Mrs M J Chell

Brookfield Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Our inspection took place on 5 October 2016 and was unannounced. At our last inspection in 2014 we found the service was meeting all the standards we looked at.

Brookfield Nursing Home is located in a residential area of Urmston, close to local amenities and transport links. It provides accommodation and nursing care for up to 21 people in a detached property with a garden area to the rear. There were two lounges, a dining room and a mix of single and shared bedrooms over three floors connected by a passenger lift.

There was a registered manager in post on the day of our 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.

We found there was a lack of organised activity in the home for people to engage with, and saw people had given this feedback to the provider at a recent residents meeting. The provider acknowledged this was an area in which they needed to improve, and we saw this had been included in the 2016-2017 service plan. .

People felt safe living in the home, and we saw evidence the provider had care plans which identified risks associated with people's care and support and had put measures in place to ensure people's safety. People lived in an environment which was safe. There was a programme in place for rolling improvements to the décor of the home, and all maintenance was kept up to date.

The provider ensured people who used the service were cared for by staff whose employment backgrounds had been appropriately checked. Staff files contained copies of employment references and confirmation they were not barred from working with vulnerable people. There were enough staff on duty to meet people's needs.

We found there was a good understanding of the principles of safeguarding people from abuse. Staff had regular training in this area and knew when and how to report any concerns.

We saw medicines were managed safely. Records were up to date and contained no gaps, and the stocks of medicines matched these records. Some blood glucose monitoring records had not always been kept up to date, and the registered manager took action to rectify this during the inspection.

Staff were supported to be effective in their roles. There was a thorough induction and on-going refresher training in place, and staff had regular opportunities to discuss their performance and any training needs in supervision and appraisal meetings.

The service was working within the principles of the Mental Capacity Act 2005 (MCA). People were offered

choices which were respected, and their capacity to make decisions was appropriately recorded. When people lacked capacity to make certain decisions, best interests decisions had been made on their behalf. Where people's liberty had been restricted to ensure they remained safe, we saw applications for the appropriate Deprivation of Liberty Safeguards had been made to the local authority.

People had access to fresh food which looked appetising, as well as snacks and drinks during the day. Where people needed assistance or a specialised diet this was provided. We found the meal time lacked a sociable atmosphere .

We received good feedback about people's relationships with staff, and observed good practice throughout the inspection. We saw staff engaged with people in a friendly and appropriately familiar way, and staff were able to tell us ways in which they ensured people's privacy and dignity were respected.

The provider carried out an assessment of people's care and support needs before they started using the service, and this information was used to prepare a series of care plans which showed how the care and support was to be delivered. Care plans were kept under regular review to ensure they always reflected people's up to date care and support needs.

We saw there were systems and process in place to ensure concerns and complaints were addressed, and people said they would know how to raise these. We saw the provider received a large volume of written compliments which expressed people's appreciation for the good standard of care they or their relatives received.

There was good feedback about the registered manager and provider's leadership in the home. We saw they were a visible presence who were known to people who used the service, and worked alongside staff in delivering care and support.

There were appropriate systems in place to measure, monitor and improve quality in the service. Staff, people who used the service and relatives had opportunities to attend meetings to discuss the service, and we saw this feedback had been used in preparing the 2016-2017 plan for the service. In addition the registered manager undertook planned audits to further monitor and improve the service.

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.

People told us they felt safe in the home. Staff understood how to identify signs of potential abuse and their responsibility to report any concerns.

Risks associated with people's care and support had been identified, and clear plans put in place to show how care should be delivered in ways which minimised those risks.

There were systems in place to ensure medicines were managed safely. Records were up to date, and stocks of medicines matched these records.

Is the service effective?

Good

The service was effective.

Staff were supported to be effective in their roles with a rolling programme of training and regular opportunities to discuss their performance with their line manager.

People had access to a range of health and social care professionals who provided additional support to ensure care and support needs were met effectively.

People's capacity to make decisions was appropriately recorded, and best interests decisions were made when people were unable to make decisions for themselves. Applications for Deprivation of Liberty Safeguards (DoLS) were made when necessary.

Is the service caring?

Good

The service was caring.

People and their relatives said they had good relationships with staff, and our observations during the inspection supported this.

People's privacy and dignity was respected, and we observed people's personal care had been attended to.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

We found there was a lack of daily activity for people to engage with. People had told the provider about this, and we saw the 2016-2017 service plan included a commitment to improve in this area.

People's care and support needs were assessed, documented and kept under review to ensure the service was responsive to changes in people's needs.

