completed before the night staff left each morning. This would ensure the cream charts were signed as required.

The lack of clear 'as required' medicines guidelines and the missed signatures for the administration of topical creams was a breach of Regulation 12 (1) with reference to (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw monthly medicines audits had started to be completed by the new manager and care manager. All senior staff who administered medicines had received appropriate training and had been observed by the manager or deputy manager when administering medicines to check their competency. We also saw a group supervision of all the senior staff who administered medicines had been held to discuss the new re-ordering policy and re-enforce the staff's responsibility for completing stock checks and recording balances of medicines.

We saw there had been recent improvements in the re-ordering and management of medicines and plans were in place to improve the recording of topical creams. We will check that these actions have had the required improvement in medicines management at the home at our next inspection.

Staff were aware of what may constitute abuse and the procedures in place to protect people from harm. Staff were clear that they would report any concerns to the deputy managers or new manager and were confident the new manager would act on their concerns. One member of staff had used the company's whistleblowing procedures last year to report their concerns. The manager at the time had not dealt with the concerns, however the area manager had. The concerns had been investigated and appropriate action was taken. The new manager was fully aware of their responsibilities to report any concerns to the appropriate authorities. We saw that all incidents that had been notified to the local authority had been investigated, action taken where appropriate and then closed. This showed staff were aware of how to raise concerns about harm or abuse and recognised their responsibilities for safeguarding people who lived at the home. All staff had received training in safeguarding vulnerable adults when they started to work at De Brook. However we found that the refresher training for staff had not been completed annually as specified by the organisations own policy. The new manager was aware of this and had requested that the head office Human Resource department arranged refresher training courses for the staff team.

We saw people's care records identified risks to their health and wellbeing, including the risk of falls, moving and handling, pressure ulcers and mal-nutrition using the Malnutrition Universal Screening Tool (MUST). We saw these were now being regularly evaluated on a monthly basis; however this had not been consistently completed during the period when temporary managers had been at De Brook. Guidelines and appropriate care plans were developed to mitigate the identified risks.

We found the staffing levels at the home were sufficient to meet people's needs. People and relatives we spoke with told us they thought there were enough staff on duty. One said, "If I need the staff they are always on hand." Throughout the inspection we noted that the call bells were answered promptly and staff were available to meet people's needs. From the rotas we saw there were nine staff due to work during the day, with seven staff on duty up until 10.30pm and then five staff on duty overnight. The new manager said this would rise to six staff overnight when new people moved in and the home was fully occupied. A relative told us that there had been a lot of agency staff used over the last three months, which affected the consistency

of support that could be provided. The relative did say the home used regular agency staff members so they were able to get to know the needs of the people living at the home.

Staff told us the staffing levels were usually sufficient; however there had been an issue with staff sickness which had reduced the number of staff of duty on some shifts. They told us the new manager had addressed this and the amount of sickness had reduced. They also said that agency staff were used when the rota could not be covered by the permanent staff. Staff said that this had not always been the case before the new manager was appointed. We saw the home was in the process of recruiting more staff and offering contractual hours to bank staff so the rota would be fully covered by permanent staff and agency usage would be reduced.

We looked at the recruitment files for four members of staff. We found that they all contained application forms detailing their previous employment histories, two references from previous employers, a personal reference and showed appropriate checks had been made with the disclosure and barring service (DBS). The DBS checks to ensure that the person is suitable to work with vulnerable people. This meant the people who used the service were protected from the risks of unsuitable staff being recruited.

Accidents and incidents were recorded and 72 hour monitoring following an incident was completed. All incidents and accidents were reviewed by the new manager to monitor any patterns or repeated issues. A new system of falls monitoring had been introduced by the new manager. Details of any falls could be inputted onto a spreadsheet by any member of staff. The spreadsheet highlighted if the same person had fallen previously or if the location of the fall was the same. This prompted referrals to the falls team or GP as appropriate. The dates of all referrals made and the outcomes were noted. Risk assessments were reviewed following an incident or fall. This meant the staff had an overview of accidents and incidents and steps were put in place to reduce the likelihood of them re-occurring.

