Wellington Healthcare (Arden) Ltd

Brushwood

Inspection report

1 South Parade
Speke
Liverpool
L24 2SG

Date of inspection visit:
29 September 2021
04 October 2021
06 October 2021

Date of publication:
18 January 2022

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

About the service
Brushwood is a purpose-built care home which can support up to 60 people over three floors in separate units. One of the units specialises in caring for people who are living with dementia. At the time of the inspection 59 people were living at the home.

People's experience of using this service and what we found
Care records did not always contain the most relevant information or guidance that staff needed to follow, and people were exposed to unnecessary risk. Areas of risk were not robustly monitored, incidents and accidents were not analysed or reviewed.

Medication practices were not always safe. People were not always supported to receive their medications safely. PRN (as and when required medicines) protocols were not in place for all people living at the home.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Sufficient numbers of suitably qualified, competent, skilled or experienced staff were not always deployed across the home. People's risk assessments and needs did not always reflect in staffing numbers. We have made a recommendation regarding this.

Quality performance measures were not effectively in place, areas of risk were not always safely managed. Gaps in quality assurance and governance measures meant that the provision of care people received was sometimes compromised.

The environment was clean, tidy, well maintained and stocked with personal protective equipment (PPE). People told us they liked living at the home.

Following the first day of our inspection the registered manager ensured risks we escalated were mitigated and there was process in place to avoid them being repeated.

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

Rating at last inspection
This service was registered with us on 01/04/2021 and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about medication, infection control, and staffing. A decision was made for us to inspect and examine those risks.

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

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medications, consent and MCA, risk assessments, records and governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always Effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was Caring.

Details are in our Caring section below.

Is the service responsive?

Requires Improvement

The service as not always Responsive.

Details are in our Responsive section below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Brushwood

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection was carried out by three inspectors an inspection manager, a medicines inspector, a Specialist Nursing Advisor 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.

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

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

This inspection was unannounced.

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

and made the judgements in this report. We used the information we had about the service to formulate our 'planning tool' and plan our inspection.

During the inspection
During our inspection we spoke with three people who lived a the home, 10 relatives by telephone, 11 staff, the chef, domestic, area manager, registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 14 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. The provider and registered manager sent us evidence of how they had mitigated risk, and details of the action they would take going forward.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this service under the new provider. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People did not always have suitable risk assessments in place for staff to follow. Therefore, people were sometimes exposed to unnecessary risk.
- Care plans did not always contain relevant and consistent information, and areas of risk were not always assessed or mitigated. For example, two people who were at high risk of choking. One of these did not have choking risk assessments in place, and the other risk assessment lacked some detail of how to keep the person safe.
- One person was observed to require nursing intervention for a pressure ulcer, however the communication around this was not effectively managed so we could not be certain the care was safe or if they had received it.
- People had bedrails. There was no bedrails risk assessments in place for people we viewed so we were unsure how bedrails had been assessed as being the least restrictive or safest option for people, or if any wider risks, such as entrapment had been considered.
- Due to our concern for the safety of some people at the home, we fed this back straight away to the registered manager and provider. Immediate action was taken to mitigate risks. When we returned for day two and three of our inspection, more complex and robust risk assessments were in place for people.

The provider failed to ensure safe care and treatment was delivered; people were exposed to harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw on day two of our inspection people had digital bedrail risk assessments where needed. However, due to these being put in place quickly in response to our concerns, they lacked information and consultation.
- Relatives we spoke with told us they felt their family member was well taken care of and safe. One relative said, "Yes, they are 100% safe."
- Our observations over day one, two and three evidenced that people looked happy and were clean.
- Routine health and safety checks on the building took place, and the home was nicely decorated and well maintained.

Using medicines safely

- Medications were not always safely managed
- Records were not always completed to guide staff where to apply topical medicine patches safely. Also, to

guide staff where a topical cream should be applied.
● Medicines were not always available for staff to administer to people as they were out of stock, this was however due to some issues with the pharmacy, which staff were trying to sort out.
● There were missing signatures on Medicines Administration Records (MARs), making it unclear whether medicines had been given as prescribed.
● Codes recorded on the MAR charts did not always explain the reason why a medicine had not been given.
● Some people were not being given their medications appropriately. For example, we saw staff giving a medicine to a person to treat an infection. However, the medicines shelf life had expired, which the staff at the home were not made aware of. Another person with an eye condition required eye drops, which were not being given.
● PRN care plans were not always in place to guide staff as to when required medicine should be given. For example, one person was being given their 'as and when' required medication (PRN) everyday as part of their medication regime.
● We fed back our concerns during the first day of our inspection to the registered manager and provider who both took action to address these concerns. We received follow up information with assurances that PRN protocols were now in place, and people were receiving their medications as prescribed.