Systems and processes were in place to ensure concerns and complaints were investigated and responded to.

Is the service well-led?

Good

The service was well-led.

We received good feedback about leadership in the service. We saw the provider and registered manager were well known to people who used the service.

Service delivery was monitored and improved through appropriate audit and quality measuring processes.

People who used the service, their relatives and staff had opportunity to express their opinions through meetings and quality questionnaires.

Brookfield Nursing 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 5 October 2016 and was unannounced. At the time of our inspection there were 21 people using the service. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is someone who has personal experience of using or caring for someone who uses this type of service. On this inspection we were accompanied by someone with experience of supporting someone living with dementia.

Before the inspection we reviewed all the information we held about the service, including incidents which have to be reported to the Care Quality Commission (CQC) by the provider and past inspection reports. We also contacted the local authority and Healthwatch to ask if they held any information which may assist our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We did not send a Provider Information Request (PIR) before this inspection. A PIR is a document which the provider completes to tell us what they do well and improvements they plan to make.

During the inspection we spent time looking around the service, speaking with people and reviewing documents. We spoke with the registered manager, owner, administrator, four members of care staff, two nurses, eight people who used the service and five visiting relatives. We looked in detail at the care plans of four people, stocks of medicines and related records and other documents relating to the running of the home.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe at Brookfield Nursing Home. We undertook a tour of the building and saw it was generally well maintained. The registered manager told us the provider responded positively to all requests relating to maintenance and we saw reference to an on-going programme of improvements in the 2016-2017 action plan for the service. A relative of one person told us, ''The standards of cleanliness are high."

We saw records which showed the maintenance of fixtures in the home including water, electrical and gas systems were kept up to date and annual safety checks including fire safety equipment, portable electrical equipment and care equipment such as hoists and wheelchairs were completed. We concluded the provider and registered manager ensured the home was safe.

Care plans we looked at contained a range of risk assessments which identified specific hazards associated with people's care, support and daily living. The risk assessments contained clear guidance for staff to show how these risks could be minimised. We saw risks such as those associated with moving and handling, falls, nutrition and hydration, infection control and tissue viability had been included in care plans as needed.

During the inspection we looked at the recruitment records of five members of staff. We saw these contained records of interviews and written tests used to assess their suitability for their role. In addition the provider had undertaken background checks including employment references and checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about people who may be barred from working with vulnerable people, and making checks with them helps employers make safer recruitment decisions.

Staff we spoke with had a good understanding of safeguarding, knew the reporting procedures and said they would have no hesitation in informing external agencies if they felt matters were not being dealt with properly. One staff member said, "Safeguarding covers a wide field, environment safe, people safe, I'm also aware of different types of abuse and have completed safeguarding training." They went on to tell us they were aware of the whistleblowing policy. They said, "I would make sure what I have seen or heard was right. I would discuss with matron who I know would take action."

The registered manager told us the staffing levels in the home had been maintained for the past 18 months at 2 nurses, four care staff and three ancillary staff on duty. We saw records confirming this. We made observations during our inspection and spoke with people and staff about staffing levels. One person told us, "Staff are responsive in the daytime, but night time is a question of being patient. There are less of them and they have a lot to do. If I ring, I just want to go to the toilet." We did not observe people having to wait when they needed assistance, saw staff regularly checked on people who remained in their rooms and received positive feedback from people who used the service about staffing levels. We concluded there were sufficient staff on duty.

The provider had policies and procedures in place to ensure people's medicines were managed safely. We

looked at records and saw medication competency assessments were completed for nursing staff and where necessary recommendations and feedback was given to ensure staff administered medicines safely.

Medicines were stored securely and safely. We saw medicine trolleys were kept locked and were bolted to the wall when not in use. Medicines which required refrigeration were appropriately stored, and we saw records which confirmed the temperature was maintained at a level required to ensure medicines remained effective. Some medicines require additional secure storage because they contain drugs controlled under misuse of drugs legislation. These are often called controlled drugs. We checked the stocks of these and associated records of delivery and administration, and concluded controlled drugs were managed safely.

We looked at the medication administration records (MARs) of ten people. These were all completed correctly, with no gaps indicating medicines had not been recorded properly when they were either given or refused. The MARs contained a picture of the person to assist staff ensure medicines were only given to the correct people. MARs also contained prescribing information and instructions such as 'to be taken before food'. We saw any special instructions were being followed.

Some medicines are taken as-and-when required, also known as PRN medicines, and we saw there was specific guidance with each MAR to ensure staff understood how these medicines should be managed. One person who used the service told us, "They are always asking if I need any pain killers."