The home was clean and tidy throughout with no malodour. Our observations during the inspection showed that staff used personal protective equipment (PPE) such as gloves and aprons appropriately when carrying out tasks. However on the first day of our inspection we found two sluice rooms which were unlocked. We informed staff who immediately locked them. This meant people may have been able to access these rooms. On the second day of our inspection we found all the sluice rooms were locked.

Following our inspection we were informed that the local authority had completed an infection control audit on 7 March 2017 and the service had been rated as 'amber' (some risk) overall. We saw that an action plan had been agreed to address the issues raised by the audit.

We checked the systems that were in place to protect people in the event of an emergency. We found personal emergency evacuation plans (PEEPs) were in place for people who used the service. However we saw that not all of these contained full details of the support people would require in the event of needing to evacuate the building in an emergency. Contact information and guidance was seen for staff to deal with any emergency situations such as a gas or water leak.

The service held records of weekly and monthly tests completed for the fire alarm, emergency lighting, call bell system and the water systems. All equipment had been serviced in line with the manufacturer's instructions. Fire drills were held each month. However we saw that when the maintenance person had been off work for a period of 9 weeks from September 2016 no checks had been made. We raised this with the new manager. They told us they would request that a maintenance person from another home in the organisation worked at De Brook at least weekly to complete these tasks. If this was not possible they would ensure these tasks were delegated to another member of staff to complete. A fire risk assessment had been

completed by an external contractor. Records showed the equipment within the home had been serviced and maintained in accordance with the manufacturer's instructions. This should help to ensure that people were kept safe.

Is the service effective?

Our findings

People spoke positively about living at De Brook and the support they received. People we spoke with said they felt well cared for by staff. Most relatives we spoke with expressed no concerns regarding the support provided and said they were always kept up to date with information regarding their family member. One relative said, "If [relative name] is unwell they let me know and ask if I want to be there when the GP visits." However one relative did say they thought that the communication between the staff team and families could be improved.

Staff told us they had undertaken a two week induction training programme when they started working at the home. This included courses for moving and handling, safeguarding, nutrition, pressure area care, dementia awareness and mental capacity. Staff then shadowed experienced members of staff for a week to get to know the people who used the service and their needs. This meant new staff were given the skills and knowledge to complete their roles.

We looked at the training provided for existing staff. We found that annual refresher training courses had not been arranged so a third of the staff training was not up to date. We also saw another third of staff did not have the date of their training recorded so it was not possible to know if they had completed the training or not. The new manager was aware of this and had begun to arrange for refresher training courses to be completed by the staff team. Staff we spoke with confirmed that they had not received refresher training as they should have done. One said, "We haven't had much training updates for a while. But with the new manager I know she is arranging refresher training for us all."

We also looked at the support staff had to undertake their roles. All the staff we spoke with were positive about the support provided by the new manager. However we saw that staff had not had regular supervisions with their seniors, deputy managers or manager. One staff told us they had not had any supervision meetings since joining the service over a year ago. Another said they had had a supervision meeting "a few months ago." The new manager showed us a timetable for supervision meetings to be held with all staff members six times per annum. Each meeting had a theme, for example safeguarding, mental capacity, and infection control. Supervisions are important to enable staff to receive feedback on their performance and be able to raise concerns and ideas for improvements at the home.

This meant that staff had not received the refresher training and support and supervision to carry out their roles. This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that the new manager had plans in place that would mean the service will meet this regulation. We will check these have been implemented at our next inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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 saw that not all the care plans had an assessment of capacity included or details of any best interest decisions taken. Some care plans referred to a relative having a Lasting Power of Attorney (LPA). An LPA is a legal document which allows a named person to make decisions in a person's best interest if they lack the capacity to make the decision in question themselves. The new manager was requesting copies of the LPA's so the home had proof of who was able to make which decisions on a person's behalf.

Where capacity assessments were in place they had involved the person's family and LPA where applicable. Consent for care forms were seen signed by the person if they had capacity or by their LPA.

We discussed this with the new manager. We saw a tracker which showed two thirds of care plans had been re-written and included information about a person's capacity to make decisions. We also discussed the information required in the capacity assessments and how people may have variable capacity to make decisions so each decision has to be assessed separately. The new manager was fully aware of the requirements of the MCA and DoLS and was talking with the seniors and deputies about the correct use of the capacity forms. We saw that a staff supervision was going to be used for this purpose.

