London & West Investments Limited

Brooklands Nursing & Residential Home

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

Overall summary

Brooklands Nursing & Residential Home is registered to provide accommodation, nursing care and personal care for up to 70 older people. The home is on three floors, the upper floor provides care and support specifically to people living with dementia. There are various communal areas for people to sit and meet with relatives. There were 63 people living at the home at the time of our inspection.

This unannounced inspection took place on 14 May 2015. At a previous inspection on 31 July 2013 we found the provider was not meeting all the regulations that we looked at. We found concerns in relation to care and welfare of people. The provider sent us an action plan detailing when the improvements would be made by. At a further inspection in December 2013 we found that improvements had been made.

Summary of findings

At the time of this inspection the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

Staff treated people in a way that people preferred. Staffing levels were not adequate to the needs of people who used the service to ensure they received care and support when they needed it.

Medicines were not always managed safely and some of the records were not accurate so it was unclear whether medicines had been administered.

Ineffective quality assurance systems were in place to monitor the service and some audits did not pick up any trends and identify any learning from incidents.

Staff respected people's privacy and dignity and asked for their consent before providing personal care.

People were offered a limited variety of hobbies and interests to take part in and people were able to change their minds if they did not wish to take part in these.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

There were not sufficient numbers of staff to meet peoples care and support needs.

Medicines were not safely managed.

Staff were aware of the actions to take to reduce the risks of harm to people living in the home.

Requires improvement

Is the service effective?
The service was not always effective.

Not all staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's health and nutritional needs were effectively met.

Requires improvement

Is the service caring?
The service was caring.

Staff respected people's privacy and dignity.

Staff were knowledgeable about people's needs and preferences.

Staff supported people in a caring and respectful way.

Good

Is the service responsive?
The service was not always responsive.

Care records did not always provide sufficient information to ensure that people's needs were consistently met.

Most people could be confident that their concerns or complaints would be effectively and fully investigated.

Requires improvement

Is the service well-led?
The service was not always well led

The systems in place to monitor the quality of the service were not always effective.

Most people felt the management team were approachable and sought the views of people who used the service, their relatives and staff.

Requires improvement

Brooklands Nursing & Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

The inspection took place on 14 May 2015 and was unannounced. It was undertaken by three inspectors.

Before our inspection we looked at all the information we held about the home. This included information from notifications. Notifications are information about important events that the provider is required by law to inform us of. We also looked at the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and any improvements that they plan to make. We also made contact with a local authority contract monitoring officer.

Due to the complex communication needs of some of the people living at the care home, we carried out a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us.

We observed how the staff interacted with people and how they were supported during their lunch. We spoke with 10 people who used the service and five visiting family members. We also spoke with the registered manager, deputy manager, area manager, a nurse, four care staff and two housekeeping staff.

We also looked at four people's care records, staff training and recruitment records, and records relating to the management of the service including audits and policies.

Requires improvement

Is the service safe?

Our findings

Some of the arrangements for managing medicines were not reliable. We saw that there was a sufficient supply of medicines and that they were stored securely. However, a record of the dates when some medications had been opened had not been maintained, staff were unable to provide the date of opening although they did say it was possible they could have been opened in the last two weeks. This meant that we were unable to tell if these medicines had reached their expired by date. Although staff had received training in how to correctly administer medicines, we noted that they had not always managed medicines in a safe way. We were unable to reconcile medicines that were given as required as a system was not in place detailing the amount of medication held in the home. Medication for disposal was recorded but it was unclear from the recording book in the medication room when this had been collected and what was still now held in the home. Staff were unable to state when they had last been collected.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not feel that there were always enough staff working in the home. One person said: "There are things I would like help with, like dressing but I don't like to ask the staff as they are always very busy and they help when they can". Another person said: "Staff here are very good, but they are always so busy. They never have time for a chat". One relative told us: "There isn't enough of them (staff)." We asked two members of care staff if they felt there were enough staff on duty to enable them to provide people with the level of care people required. Both members of staff said they were always busy and that seven out of 15 people on the top floor needed two members of staff to support them with their care and support needs.

