

## Farrington Care Homes Limited

# Brookside House Care 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?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

This inspection took place on 3 and 4 November 2014. Accommodation for up to 22 people is provided in the home over two floors. The service is designed to meet the needs of older people.

There is a registered manager and she was available throughout the inspection. 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.

People and their relatives told us they felt safe in the home. Systems were in place for staff to identify and manage risks. People told us that sufficient staff were on

# Summary of findings

duty. However, people did not always receive safe care and staff were not recruited safely. The premises were not safely managed and staff did not follow safe medicines management and infection control procedures.

People told us that their choices were respected by staff and they were happy with the food provided at the home. However, we observed that staff were not always careful to ensure that people were aware of the care they were about to receive or consented to it. We also saw that people were not always well supported at mealtimes. A person told us they could see the GP when they needed to, however we found that the home did not consistently involve outside professionals in people's care as appropriate. People told us that staff knew what they were doing and we saw that staff received appropriate induction, supervision and training.

A relative told us that staff were kind and treated their relative with dignity and respect. However we saw that staff did not always respond promptly to people's distress and discomfort and did not always respect people's dignity.

People did not always receive responsive care that met their needs. Information was available to support staff to

meet people's personalised needs and people told us they were supported to follow hobbies or interests they enjoyed. People also told us they knew who to complain to if they needed to and we saw that complaints had been handled appropriately by the home though more accessible information regarding making a complaint was required.

People and their relatives could raise issues at meetings, by completing questionnaires or raising them directly with staff and we saw that the registered manager responded appropriately to them. There were systems in place to monitor and improve the quality of the service provided, however, these were limited and were not always effective. The provider had not identified the concerns that we found during this inspection. However, staff told us they would be confident raising any concerns with the management and that the registered manager would take action.

We found a number of 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 this 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.

People were not supported safely at all times. The premises were not safe and staff were not recruited by safe recruitment procedures. Safe medicines management and infection control procedures were not followed.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding adults procedures. Assessments were undertaken of risks to people who used the service and staff and written plans were generally in place to manage these risks. There were appropriate staffing levels to meet the needs of people who used the service.

Requires Improvement



### Is the service effective?

The service was not always effective.

People were not consistently well supported to eat and drink. Staff did not always ensure that people were consenting to their care and did not consistently involve other healthcare professionals if they had concerns about a person's health.

Staff generally had the skills and knowledge to meet people's needs. Staff received induction, supervision and training to ensure they had up to date information to undertake their roles and responsibilities.

Requires Improvement



### Is the service caring?

The service was not always caring.

We saw that while staff were generally compassionate and kind they did not consistently take prompt action to relieve people's distress or discomfort. Staff did not always respect people's dignity.

People were involved in making decisions about their care and the support they received and we saw people's privacy was respected.

Requires Improvement



### Is the service responsive?

The service was not always responsive.

People did not consistently receive care that was responsive to their needs.

Care plans were in place outlining people's care and support needs and contained sufficient information to provide a personalised service. People were supported to maintain hobbies and interests.

People were listened to if they had complaints and appropriate responses were given. However, information regarding complaints required improvement.

Requires Improvement



# Summary of findings

## Is the service well-led?

The service was not always well-led.

Audits carried out by the provider and registered manager were limited and had not identified all the shortcomings found during this inspection.

The registered manager was considered to be approachable by staff. Staff were confident they could challenge and report poor practice and felt this would be taken seriously.

**Requires Improvement**



# Brookside House Care 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 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 3 and 4 November 2014 and was unannounced.

The inspection team consisted of a lead inspector 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.

Before our inspection, we reviewed the information we held about the home, including the notifications we had received about incidents. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and health and social care professionals in regular contact with the home to obtain their views about the care provided in the home.

During the inspection we spoke with 10 people who used the service, two relatives, four care staff, the deputy manager and the registered manager. We looked at the relevant parts of the care records of six people, the staff records of four care staff and other records relating to the management of the home. 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.

# Is the service safe?

## Our findings

We observed that people were not always supported safely when being transferred by staff. We saw that staff had not put the brakes on a person's wheelchair before attempting to transfer them using the hoist which put them at risk of injury. A hoist is a piece of equipment that staff use to move people safely. We observed that one staff member lifted a person under their arms which put the person at risk of injury. We also observed a staff member pull someone's neck forward while standing in front of them rather than moving it gently from behind so that they could put a cushion behind their head. We raised these issues with the registered manager who told us they would address them immediately. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that the premises and the equipment were well maintained. We saw that the premises and equipment were not always maintained as regularly as required. Environmental risk assessments, fire safety records and most maintenance certificates were in place for the premises and equipment. However, we saw that hoists were only being maintained once a year instead of twice a year as required. There was also no evidence of periodic inspection of the electrical system having taken place. This meant that premises and equipment were not being well managed to keep people safe.