The staff we spoke with had a variable knowledge about the MCA and DoLS. Staff said they had received training in this area but were unsure of what it meant for them in their roles. Staff were able to describe how they supported people to make day to day choices and decisions; for example what clothes to wear and what meal they wanted to have. Further training courses were being arranged for the staff team.

We observed staff seeking people's consent before providing care and support throughout our inspection. People confirmed that this was the case.

This meant the service was implementing new care plans, but not all staff were aware of the details of the MCA and how to correctly use the new capacity assessments. We will check at our next inspection if the new capacity care plans have been fully implemented and the staff have received additional training to increase their understanding of the MCA / DoLS.

We observed the morning handover between the night staff and the incoming day staff. An update on all the people living at De Brook was provided. This information was also written on a handover sheet for reference. This provided the staff starting their shift with brief details of each person's wellbeing and if they needed additional observations or support due to being unwell or there being a change in their needs. Any appointments in the diary for the home were also discussed during the handover so all staff were aware if there were any planned visits, for example by the GP or district nurse. Staff told us that when they returned from an extended period off work, for example following annual leave, they asked the deputy manager and their colleagues about any changes in people's support needs since they had been.

We were told that previously each floor of the home had their own diary and there was also a separate diary

for the manager and deputy managers. This had led to some things being missed as the manager and deputy manager had four diaries to check for actions that needed to be completed. The new manager had introduced one diary for the whole home, with all appointments and reminders being in the one place. We were told this system was working a lot better.

This meant staff were provided with update information about each person's wellbeing so they were able to provide the appropriate support.

We observed the lunchtime experience on all three floors. People were offered drinks and a choice of meal. An alternative meal was offered if they did not want the choice on offer. Staff offered encouragement and support to people requiring assistance with their meal. People were encouraged to eat their meals themselves and staff talked with the people they were supporting to eat their meal. The environment for lunch was pleasant; the tables were set out with condiments, place mats and napkins. There was a calm atmosphere throughout the mealtime.

We noted that the menu for the day was not displayed on any of the three floors of the home. The staff said they were told what was for the meal during the morning; however some said they did not know what the meal choice was until it was delivered. We spoke with the chef who told us they were currently developing a new menu, using feedback from people about the food they wanted to have and their own observations of what meals were well received. When this was completed the menu for the week would be displayed on the notice boards on each floor. The new manager confirmed that this was planned. This would allow people, relatives and staff to know what was on the menu each day and support people to make choices of what they would like to have.

The chef was knowledgeable about individual people's needs for a soft or fortified diet and had a list of people's requirements in the kitchen. The care staff informed them if a person's dietary requirements changed. The most recent inspection from the environmental health department in January 2016 had awarded the service a 5 (Very Good) rating.

We looked at how people were protected from poor nutrition and supported with eating and drinking. Where people were at risk they had been referred to a dietician or the Speech and Language Team (SALT). Appropriate food supplements were prescribed and offered. Regular checks were made on people's weight, either monthly or weekly depending on the assessed risk. The new manager audited the weights for all people living at the home to ensure any referrals needed had been made. A health professional told us, "The communication is good, they make appropriate referrals and seem to know their patients very well."

However we found one person's care file that had yet to be reviewed contained contradictory information about whether thickeners were to be added to the person's drinks. We saw they had been prescribed thickeners by the GP and should use small cups when drinking. This was recorded in a specific dysphagia (swallowing difficulties) plan. However we also saw in a food and nutrition care plan that the person was refusing to have drinks with thickener added and asked for mugs of drinks. The GP had advised that if they refused then staff should observe them when drinking in case they began to choke. This meant one care plan had been updated with the new information about not using thickeners but related plans had not been updated at the same time. This discrepancy would have been recognised when the care plans were re-written and all information was kept together in the defined sections.

We spoke with the person and they were clear they did not want thickeners added to their drinks and wanted their drinks in a mug. Staff we spoke with who regularly worked on this floor knew this and provided drinks without thickener in. However one staff member usually worked on a different floor and added

thickener to one of the person's drinks. The person had accepted the drink and had drunk it. The staff member said that the thickener for the person was in the cupboard in the kitchen and so she was not aware it was not to be used. This person's thickener was removed from the kitchen cupboard so this should not re-occur. This meant the person's preferences for their drinks had not been followed.