In the morning throughout the home we found the atmosphere was not as relaxed as it was in the afternoon and that the staff were rushed and busy. We observed two members of staff supporting one person. This left one member of staff available to provide support to the other 14 people. This meant that people were frequently left without sufficient staff to support them. We observed that at people were left for periods of up to 25 minutes without staff being available to provide them with any support if required. Some people reported not wanting to ask for help as the staff were too busy. One person said: "I have used the bell and a member of staff came and told me that they would come back as they were busy, but I had to call again and this time they came". When we spoke to the manager about the staffing levels she said those staff on duty were the planned numbers although they were going to look at people's dependency and look at relocating people within the home as their dependency had increased.

This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said that they felt safe living in the service. Most relatives were reassured that their family members were safe in the service. One of them said, "I don't have any concerns at all. I know that [family member] is safe here and I can leave here after a visit without any qualms."

People were provided with information about protecting people from harm or potential harm. This information was displayed in the home so that it could easily be accessed by everyone. Staff we spoke with had received training in protecting people from harm and had an awareness of how to recognise abuse and who they would report it to. We saw that there was information available which provided staff with contact details of the local authority's safeguarding team. There had been three recent safeguarding incidents which had been reported correctly. The senior nurse we spoke with was clear of her responsibilities in regards to informing CQC and the local authority should any incidents occur. This meant that people were protected from harm or potential harm as much as possible.

One member of staff we spoke with told us about their recruitment. They stated that various checks had been carried out prior to them commencing their employment. Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment. This ensured that only staff suitable to work with people were employed.

Requires improvement

Is the service effective?

Our findings

The registered manager was knowledgeable about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLS). We saw that a number of applications had been sent through to the local authority by the manager. This showed that the procedures in place to protect the rights of people who were not able to make or to communicate their own decisions were being followed by the registered manager. We noted that the registered manager had sought advice from the local authority to ensure that the service did not place unlawful restrictions on people who lived there.

Staff had received training in the MCA and DoLS. However, they did not show when we spoke with them an awareness or understanding as to how to put this in to practice and what it meant for people who were unable to make decisions for themselves. Care records did not show that the principles of the law were being used and that they had been used when assessing people's ability to make particular decisions. For example, one person had been identified as requiring extra help to make important decisions about their care due to them living with dementia. We saw that no best interest meetings had taken place to ensure that action was taken and that decisions were made in the person's best interests.

We saw that people had enough to eat and drink and they told us that the food was good. There was a choice of hot meals and a selection of vegetables. One person said: "I always have enough food to eat. It's excellent". Another person who we spoke with confirmed that they had enough to eat and drink and they liked the range and choice of menu options. We spoke with the cook who was very knowledgeable about people's dietary requirements and told us that the care staff kept them updated with any changes in people's dietary needs.

We observed the lunch time in the three dining rooms. We saw that where people needed support to eat their food, they were assisted by staff in a kind and unhurried way. People were offered a choice of what they would like to eat in a way that they could understand. E.g. by being shown two different meals. People could dine in their bedroom if they preferred. We saw that when necessary people received individual assistance from staff to eat their meal in comfort and that their dignity was maintained. However, we saw that two people who required assistance had to wait up to 30 minutes until a member of staff was available to provide support for them to eat their meal. This included people being assisted by staff to use cutlery and having their food softened so it was easier for them to swallow.

Throughout the visit we saw that staff encouraged and supported people to take fluids. It was particularly noticeable that the people who chose to stay in their bedroom had a drink nearby. Where required, drinks had been fortified with dietary supplements appropriately. Soft diets were attractively presented so that each individual component was identifiable. We saw that staff documented the fluid intake of those people at risk of dehydration. People were weighed regularly and we saw that any significant loss or gain in a person's weight was correctly acted upon and referred to a dietician or /nutritionist who provided advice that staff followed.

We saw that when necessary staff had arranged for people to promptly receive health care services, including seeing their doctor. Some people had complex needs and required support from specialist health services. Care records showed that these people had received support from a range of specialist services including; dieticians, speech and language therapists and occupational therapists.

All staff we spoke with told us they had received supervision, felt well trained and were supported to effectively carry out their role with the exception of MCA and DoLS. Staff told us and the training records we reviewed showed that staff had received training in a number of topics including fire awareness, infection control and food safety, moving and handling and safeguarding people. Staff told us that they had received a good induction when they started which included up to two weeks shadowing an experienced member of staff who knew the people in the home well. This helped them get to know people's needs and routines.

Good

Is the service caring?