On both days of the inspection the front door bell wasn't working. On the first day of the inspection we were able to walk into the home unobserved by staff through a side entrance. On the second day, the front door was unlocked and we were able to walk through a corridor unobserved by staff. This corridor contained two people's bedrooms. This meant that the premises were not being well managed to keep people and their belongings safe.

We saw that the two upstairs bathrooms did not have any signs or writing on them to indicate they were bathrooms and we saw that one of the bathroom doors did not shut properly and a person could be seen using the bathroom. In another bathroom upstairs the emergency call was not working which meant that people using this bathroom, which was not easily observed by staff, would not have a safe way of calling for help in the event of an emergency.

These were breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that the recruitment process was fine. However, we found that recruitment and selection processes were not safe. Two recruitment files did not include references, contained incomplete application forms and no interview notes. An initial check carried out by the provider for one of the staff stated that the provider should contact the prospective member of staff to get a copy of their criminal records check as an offence was recorded. The home had not taken this action and this staff member had started work. We raised this with the registered manager and they told us shortly after the inspection that they had obtained a copy of the CRB check, completed a risk assessment and were happy that it was appropriate for the staff member to continue working at the home. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A relative told us their family member was receiving their medicines. Another relative told us that staff administered medicines safely. A staff member could explain how they would administer medicines and told us that their competency was assessed by management. However, we observed that a staff member gave a person their medicine but did not check that they had taken it. We saw that the person took the medicine out of their mouth and put it under their plate. Other staff saw the discarded medicine during and after lunchtime but when we checked the medicine administration charts the medicine was signed as taken by the person. We also saw that another person's chart did not include space to record that they had received their painkillers on the day of the inspection so staff had given them the medicine but not recorded that they had done this. We saw that medicines were stored safely and staff had received training. We were told that the home carried out an informal monthly medication audit but that it wasn't formally documented. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service safe?

We observed a staff member using their fingers to put medicines directly in a person's mouth without wearing gloves or washing their hands. This was not a safe practice and put the person at risk of infection. We checked four bedrooms and we saw that there were some cleanliness issues in two of the rooms. These included chairs and commodes that needed cleaning and continence pads that were not stored correctly. The medicines room did not have a bin so a bin bag was hung around the sink's taps and the sink required cleaning. In a bathroom upstairs, the toilet seat was not clean, a commode was stained with faeces, clinical waste had been put in a domestic waste bin and razor blades were uncovered and in the cupboard. Staff could explain their infection control responsibilities, however, both staff told us that they would sluice soiled bedding before putting it into the washing machine. This was not safe infection control practice. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A person said, "I like it here and it is safe." Another person said, "There are no nasty staff here." A relative told us that their relative was safe. Staff told us that people were safe and were able to tell us how they would respond to allegations or incidents of abuse. We saw that a safeguarding policy and procedure was in place. Staff told us they had received training in safeguarding adults and records confirmed this. We saw that safeguarding information was displayed on noticeboards so that people who used the service and their relatives could contact the local authority safeguarding team if they had any concerns.

Risk assessments were mostly in place and guidance was available to enable staff to manage most risks. However, we saw that a risk assessment was not in place for one person who staff had put bedrails in place for. This meant that there was a greater risk that staff had not considered all of the risks of using bedrails for this person. We also saw that guidance was not in place for staff regarding one person's risk of falls and another person's risk of behaviours that challenge people around them. However, when asked, staff were aware of how to support these people to minimise these risks. We also saw that equipment was used to reduce identified risks such as pressure-relieving mattresses and cushions.

A person told us that there had been a fire drill at the home recently. People had individualised evacuation plans in case of emergency. The home also had documented arrangements in place in the case of emergency.

A person said, "We press the call bell and staff come to attend us with in a short time and even at night they answer promptly." A relative told us that staffing was, "Adequate." A health care professional told us that staff were always available when they visited the home. We observed that staff were easily accessible throughout the day. Staff told us that there were enough staff on duty. The registered manager told us that they asked staff and people who used the service their views on staffing levels to ensure that sufficient staff were on duty to meet people's needs. They told us that the provider would support them to increase staffing levels if they needed to. They told us staff sickness was covered by regular staff. This meant that there were sufficient staff to keep people safe and meet their needs.

# Is the service effective?

## Our findings

A person said, “Staff do not force us to do anything.” However, at lunchtime, we observed that a person put their hand in front of their mouth while they were being supported to eat by a staff member. The person appeared to be indicating to the carer supporting them that they didn’t want the next spoonful of food, but the carer pushed the person’s hand away in order to put more food in their mouth. This person had been assessed as at risk of choking. We also observed a staff member pull a person backwards from the table in their wheelchair without warning and staff did not explain to people what they were doing when transferring them using the hoist. This meant that staff did not consistently ensure that they were providing care and treatment for people with their consent.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. The service was following the MCA and making sure that the people who may lack mental capacity in some areas were protected. Appropriate assessments were contained in the care plans. Staff had received MCA and DoLS training and both staff showed an understanding of the MCA. We saw that Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions had been documented and were supported by capacity assessments and best interests documentation where appropriate.