Each person was registered with a GP. We saw referrals had been made to district nurses, the dementia crisis team and other medical professionals when required. This meant that people's health needs were being met.

To help support people living with dementia we saw the corridors had themed stencils on the walls that prompted conversations with staff. Each person's room door had a stencil to make it look like the front door of a house and was a bright colour. People could choose to have a picture of themselves on their door or a memory box containing a few personal possessions next to their door to assist them to find their room on their own. There was appropriate signage with words and pictures for communal rooms such as the lounge, toilet and bathrooms. We saw there were reminiscence items in all areas of the home.

Is the service caring?

Our findings

Everyone we spoke with said that the staff were kind and caring. One person said, "The staff are so kind and so helpful," another told us, "The carers are marvellous" and "Staff help all they can, however they can. Every morning they always ask how are you?" The relatives we spoke with were also very complimentary about the staff. One said, "The staff are great."

All the staff we spoke with knew the people living at De Brook and their needs well. They knew detailed information about people's life histories, their families, their past employment and their favourite activities. For example one staff member explained how a person who had just moved in had variable mobility and sometimes needed support from two members of staff and at other times only required one staff member to support them. A relative told us, "Staff know [relative's name] and her needs really well."

We saw that details about people's life histories were recorded in their care plans; however this information was not included in the care files of two people who had moved to the service in the last four months. We noted that all care plans were in the process of being updated, with two thirds having been completed at the time of our inspection. The new manager told us people and their relatives would be asked for these details as part of the care plan update. One relative we spoke with, whose loved one had moved to De Brook four months before, confirmed they had been asked about their loved ones' likes, dislikes and life history before they had moved in to the home.

We saw and heard good interactions between people who used the service and staff members throughout our inspection. For example we heard one staff member chatting with one person and clearly explaining the support they were going to provide when supporting them to get up in the morning. We also observed two staff members supporting a person with a hoist transfer. This was completed calmly and they made the person feel reassured as they explained each step of the transfer. However we did note that the sling used to transfer the person was not removed when they were sat in the chair. This is undignified but also may pose an avoidable risk to skin integrity.

Staff members addressed people by their preferred names and were seen to knock on people's room doors and wait for a reply before entering. Staff discreetly prompted people with their personal care needs. Everyone we saw was well dressed. One relative said, "[Relative's name] always looks clean and tidy whenever I visit."

This meant staff maintained people's dignity and privacy and supported them with respect. One person said, "Respect your privacy and dignity? Get that in abundance, love."

We saw staff members encourage people to complete tasks themselves to maintain their independence. For example supporting people to walk to maintain their mobility and encouraging them to eat themselves. Staff also described how they encouraged people to complete any personal care task they are able to do for themselves and don't do everything for them.

We noted the care files were stored in a cupboard in the kitchen area on each floor. There were also lists of people with some personal information, for example if a person has some challenging behaviour, on the inside of the cupboard doors for staff to reference. There was usually at least one staff member in the kitchen / lounge area at any one time. However the cupboards were not locked which meant that it was possible for people or visitors to access confidential care files or the lists on the cupboard doors if the staff member was called away to support someone. We recommend the home looks at a method to ensure the care files and any personal information held on lists are securely kept to maintain people's confidentiality. We saw all staff records and other management information was stored in lockable cupboards in the new manager's office. This meant these files were stored appropriately to maintain the confidentiality of the information they contained.

We found limited recording of people's wishes for the end of their lives and in the event of their death. We saw some conversations had been held with people and their relatives where appropriate. The new manager told us they were arranging end of life training for the staff team. A booklet about advanced care planning had been obtained through the local Clinical Commissioning Group (CCG). This was a booklet which recorded people's wishes about their care at the end of their lives. The new manager said they had offered to go through the booklets with families if they wanted to. This meant plans were in place to record people's end of life wishes and to provide additional training for staff. This should enable the home to provide the appropriate support that people want at the end of their lives.

Is the service responsive?