The provider failed to ensure safe medication practices were in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● Staff were not always appropriately deployed to provide safe numbers on each unit.
● Recruitment and selection processes were safe. However, we received and observed some mixed feedback with regards to staffing.
● Some of the staff we spoke with and most of the relatives we contacted by telephone told us staffing was a concern. One staff member told us staffing of a night was 'Horrendous.' One relative told us, "Lot's have left [staff], there aren't enough." Another relative explained to us, "Sometimes not enough staff. If they are short, they get agency staff and then they don't know Mum which isn't good."
● On day one of our inspection we shared our concerns regarding the staffing level on one of the units with the registered manager. We had observed the unit to be staffed with only one member of staff for a period of time. We also observed a least three people on the same unit requiring possible staff intervention in order to keep them and others safe.
● One person's care plan stated they required staff to 'have an awareness of where they were at all times.' However, from our observation and assessment of rotas this would not have been possible with the current staff numbers.

We recommend the provider refers to current guidance and takes action accordingly with regards to the deployment of staff within the home.

We have since received information to evidence more staffing has been applied for in order to keep people safe. We also acknowledge the impact staffing shortages have had on the home, and are assured the provider is doing all the can to recruit more staff.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse
● There were systems and processes in place to keep people safe from abuse. However, the systems where not always being used effectively, and we could not be assured lessons were being learned.
● There was a process in place to record incidents and accidents. However, accidents and incidents were not always recorded accurately.

● An incident and accident analysis was not in place on day one of our inspection. This meant the registered manager and provider did not always have oversight of these records and could not routinely analyse them for patterns and trends. Therefore, there were missed opportunities to mitigate risk.

This placed people at risk of harm and was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Requires Improvement

Is the service effective?

Our findings

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

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

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were not always being deprived of their liberty lawfully and in accordance with the principles of the MCA.
- Care records did not always contain the relevant level of information in relation to people's capacity to consent, or best interest decisions that had been agreed.
- For example, people had bedrails in place and there was no capacity assessment in place to ascertain if people were able to consent to this. Additionally, where people could not consent, there was no best interest process followed.
- There was a DoLS tracker in place. However, this had not been regularly updated with the correct information. This meant we could not be clear on who had a DoLS in place, and whether it was in their best interests.

The provider failed to ensure they were complying with the MCA (2005) principles. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We shared our concerns immediately with the registered manager and the provider.

● We saw on day two and three of our inspection the DoLS tracker had been updated to include more relevant information. We saw everyone who required a DoLS had one and was not being unlawfully deprived of their liberty.
● People's capacity had also been assessed. However, these assessments were not thorough. The registered manager assured us they would be re-visited when family were able to be involved.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People had been referred to other agencies when needed, however some gaps in the recording of information made it difficult to tell when this had happened.
● We also saw one person with a wound which was malodorous, and we could not find any evidence to support a referral to the tissue viability nurse (TVN) had been chased up by staff, despite the wound being infected. We asked for these referrals to take place immediately following our inspection and have since had reassurance this has taken place and had taken place previously.

Supporting people to eat and drink enough to maintain a balanced diet
● Nutrition and hydration support needs were assessed. However, it was not always clear from the records we reviewed if people received the required level of support.
● People's care records did not always contain relevant or up to date nutrition and hydration information and areas of risk were not always monitored. For example, clinical charts to establish nutrition and hydration risks were not always completed.
● People were not always supported to make decisions around their meal preferences. For example, one person was given soup numerous times, despite their initial background assessment saying they did not like soup. We fed this back to the registered manager at the time of our inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs and choices were not always assessed and delivered in line with standards, guidance and law. Most people's records we reviewed on day one of our inspection did not have full and complete care plans.
● Records viewed showed people did not always receive the level of care that should have been centred around their assessed needs, choices and decisions. However, our conversations with staff demonstrated they knew people well and understood how they liked to be supported.
● We have since been provided with updated care plans that have been re written or edited to include a much higher level of detail

Staff support: induction, training, skills and experience
● Staff had access to training and supervision. New staff were enrolled onto an induction programme as part of their training.
● All staff had completed training relevant to their role. This included dementia training and mental health training.
● Our conversations with staff demonstrated they were skilled and knew people well.
● The provider informed us they would be sourcing more training around record keeping for staff in the future.

Adapting service, design, decoration to meet people's needs
●The home was purpose built and nicely decorated and well maintained.
● There was directional signage in place to support people living with dementia, and the rooms were spacious which gave people enough room to walk around.

Good

Is the service caring?

Our findings

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

This is the first inspection for this service under the new provider. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care
● People were not always supported to express their views and be involved in decision making regarding their care.
● From the records reviewed, we could not be sure if people were involved in decisions about their care and support.
● Despite most staff having a good knowledge of the people they supported, there was minimal information recorded in care plans to evidence people had been involved in their care plans or assessments.
● When we discussed involvement with relatives, we received some mixed responses. Some relatives felt involved in their family members care while others did not. The impact of the pandemic made it difficult for people's families to be involved.

Respecting and promoting people's privacy, dignity and independence
● People's privacy and dignity was promoted and respected.
●People's personal information and their belongings were stored securely, and staff discussed examples of how they provided dignified care. However this was not always clearly recorded in care plans or daily logs.
● We observed staff were speaking to people kindly, knocking on doors, and asking them if they needed help throughout the duration of our inspection.