We found staff had not always kept blood glucose monitoring charts up to date. For example, one person's chart contained the instruction, 'to be checked twice per week', and we saw one gap of 14 days between readings being recorded. Another person's records showed they should have had their check carried out weekly, however there was one gap of two and a half weeks between checks. We brought this to the attention of the registered manager during the inspection. They reviewed the forms and told us they would increase their monitoring of such testing.

Good

Is the service effective?

Our findings

We looked at training records which showed staff completed a range of training sessions. These included courses in moving and handling, dementia awareness, safeguarding, basic first aid and food safety. We saw records which showed training was kept up to date through a planned programme of refresher sessions. Staff we spoke with told us they felt they had access to appropriate training to help them be effective in their roles.

Staff received further support through supervision meetings and an annual appraisal where they could discuss their performance, any concerns and any additional training they felt they needed or would like. We looked at records of supervision meetings which showed staff had been able to talk openly about their performance, concerns and any training needs. Staff we spoke with said they found these meetings valuable, and said they felt free to speak openly. One member of staff told us, "I have supervisions regularly." Another said, "I have supervision around every two to three months. I find them useful."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.
Staff we spoke with were aware of people's needs. One staff member we spoke with said, "I have had MCA training. We get to know what decisions people can make from the care plans." Another said, "If people do not understand we look at facial expressions, gestures, and people have choice of what to eat, snacks and drinks."

Care plans we looked at contained assessments of people's capacity to make decisions and the documents showed what decision had been considered in the assessment. Care plans also contained a range of signed consents including for care and treatment, administration of medicines, use of bed rails and photography. Where people did not have capacity to consent we saw best interests decisions had been appropriately made on their behalf.

We saw the provider had correctly identified when to apply for DoLS for people, and saw care plans clearly indicated whether the person had a DoLS in place and contained a prompt to ensure any conditions attached to the approval were transferred into the care plan. None of the authorised DoLS applications we looked at had conditions applied.

People were supported to access other health and social care professionals when this was needed, and we saw records of any input from other such people were made in people's care plans. These showed people had access to a range of additional support such as GPs, podiatrists, dieticians, district nurses, mental health services and social workers.

We made observations during the lunch service. Not all people chose to eat in the dining room; we saw some people ate in one of the lounges or in their rooms. We saw staff offer choice and ask if people needed assistance with their meal before providing them with the help they needed. Some people required adapted crockery in order to maintain their independence with eating, and we saw this was provided.

We saw the food served looked fresh and appetising. People who required their meals to be adapted, for example ensuring the texture was appropriate to enable them to swallow safely, received a meal suitable to meet their needs. We also saw people were provided with drinks and snacks during the day.

Although we saw people had a choice of meal and received the assistance they needed, there was little to make the mealtime into a sociable occasion. We gave the provider and registered manager feedback about this and asked them to consider ways in which they could address this.

Good

Is the service caring?

Our findings

People and their relatives gave good feedback about their relationships with staff. One person who used the service told us, "The carers are very nice." Another said, "We are very well looked after, excellent in fact." A relative told us, "This is so much nicer than where [name of person] was before. She is always immaculately dressed, she gets her medicines on time, and the staff are lovely." During our inspection we observed staff engaging with people in a pleasant and friendly manner and saw people treated with dignity and respect as care and support was provided. We saw staff engaging in conversation with people and showing an interest in what they had to say, although we noted that most interaction was task led.

We received good feedback about the care and support provided in the home. One person's relative told us, "I could go abroad for seven weeks because I felt confident with [name of person]'s care. I knew she would be well looked after." Another person said their relative's physical health had improved since starting to use the service. They said, "They sorted things straight away. You don't need to ask, everything has been done."

Staff we spoke with were able to tell us about the people they supported and cared for. One member of staff said, "We get to know people from talking to them, and from information in their care plans." During the inspection we observed staff addressing people and their relatives by name, and people and their relatives said they were able to visit without restriction.

We saw people's personal care had been attended to. People's hair was styled and clothing looked clean and well cared for. Staff we spoke with gave examples of how they respected people's privacy and dignity. For example, they would ask the person what assistance they would like and they would also talk through how they were going to deliver care. They emphasised they would knock on people's doors, give them privacy when assisting with personal care and ensure they were discreet when discussing care needs.