A person said, “I have many drinks here, this is my second cup of tea.” Another person said, “I have a choice with my food, we talk to friends at mealtimes and I have a second helping with the sweet as it is delicious.” A relative told us that food was excellent and that their relative was given the food and drink that they needed.

We observed lunchtime on both days of the inspection. On the first day of inspection, people were not effectively supported. We saw that a staff member supporting a person to eat kept putting spoonfuls of food in front of a person’s mouth before they had finished chewing their food. This person had been identified as at risk of choking but the staff member did not support the person patiently.

We observed that staff did not always explain to people what the food was. We saw that a person was not supported to sit in the correct position for eating and did not eat much of their meal.

On the second day of the inspection we saw that people were generally being effectively supported. Staff were encouraging and people enjoyed their food and told staff this. However, we did observe two staff who were each supporting two people to eat at the same time which was not good practice.

We saw that people’s weights were monitored regularly to identify whether they were gaining or losing weight. However, we saw that a person had lost a significant amount of weight in a short period of time and staff had not contacted the GP or the dietician for advice.

One person said, “I visited the Optician and the GP is called when requested.” A relative told us that their relative saw the GP, optician and chiropodist when they needed to. We saw that a person who had been identified as at risk of skin damage was being supported by staff to regularly change their position in line with guidance. However a health care professional told us that were concerned that staff no longer had any training on pressure relief and prevention especially as there had been a recent incident which highlighted a lack of communication between carers when alerting the District Nurses to a person who had developed a serious pressure sore.

A health care professional told us that staff were always willing to respond to them and rectified any problems that arose. Another health care professional told us that their advice was always followed by staff. Care records showed that other health and social care professionals were generally involved in people’s care as appropriate. However, we heard one person complaining of toothache on both days of the inspection. We discussed this with the management team who contacted the dental surgery to arrange a visit and was told that the dentist no longer visited the home as they were retired. The registered manager agreed to contact another dental surgery as a matter of urgency.

We saw that a care plan for supporting a person with a catheter and another person with diabetes lacked sufficient detail; however staff were able to explain how they would care for these people. We also saw that a care plan for supporting a person with epilepsy lacked sufficient

## Is the service effective?

detail and one of the two staff we spoke with was not able to describe the signs of the person deteriorating, but they knew to call for help from other staff if they had concerns. However, we saw that the person had suffered a seizure and staff had not contacted the GP for advice. These were breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person said, "Staff look after us and I like the place." A relative told us that staff knew what they were doing. We observed that staff were generally confident and

competently supported people; however, we did observe that one staff member carried out an unsafe moving and handling practice and staff did not always follow safe medicines management and infection control practices.

A staff member told us that they had had an induction and received sufficient training and supervision. Staff told us they felt well supported. We looked at the home's overview of training and saw training was well attended. We looked at two staff files which showed that staff received regular supervision and appraisal. There was no induction documentation for a new member of staff; however, we saw completed induction documentation for other staff.

# Is the service caring?

## Our findings

A relative told us that staff were kind. We observed staff to be kind. However, staff did not take prompt action to relieve people's distress or discomfort. During lunchtime on the first day, we heard a person tell staff that they had a headache and were feeling sick while they were sitting at the table for lunch. Staff did not support this person to move away from other people eating and the person remained at the table not eating. They also did not receive painkillers promptly.

We also observed another person asking to be taken to the toilet. They asked staff 10 times before staff took them to the toilet 12 minutes after first asking. We also saw another person asking staff for help as they were gradually sliding down their wheelchair. They asked staff at least 10 times before staff helped them 18 minutes after first asking for help.

A relative told us that staff treated their relative with dignity and respect and staff supported people's independence. A health care professional told us that they felt sometimes members of staff did not always understand the importance of maintaining people's dignity and that more training was needed to raise awareness.

We saw staff knocking and waiting before entering people's bedrooms and maintaining people's privacy when assisting them to the toilet. However, we saw that a number of people had been left sitting on slings while eating their meals. This did not protect their dignity. We also saw staff did not protect two people's dignity when moving them using a hoist. This meant that people were not always supported in a caring way.

Staff were able to explain how they maintained people's privacy and dignity at all times and taking particular care

when providing personal care. The job description for the care assistant role stated that the purpose of the role was, 'To care for the service user in a manner which respects their dignity and privacy and promotes their independence.' We saw that some staff had been identified as dignity champions for the home. A dignity champion is a person who promotes the importance of people being treated with dignity at all times. However, we heard staff use some terms which did not respect people's dignity. We raised this with the registered manager who told us they would discuss this with staff. These were breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends. A person said, "[My relative] visits sometimes and joins me for a meal here." Another person said, "You can have visitors anytime." A relative said, "I can visit whenever I want."