Ensuring people are well treated and supported; respecting equality and diversity
● All of the relatives we spoke with and our observations throughout the duration of our inspection showed that staff treated people with kindness and compassion.
● Relatives made the following comments, "They [staff] are wonderful, I can't praise them too highly" Another relative said "I have nothing but praise for them", also, "They are kind in the way they talk to him and about him", and "They treat him like an uncle. " Also, "They are lovely with Mum, she responds better to the staff than to me." One person told us the staff were 'Marvellous'.
● When we spoke with staff and asked them about the people they supported, they spoke with genuine warmth and empathy. One staff member said, "I find it a really nice home to work in. There is a nice atmosphere and morale; all the residents and families are friendly."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this service under the new provider.

This key question has been rated Requires Improvement. This meant people's needs were not always met.

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

- Care plans did not always contain person centred information and did not evidence a personalised approach to meeting people's needs.
- Care plans had improved throughout the duration of our inspection; However, we were initially concerned due to the lack of information about people who did not communicate verbally.
- On day two and three of our inspection the care plans had been amended to include more person-centred information, including what people like to eat, drink, and what activities they liked.

Meeting people's communication needs

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

- Staff were able to discuss how they supported people with the communication needs and preferences, and various documentation was available in different formats to support people's understanding.
- One staff member told us how they understood what different sounds a person makes when they are communicating something they wanted. Another staff member discussed flashcards they used to communicate with another person whose first language was not English.
- Other care plans, however did not always contain information around people's preferences for communication. For example, one person who did not communicate verbally, had no information recorded with regards to how to support them.

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

- There was a range of activities at the home and people had been supported to maintain contact with their relatives throughout the pandemic.
- People were engaging in activities which were relevant or meaningful to them, there was information and photographs displayed around the home of people engaging in activities.
- Some of the care plans we saw on day two contained more details regarding peoples likes and preferences for activities.

The registered manager has since updated us with a 'life history' book which was in place for most people at the home, and we have since been updated that everyone now has one.

Improving care quality in response to complaints or concerns

● Complaints were documented and responded to in line with policy and procedure.
● People told us they knew how to complain. One person said they had reported concerns and they had been 'dealt with properly' and issues were addressed.

End of life care and support
● End of life care and support preferences were documented in a way which was respectful and meaningful for people.
● Staff had completed training on end of life care and support.

Requires Improvement

Is the service well-led?

Our findings

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

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

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

- Some gaps in governance and quality assurance measures meant that people were exposed to unnecessary risk and avoidable harm. The provider was not always effectively assessing, monitoring and mitigating risks relating to the health and well-being of the people living at the home.
- Governance and monitoring systems did not always identify some of the issues we highlighted during day one of our inspection. For example, three people who were diet controlled diabetics required their food and fluid intake to be monitored. The food and fluid charts for these people were not always completed. Records showed days were missed, and meals were not recorded fully so it was not clear if they were being supported to follow the correct diet.
- Repositioning charts were in place for some people to help support their skin integrity. We found records contained gaps, and for one person who required turning every three hours, their records showed they had not had any positional changes for several hours.
- The quality and safety of care was not always effectively monitored. Although some areas of improvement were identified from a sample of the audits that we saw, action plans for addressing these issues had not been responded to in a timely manner. It was unclear if lessons learnt were acknowledged.

The provider failed to ensure there were effective governance and quality assurance measures in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider shared a new audit tool they had devised which appeared more robust and focused on lessons learned from previous inspections at other locations.
- While we acknowledge this has now been put into place, we were not assured that without our inspection taking place some of the concerns we identified on day one would have been picked up.
- There was a registered manager in post at the time of our inspection who was clearly working hard to address shortfalls, and they approached the inspection with honesty and transparency.

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

- We were not always assured that a positive, person-centred, inclusive approach to care was being achieved.
- Some areas of risk were not being monitored and health and well-being of people living at the home was

not routinely assessed. This had improved when we returned for day two of our inspection, and people had detailed risk assessments in place.
● Due to some of the records being inconsistent or missing we could not always be sure people's care plans were tailored to suit them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
●The registered manager and provider understood their role with regards to being open and transparent regarding issues at the service. They had clear plans in place following our inspection to address any concerns.
● We felt assured following our feedback the registered manager and provider would continue to make positive changes within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Most of the feedback from staff and relatives evidenced they felt engaged and well supported by the registered manager and provider. Some relatives had not spent time in the home due to the impact of the COVID-19 pandemic.
● One relative told us "There is a new manager who is really trying to improve things." Another relative we spoke with also said they had noticed improvement in the home since the new manager had taken over.

Working in partnership with others
● The home worked in partnership with other external agencies and professionals.
● People received care and support from external professionals such as speech and language therapists, dieticians, district nurses and local GP's. However this was not always accurately recorded.

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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to ensure principles of the Mental Capacity Act 2005 were suitable followed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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	The provider failed to ensure people were receiving safe care and treatment. Risks were not effectively mitigated, unsafe medicine practices were found

The enforcement action we took:

We have issues a warning notice

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	The provider failed to ensure there were effective quality assurance measures in place. There was a lack of oversight, lack of leadership and ineffective systems and processes to monitor and assess the provision of care being delivered.

The enforcement action we took:

Warning notice has been issued.