Our findings

We reviewed six care plans in detail and found they were written in a person centred way. We found they included details about people's needs and guidance for staff to follow in how to meet these needs. The care plans were split into clearly defined sections; for example health and well-being, food and nutrition and medicines, hygiene and personal appearance. One health professional told us, "The care plans are easy to navigate which helps me when I am reviewing the person's nutrition care plan."

The care plans contained detailed information about a person's diagnosed medical and mental health issues. This meant staff had an over view of each person's medical and mental health issues and how they may affect what they can do for themselves, their mood and behaviour.

Two thirds of the care plans had been reviewed and updated since the new manager had been appointed. Care plans were evaluated monthly and any changes in people's needs noted. A plan was in place to review and update the remaining care plans within the next two months. We saw the local authority had offered reviews of people's needs to everyone living at De Brook. These were ongoing at the time of our inspection.

During the inspection we were informed by a relative that their loved one should have their legs elevated due to issues with swollen legs. We looked at this person's care plan and noted this had not been recorded. We brought this to the attention of a staff member who said they would ensure the relevant senior carer was informed. This meant that people's relatives had not been involved in developing and checking the care plans so that all appropriate information was gathered about people's needs. We saw the new manager had asked relatives, at a recent relatives meeting, to become more involved in reading and developing their loved ones care files. We will check this has been implemented at our next inspection.

We saw that an assessment of people's needs was completed prior to people moving to the service. This was written with information from the person, their relatives and medical professionals where appropriate. Staff told us that the care plans were written and updated as they got to know the person. A relative confirmed that they provided information about their loved one before they moved to the home.

De Brook Lodge is a residential service; therefore if people's needs changed they may require a service that provides nursing care. If people's needs increase when they are living at the home referrals are made to the relevant health professionals; for example the dementia crisis team. If De Brook is not able to meet the changing needs of the person the person's social worker, family and medical professionals, for example district nurses, are involved in a re-assessment of the person's needs. Where applicable the home supports the person to move to another service by providing access to the person's care files. This should help people transition to a service that is able to meet their increased needs.

At the time of our inspection the home was in the process of recruiting a dedicated activities officer. Their role would be to arrange a programme of activities across the home, trips out and complete people's life history information when they move in. Currently the front of house manager arranged the trips, entertainers and other activities at the home. We saw these included regular singers and exercise sessions.

The service had developed a 'pop up' restaurant. Themed nights were held approximately every two months, where the staff became waiters and waitresses, people could book a table with friends or relatives and enjoy a restaurant experience. The chef provided a themed menu for the evening. We were told this was a very popular evening, with an Italian evening being held just before our inspection took place.

We were told, and saw, that the care staff members did not have time to arrange many activities during their shifts. One relative said, "More activities would be better." During our inspection the chef organised a pancake tossing competition on each floor as it was Shrove Tuesday. The appointment of a dedicated activities officer should increase the opportunities for people to engage in different activities; for example crafts and reminiscence sessions.

People told us they had a social committee who discussed where they would like to go on trips. These could be in the local area, for example to the shops, or longer day trips, for example to Blackpool lights. We also saw the home held events that involved the local community. At Christmas an open house lunch was held for local elderly people who may be lonely or isolated. One person told us, "It was so lovely to meet new people. The staff were so welcoming and did everything to make sure the guests had a good time. The meal was delicious and the atmosphere was very festive." Two other 'lunch for the lonely' events were held throughout the year. This meant the home engaged with their local community and the people living at the service enjoyed meeting different people.

We saw residents meetings were held every three months to enable people to make suggestions and comment on their care and the home. A relatives meeting had also been arranged by the new manager, with the aim of meeting more relatives and explaining the plans for the home. Notes from the meeting showed the new manager had invited the relatives to be involved in developing their loved ones care files and provide additional information about people's life histories as appropriate.

We saw there was a formal complaints policy in place. All complaints received had been acted upon appropriately and in a timely manner. Notes of any investigations were kept as well as the response given to the complainant. People and relatives also told us they would speak directly to the staff or manager if they had an issue, rather than using the formal complaints procedure. One relative told us they had asked the staff to support their loved one to sit at the dining tables for their meals rather than eating in the lounge. We saw that staff were now doing this. This meant the staff team had responded to the verbal concern of the relative, thus avoiding the concern escalating any further.