A person told us that they chose what they wanted to wear and their choices were respected by staff. They told us that they could get up and go to bed whenever they wanted to. A relative told us that staff listened to their relative and acted on suggestions. We saw some people had signed to show their involvement in their care records. Staff told us that they offered choices. One staff member said, "It's a relaxed home. Things don't have to be done at a set time." We saw that detailed information was available to support staff to effectively communicate with someone with communication needs. However, there was no advocacy information available for people.

# Is the service responsive?

## Our findings

We observed two people at lunchtime did not receive a prompt response from staff to their requests for assistance. Despite being asked for help on at least 10 occasions by each person, staff continued to clear tables one by one until they got to the tables where the people asking for help were sitting. One person was helped 12 minutes after first asking for help and another person was helped 18 minutes after first asking. This meant that people did not always receive personalised care that was responsive to their needs.

We asked a person whether they could follow the hobbies and interests that they enjoyed. They said, "Yes, I watch cricket on TV here and my daughter takes me to watch the matches." Another person told us about all the activities that they enjoyed at the home which included armchair exercise and listening to music. A relative told us that staff supported their relative with the hobbies they were interested in.

A person reading a newspaper said, "I love it here." Another person said, "I enjoy every minute here." A relative told us that they felt staff could do more to help their relative. However, another relative said, "Staff know [my relative] well."

People's care records were detailed and included their personal history and individual preferences and interests. We saw that some people's preferences had been incorporated into their care plans which were reviewed regularly. We discussed the preferences of people who used the service with care staff. Staff had a good knowledge of people's likes and dislikes. We saw that people's diverse needs were recorded in care records.

A person said, "I know where to complain and who to complain to." A relative told us they would see the registered manager if they wanted to make a complaint. They told us that the registered manager was very approachable. The complaints procedure was displayed in the main corridor, however, it was not clear and there was no reference to the CQC, the local authority or the Local Government Ombudsman. The guide for people who used the service did not contain any information regarding complaints.

We looked at recent complaints and saw that they had been responded to appropriately. Staff were able to describe the action they would take to resolve and report complaints if someone raised concerns with them.

# Is the service well-led?

## Our findings

The registered manager carried out a monthly audit which covered safety and cleanliness of the premises, care records, medicines, staff records and complaints. However, the registered provider was not carrying out any audits of the home. They had last visited the home in January 2014 but were recorded as just having a walk around the premises. The last recorded visit before this was in March 2013 when again they were recorded as just having a walk around the premises.

Health and social care professionals and visitors had raised concerns regarding the accessibility of the home. There was a lack of signage and the car park which led to the front door was situated some distance from the stated address of the home. The registered manager had obtained quotes for improved signage but the provider had not provided the resources to improve the signage. We also saw that the home had received a 2\* food hygiene rating in January 2014. We were told that this was due to the condition of the kitchen. We were told by the provider that the kitchen would be replaced in Summer 2015 which was not a prompt response to the food hygiene report.

We identified a number of shortcomings during this inspection which had not been identified by the provider or the registered manager. These shortcomings constituted breaches of a number of regulations. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A person told us that the registered manager regularly asked people their views on the quality of care provided at

the home. A relative told that they were not aware of any meetings but would discuss issues with the registered manager if they needed to. The registered manager told us that there were monthly meetings of people and their relatives and we saw minutes from these meetings and actions had been taken to address any concerns. We also saw completed questionnaires from people's relatives which contained positive comments.

We saw minutes from staff meetings and saw that they discussed a range of issues regarding quality of care. There was a whistleblowing policy in place which set out how staff could raise concerns. Staff told us they would be confident raising issues.

The values of the service were described in the guide for people who used the service. These referred to people being treated with dignity and respect and emphasised freedom of choice. A health care professional told us that the atmosphere in the home was always friendly and welcoming.

A relative told us that the registered manager was very visible in the home. However, a healthcare professional told us that they felt there was at times a lack of leadership. A registered manager was in post and she clearly explained her responsibilities and how she worked with the staff to deliver good care in the home. We saw that all conditions of registration with the CQC were being met and the registered manager had sent notifications to us where required. We saw that the home had recently been awarded the dementia quality mark by the local authority which recognised the quality of dementia care provided at the home.

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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**The care and treatment of service users must be appropriate, meet their needs and reflect their preferences.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The registered person must ensure the proper and safe management of medicines and assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

**All premises and equipment used by the service provider must be suitable for the purpose for which they are being used and properly maintained.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.**

### Regulated activity

### Regulation

This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**The registered person did not operate effective recruitment procedures.**