

Brookview Nursing Home Limited

# Brookview Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Brookview Nursing Home is a residential care home, registered to provide personal and nursing care for up to 60 older adults. There were 27 people accommodated at this inspection. The home is set over two floors and has two large communal spaces with an additional small room used as a library.

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

The registered manager had made improvements to the auditing and quality checks on the home. This had ensured that any actions identified were addressed swiftly or reviewed through an agreed process. A weekly clinical document was completed to provide the manager with up to date information on each person using the service. Any additional support or guidance was put in place to ensure people's health and social care needs were being addressed.

There was enough staff to support people and they had been trained in current and ongoing areas to support their role. When staff were recruited the required checks had been completed.

People felt supported by kind and caring staff who had information to enable them to share their daily needs or life history. The care plans had been completed, however the provider told us they were making developments in this area to make these more person-centred. There was a choice of meals and specialist diets were catered for.

Medicines were managed safely. Some recording issues were noted, and these were addressed immediately. We saw that measures had been taken to prevent the spread of infection. Policies were in place and shared with staff, which directed the required safety measures and the use of personal protective equipment.

People were supported to be safe and any risks had been assessed and where possible mitigated. Staff understood how to keep people safe and any safeguards raised had been investigated and actions completed.

There was an open culture at the home and any required reporting had been completed. This ensured we could monitor the home.

The provider and registered manager worked in partnership with a range of health and social care professionals. This ensured they could support people's individual needs or follow the latest guidance.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was Requires Improvement (published 19 December 2019)

### Why we inspected

We carried out an unannounced focused inspection of this service on 30 November 2020 to review the key questions of safe and well-led only. 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 coronavirus and other infection outbreaks effectively.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service remains Requires Improvement, however the safe and well-led areas have improved to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brookview Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Brookview Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

Two inspectors carried out this inspection.

#### Service and service type

Brookview Care Home 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.

#### Notice of inspection

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 reviewed information sent to us and spoke with one social care professional and reviewed information from health care professionals who had links with this service. We

used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, the deputy, one nurse, two care staff, head of house cleaning and kitchen. We also made some telephone calls to three care staff after the inspection and three relatives. We reviewed a range of records including records relating to the management of infection control, three staff recruitment files, care records and records relating to the management of the service.

#### After the inspection

The provider sent us information regarding audits of the service and policies. We held a virtual feedback call with the provider and registered manager where they shared with us the immediate changes, they had made to the areas we identified required improvement.

# Is the service safe?

## Our findings

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

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

Assessing risk, safety monitoring and management,

- At our last inspection we identified some concerns in relation to risk being managed. At this inspection we found that risks had been assessed and measures put in place to reduce the risks.
- People were protected from the risk of sore skin and when required, received regular support in repositioning. Health care professionals were consulted to ensure the require treatment for their skin was provided.
- Where people were at risk of falls an individual plan had been completed and equipment, like pressure mats were used to alert staff to respond quickly. One relative told us, "They are cared for and the staff ensure they are safe which means I can sleep at night."
- Other risks in relation to diet and nutrition had been referred to a speech and language specialist and any advice and guidance was included in the care plan and shared with the catering and care staff. Relatives we spoke with relayed compliments about the food and the choices people had.
- People had an evacuation plan which detailed the measures to take to support a person should there be an emergency, for example a fire.

Using medicines safely

- At our last inspection we identified that individual protocols for as required medicine had not been completed. At this inspection we found these were in place and provided staff with the required guidance needed.
- We found some items in the fridge had not been dated on opening and some temperature checks had not been completed daily. These were addressed immediately.
- People received their medicines in line with their prescription. The provider had changed pharmacy supplier and a new relationship was being developed to ensure understanding of the home's requirements.
- Staff had received the required training and ongoing checks had been completed to ensure competence and consistency.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- At our last inspection staff had not always received the required training in safeguarding or showed a clear understanding. At this inspection we found this area had improved with staff having detailed knowledge.
- Safeguarding's had been raised by the home and other professionals. In all cases these had been investigated and any learning actions had been addressed.
- The registered manager had shared these actions with the senior team, however care staff did not always feel informed following a safeguard, the registered manager agreed to add this as a standing item to the staff meetings and ensure the information was shared.

- Lessons had been learnt following safeguards with the use of additional risk assessments and more training in some areas.

#### Staffing and recruitment

- There were sufficient staff to support the current number of people using the service.
- When required the registered manager used agency staff. These were block booked to ensure regular staff were used. This provided consistency for the people and reduced the risk of transference of COVID 19.
- Pre-employment checks were completed for new staff. These included receipt of satisfactory references and criminal record checks.
- All nurses were checked to ensure they had an updated nursing registration and any revalidations were supported in a timely manner.

#### 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.
- During the inspection we identified some minor areas which could be improved, these were addressed immediately to reduce the risks of spreading the infection.



# Is the service well-led?

## Our findings

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

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

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

- At our last inspection the provider had not always completed regular audits or maintained the quality and improvements required. At this inspection we found improvements had been made.
- The registered manager completed monthly audits in all areas of the home. Any areas noted to require action had an action plan to ensure they were addressed.
- Following our concerns raised at this inspection, in relation to medicines, the registered manager has introduced a weekly check to monitor and ensure quality standards were followed.
- A weekly clinical report was completed, this reflected aspects of care people received and any additional support that maybe needed. For example, a referral to a health care specialist or some additional support provided by staff in relation to nutrition. This meant people's needs were consistently monitored.
- The provider and registered managers within the providers organisation were reviewing the care plan format as the current model was not always easy to navigate or reflected a person-centred approach. We will review the improvements to this area at our next inspection.

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

- Staff showed a real interest in the people they cared for and knew about their life or family so could relate to this area of their life.
- Relatives we spoke with complimented the staff on their kindness and how they had managed during COVID 19.
- Staff we spoke with felt they received information in a timely way to support their role.
- We saw handover notes and daily meetings which directed staff to the needs of people. For example, if a person required additional support or if they had a visitor attending.
- All the interactions we observed were positive and reflected staff who cared about the person and the support they required.

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 had an open approach when managing any concerns, complaints or investigations.
- The provider had notified us of significant incidents as required and updated these when required if

events already notified had changed. This meant we could continue to monitor the service.

- The provider and registered manager had worked with both the local authority and the local health service throughout COVID 19 to ensure statistic and information was shared.

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

- Information was shared with relatives and people using the home. The home had a Facebook page which was used to share photographs and events which happened in the home. One relative said, "It was reassuring to see [name] on the Facebook page, it helps me to feel connected."
- The care plans reflected people's needs and some relatives had been consulted. The registered manager told us they were planning to develop these further to include more personal aspects.
- Relatives were pleased to be able to use the visitor's 'pod' which had been developed. There was a booking system and all the required safety measures in place. One relative told us how they had been able to visit their relative as it was a milestone birthday and how special that moment has been for them.

Working in partnership with others

- The provider had regular weekly meetings with managers from other homes owned by the provider. The registered manager told us this support helped them to share information and ideas which in turn developed the service.
- The registered manager and staff team had worked with local health care providers using technology to facilitate video calls when people used care or treatment. This meant peoples still received the care they required, however reduced the risk of the infection by minimising the number of visitors to the home.