Our findings

People were happy with the care provided and told us that they received a good standard of care. One person said: “the staff are very careful, they explain everything to me” and another said: “The girls [staff] are so kind and they are all very helpful and come when I ask them”. Positive comments were received from visitors and included: “The care staff are always helpful”. Another visitor said: “The care staff make you feel very welcome when you are visiting and are always polite and caring”. We saw that staff showed patience and gave encouragement when supporting people. For example when assisting a person to walk they gave them instructions about how to use their frame correctly and walked alongside them at their pace.

There was a welcoming atmosphere within the home which was reflected in the comments we received from people, their relatives, staff and visiting healthcare professionals. Relatives said that they were able to visit whenever they wanted to. One relative said: “There are no restrictions on when we can visit. I can come anytime”.

Staff treated people with respect and referred to them by their preferred names, which had been documented in their care records. We observed that the relationships between people who lived at the home and staff were positive. One person said: “The girls [staff] are great and we have a good laugh”. We saw that staff supported people in a patient and encouraging manner around the home. We observed members of staff showing patience by encouraging and reminding people where they were to go. We observed one member of staff walked with a person at their own pace and reminded them where they were going. We saw another member of staff walking with a person and answered their questions in a reassuring manner

Staff assisted people to eat their lunch at their own pace which allowed them time to enjoy their food. As staff served people their meals they reminded them what they had ordered and asked if they would like anything else. We saw that staff sat with people and chatted with them whilst they ate their food. People were asked throughout the meal if they had had enough to eat and if they would like anything else.

We saw that members of staff, knocked on people’s bedroom doors before entering and ensured the door was shut whilst they assisted them with personal care. Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe what people liked to eat and music they liked to listen to and we saw that people had their wishes respected. One relative said: “The staff are wonderful; nothing is too much trouble, they are always happy to help”. Staff gave people the time to express their wishes and respected the decisions they made. For example, one person described how each morning staff assisted them to follow their chosen routine by having a cup of tea in their bedroom before getting out of bed. We saw another person being assisted by a member of staff to change the channel on their television.

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, we were told that by the registered manager there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Requires improvement

Is the service responsive?

Our findings

Relatives told us that staff had kept them informed about their relatives' care. One relative said they had been involved in their relative's care. They said: "I am very involved in [family members] care and the staff keep me informed if there are any changes". They also felt that their relative received 'person centred' care and that they were consulted about how they wished their care to be provided.

We looked at four care plans. The registered manager told us that since January 2015 all records were in the process of being put into a computerised system. However, we found it difficult to understand which of the care records were currently up to date as they were recorded differently between the computer records and paper based documents in two of the four people's records we looked at. They contained specific documents, to be maintained by staff, to detail care tasks such as personal care having been undertaken. Where people were deemed to be at risk of poor skin integrity, weight loss and dehydration we saw that not all the information was detailed. Guidelines regarding how staff were to monitor and respond to these risks were not in place. We found that the information for one person stated that they had 'minor problems with chewing and swallowing' but no details were recorded regarding how this was to be managed. We saw that there were insufficient guidelines in place for staff regarding how to support a person who exhibited behaviours that challenged others. Staff told us that having two sets of records was difficult and it was hard to remember which were on the computer, which was still in paper format and which was the most up to date information. This meant that there was a risk of incomplete personalised care and support records for people and staff not having the information to fully support people in a consistent way. Staff were able to tell us about people's basic care needs and how they ensured that these were met.

People said that staff responded to their individual needs for assistance although they sometimes had to wait as staff were extremely busy. We noted that people were calling out for assistance but staff were too busy to respond to people in a timely way. Our observations on the top floor also showed us that people had to wait for their care needs to be met. One person said: "The staff know what support I need but they always ask before helping me". People said that they would be happy to tell staff how they would like their care to be provided. One person said: "Staff are very helpful and always do what I ask". Some people said that staff occasionally chatted with them as they provided care, this process did not extend to actively consulting with them about all of the assistance they received.

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs, and they provided care in a way people preferred. One member of staff explained to us how they always encouraged people to choose the clothes they wished to wear.

The registered manager told us how people and their families would be encouraged to visit the home before they moved in. This would give them an idea of what it would be like to live at the home and see if their needs could be met. This included the assessment of what level of support people required with their personal care, their mobility and any assistance they may need with eating and drinking.