Is the service well-led?

Our findings

The service had a new manager in place who was in the process of registering with the Care Quality Commission (CQC). A new Care Manager had started working at De Brook the week of our inspection. Their role was to support the new manager and complete the audits for the home and support the deputy managers and senior carers to complete any actions identified in the audits.

De Brook Lodge had had a series of temporary managers since the previous new manager left in November 2016. Concerns had been raised about the management of the home during this time and De Brook had agreed a voluntary embargo of new residents moving to the service with the local authority. Since the appointment of the new manager sufficient changes had been made for the embargo to be lifted.

At this inspection we found that the auditing and monitoring of the service had previously not been completed in a robust way. This meant that areas of concerns, for example medicine errors and a high level of falls were not being identified and actions then put in place to reduce the risks of a re-occurrence. The CQC had been notified of incidents where staff had not treated people with dignity and respect, resulting in disciplinary action being taken.

We saw the provider had completed quarterly audits during this time which identified shortfalls at the home. However we could not see what action had been taken to address these shortfalls until the new manager had been appointed.

The lack of robust audits and action to address the identified shortfalls was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with reference to 17 (2) (a) (b).

The new manager had been in post for six weeks at the time of our inspection. We saw a complete programme of audits and monitoring was now being undertaken. This included medicines, care plans, accidents and incidents, pressure area care, health and safety, infection control and people's weights. The new Care Manager was responsible for ensuring these were undertaken each month and any actions identified completed.

A new falls monitoring programme had been introduced. This automatically identified if a person had more than one fall in a month. This meant referrals to the falls team could be made in a timely manner. The system also identified if different people fell in the same area of the home. This meant the new manager could investigate the possible reason for this and if additional mobility aids, for example grab rails, were required in that area of the home or if furniture needed to be re-arranged to reduce the risks of further falls in that area. Staff members were able to add details of any falls directly onto the computer system themselves, including at night, so the information would be up to date and current.

We saw the pharmacy had completed their own audit of medicines and agreed a new re-ordering policy with the home with the aim of ensuring medicines were ordered and received on time and people did not run out of their prescribed medicines.

This meant the new manager had established a detailed auditing programme which was in its second month of operation. Any actions identified within the audits were recorded, delegated to a named staff member to complete and support was provided to ensure the action was completed. This should support the service to meet the requirements of Regulation 17. We will check on this at our next inspection.

All the staff we spoke with were very positive about the new manager and the changes they had introduced since starting work at De Brook. Staff said the high levels of staff sickness had been addressed and shifts were now being covered. One staff member told us, "Things have been put in place and we can see things changing", another said "Morale is better now and we are working better as a team" and "I now feel supported by the seniors and managers; it's a lot better". Further comments made included, "[new manager] is clear about what she expects and I can go to see her if I need to" and "[new manager] has asked for feedback and ideas from staff" and "Improvements to this home are already noticeable."

People and the relatives we spoke with knew the new manager. A staff meeting had been held, where the new manager had introduced themselves. Regular meetings were planned to be held every two months with separate meetings being held for different departments, for example the night staff or domestic staff so that issues more pertinent to the group could be discussed in detail.

Additional changes that the new manager had introduced included new food and fluid monitoring charts, new night time observation records, a single diary for the whole home to ensure actions weren't missed and care plans being re-written and reviewed. The new manager had worked with the local authority to offer all people living at De Brook at review of their needs and ensure all deprivation of Liberty Safeguards (DoLS) had been applied for where necessary.

This meant the new manager had plans in place that would meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will check that the plans have been implemented at our next inspection.

The provider had a series of surveys that they sent to relatives and staff. Results were collated centrally. However we did not see that these had been completed as planned.

Services providing regulated activities have a statutory duty to report certain incidents and accident to the Care Quality Commission (CQC). We checked the records at the service and found that all incidents had been recorded, investigated and reported appropriately.

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 There was a lack of clear 'as required' medicines guidelines and missed signatures for the administration of topical creams. Regulation 12 (1) with reference to (2) (g)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of robust audits and action plans to address any identified shortfalls. Regulation 17 (1) with reference to 17 (2) (a) (b).
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received the refresher training and supervision meetings to carry out their roles. Regulation 18 (2) (a)