One person's room was used for storage of a medicines trolley when it was not in use, and we saw staff giving medicines use the basin in the person's room to wash their hands. The person was in bed in the room during our inspection, and these practices meant their dignity was not always being respected. We brought this to the attention of the registered manager during the inspection and they told us the person had been aware that the shortage of storage space in the home meant the medicines trolley had been stored in the room before they moved into the service. The person and their family had agreed to a continuation of this, however the registered manager took action in response to our feedback. We received photographs the day after the inspection which showed a new location for the trolley had been found.

Requires Improvement

Is the service responsive?

Our findings

We saw no organised activities during the day of our inspection, and the provider told us this was an area they had identified for improvement. We saw a lack of activities had been raised and discussed at the most recent residents meeting. The provider had asked people for ideas for things they would like to do and given feedback in August 2016 on these. Improving the amount of entertainment was an objective identified in the 2016-2017 service plan. After the inspection we received an updated activity plan for the period October 2016 to April 2017 which included activities led by staff and regular visits from entertainers.

A member of staff told us, "Sometimes we do nails, play dominos, or chat. Sometimes we have a male singer; you can see a change in the residents, they enjoy it. We used to do trips, but time is taken up with care. They don't get enough entertainment because of all the care. We would love to do more." Another staff member said, "The Brownies have been to perform a nativity play. We play bingo, skittles, play your cards right and snakes and ladders." They told us they used information in the care plans about people's preferred hobbies to understand which activities people may enjoy. We looked at the daily notes of four people but did not see any records of participation in organised activities.

We saw the provider undertook an assessment of people's care and support needs before they began using the service. This meant they could be certain these needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Care plans included individual plans for a range of needs including diabetes, communication, skin integrity and mobility and we could see they were reviewed regularly to ensure they reflected people's up to date needs.

Care plans were reviewed monthly and annually, with notes to show whether the care plan remained effective or had been changed. Where care plans had been updated there were notes in place to summarise the changes made.

The service had some shared rooms, and the registered manager told us people's preferences were taken into account when they started to use the service. Some people whose preference was for a single room agreed to share a room until a single room became available if this meant they could move into the home sooner. One person who had shared a room when they started using the service told us they had been offered a single room in line with her wishes when one became available.

People who used the service said they did not have any complaints but knew what to do if they had. One person said, "I would speak to [name of registered manager] she listens to me." Another person told us, "If there was a problem I would go to matron [the registered manager], but I could go to any member of staff." The provider and registered manager told us they had no open complaints at the time of our inspection. They told us people and their relatives tended to approach them informally with any concerns and they took action to resolve them. We saw the registered manager had records which showed us how they had investigated informal concerns, and detailed records of investigations undertaken in response to a more

serious complaint.

We also saw the provider had received a number of compliments from people who used the service and their families. Comments included, 'I want to thank you for the care you have given [name of person] over the last five years,' and 'Thank you for the love and care you gave to [name of person]. You truly go beyond your duties to ensure that [name of person] and everyone else there have quality of life,' and 'From the moment [name of person] arrived the warmth from everyone has shone through. The care has been exemplary and for that we cannot thank you enough.'

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. They were supported by an administrator and the provider, who worked alongside them in the home. In addition to their managerial role the registered manager also worked providing nursing care, for which they were qualified. They told us they were trying to recruit an additional nurse for the service.

A relative of a person who lived in the home told us, "Matron [the registered manager] is very responsive and approachable. The owner is very hands on." We noted a number of occasions during the inspection when the registered manager and provider took action to address minor items of feedback we gave them. We also received an update the day after the inspection detailing actions they had taken. This showed they were open to suggestions which would improve the overall performance of the service.

Staff spoke highly of the registered manager and the provider, and told us they were approachable and always had time for them. Staff told us how much they enjoyed their job and said they felt they had good support from the management team. They told us the registered manager worked alongside them to ensure good standards. One staff member said, "The manager is a caring person in many ways."

We were told that the provider visited the home regularly to check standards and the quality of care being provided. Staff said they spoke with people who used the service, staff and the manager during these visits. Our observations showed us the provider was well known to the people who used the service and staff.

We saw staff meetings were held on a regular basis which gave staff the opportunity to contribute to the running of the home. Discussions included new staff, pay, resident and relatives meetings, training, key workers and medication. Resident and relatives were also asked to share opinions at meetings and through completion of regular questionnaires. We saw evidence showing feedback had been used to help identify actions for the 2016-2017 plan for the service.

The registered manager had a rolling programme of audits in place to help assess, monitor and improve the quality of the service. These included checks on equipment such as hoists to ensure their safe operation, checks on medicines administration and a review of accidents and incidents to enable them to spot any emerging trends and take appropriate action.