We observed people having their lunch and noted that the meal time was a relaxed and social event and people were encouraged to come together to eat. However, people could dine in the privacy of their own bedroom if they wished to do. We noted that people were provided with adapted cutlery to help them be as independent as possible.

People said that they were provided with a choice of meals that reflected their preferences. We noted how people were offered an alternative meal if they did not want what they had chosen or what was on the menu for the day. People were offered a choice of a cold drinks or hot drink after their meal.

We observed that people were involved in a variety of activities. These included listening to music, reading their newspapers and playing a game of dominoes with a relative who was a regular visitor to the home. Relatives and visitors were in the home during the morning and afternoon period. Overall, we saw that people were happy with lots of smiles and laughter and were enjoying what they had chosen to do. People told us that there were always things to do and you could choose to join in or not. On the dementia unit there were a variety of resources available for people to use for example craft items, reminiscence books, doll therapy and board games.

Requires improvement

Is the service responsive?

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had brought in their own furniture, which included a favourite chair and that rooms were personalised with pictures, photos and paintings.

Most people we spoke with told us they would be confident speaking to the manager or a member of staff if they had any complaints or concerns about the care provided. One person said, “I have no problem speaking up if I have any concerns. Another person said, “Oh yes I would talk to any one of the carers.” A relative said, “I would let them know if we were unhappy, but I have no complaints about the care and support [family member] receives.”

The home had a complaints procedure which was available in the main reception. There had been 11 complaints received in the last 12 months. We saw that with the exception of one that was still on going, these had been investigated and responded to satisfactorily in line with the provider’s policy. This showed us that the service responded to complaints as a way of improving the service it provided.

Requires improvement

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection. Most people said that they knew who the registered manager was and that they found them helpful and able to speak with them if they needed to. One relative said: "I am on good terms with the manager she is helpful and is very approachable whenever I visit". Another relative said: "they look after [family member] very well and their needs are met very well". However, one relative felt that they were unable to approach the manager and that made it difficult to discuss any issues they may have regarding their family member living at the home.

There were quality assurance systems in place that monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such as infection control and cleaning, and health and safety. However, we saw that records did not detail if actions required as a result of the audits had been undertaken. Medication audits in place had not identified the issues that we had found. The registered manager had not identified that staff had not got a clear understanding of MCA and DoLS.

Records showed that when accidents or near misses had occurred they had not been analysed and steps had not been taken to help prevent them from happening again. For example, when a person had fallen and suffered a head injury, there was no record that the person had been monitored for any changes in their wellbeing. In addition, the provider had no specific falls guidance for staff to follow. This put the person at risk of unsafe or inappropriate care. We saw that although falls had been recorded there was no analysis or trends looked at to minimise the risk of reoccurrence. There was no falls policy in place or guidance for staff to follow in the event of a person having a fall which may have resulted in a head injury. This put people at an increased risk where effective action had not been identified or put in place.

There were clear management arrangements in the service so that staff knew who to escalate concerns to. The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff.

The registered manager had an understanding of what was happening in the home, which staff were on duty and if there were any appointments taking place on the day. This level of knowledge helped them to effectively manage the service and provide leadership for staff.

Staff told us that they felt supported by the registered manager. One staff member said: "[The registered manager] monitors our cleaning and holds a meeting monthly to discuss any housekeeping issues". Another said, "I love working here and we work well as a team".

One member of staff said: "I have never had to raise anything, but I would have no hesitation in raising a concern if I thought something wasn't right." Staff were able to tell us which external bodies they would escalate their concerns to. For example, by whistle-blowing.

People were given the opportunity to influence the service they received through residents' meetings and an annual survey to gather their views and concerns. People told us they felt they were kept informed of important information about the home and had a chance to express their views.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training to make arrangements to provide refresher training as necessary.

We observed people who used the service and staff who worked together to create a relaxed and welcoming atmosphere. There was a friendly discussion between staff and people who used the service, who spoke openly and warmly to each other. We saw staff supporting each other and working well as a team. We saw there were greeting cards around the service with messages of thanks from relatives of people who used the service. The comments were complimentary regarding the care people had received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 Recording of medicines was not effective and did not give a clear audit trail as to what medication had been given or what was still held on the premises. Regulation 12 (2) (g)

Regulated activity	Regulation
	Regulation 18 HSCA (RA) Regulations 2014 Staffing People were not receiving care and support as there was insufficient staff to meet people's needs. Regulation 18 (1)