

Mrs K V Cosens

Brook House Residential 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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Brook House Residential Home is a residential care home that was providing care to 30 people aged 65 and over at the time of the inspection.

People's experience of using this service:

- Significant improvements had been made in all areas of the service since our previous inspection. However, further work was needed to ensure these improvements were sustained. Improvements were also needed to ensure people's care records were updated in a timely manner to show the care they received.
- The management of people's medicines had improved, although some staff continued to not sign for medicine they had given.
- Risks associated with people's care and the environment were identified and managed.
- Staff had received training in and understood how to protect people from harm and abuse.
- People were supported by staff who knew them well and had good relationships with them.
- Staff obtained people's consent prior to supporting them and respected their decisions and preferences.
- People were supported to eat and drink enough and enjoyed the food they received.
- People were treated with dignity and respect by staff.
- People and their relatives were involved in the planning of their care and people were supported in line with their preferences.
- Complaints systems were in place, which people and relatives knew how to use.
- People were happy with the care and support they received and gave positive comments about the staff at the home.

The service met the characteristics of Good in most areas; more information is in the full report.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report was published 13 June 2018).

At our previous comprehensive inspection in April 2018, we had found four breaches in regulation because the provider had not ensured decisions made on behalf of people were made in their best interest, or that people's medicines and risks were managed safely. Also, the provider's systems for checking the quality of the service were not effective and they had failed to notify us of significant events.

After the inspection, we had served a Warning Notice to the provider to be compliant with the Regulations by 1 August 2018. The provider also wrote to us with an action plan, to say what they would do to meet the legal requirements.

At this inspection, improvements had been made and the regulations were met. However, some further improvements were still needed in the key question of Well-Led.

Why we inspected: This was a planned inspection to check the provider had made improvements since our previous inspection.

Follow up: We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Brook House Residential Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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

Brook House Residential Home accommodates up to 32 older people in one adapted building.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Before our inspection, we reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality.

We spoke with 12 people who used the service and one relative. We spoke with nine staff, which included care staff, senior care staff, housekeeping and maintenance staff, the manager and the provider. We observed care and support in communal areas to assess how people were supported by staff.

We viewed care records for six people, including seven medicine records. We confirmed the training and safe recruitment of three staff members and reviewed records relating to quality monitoring, health and safety, compliments and complaints and other records relating to how the service was managed.

Is the service safe?

Our findings

At our previous inspection the provider had not met the requirements for Regulation 12 and we had issued a Warning Notice. At this inspection the provider was no longer in breach of Regulation 12 and improvements had been made to safely manage the risks to people, their environment and their medicines.

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- The risks to people were identified, assessed and staff were aware of them. This included risk associated with people's mobility or their skin integrity.
- Risks associated with the safety of the environment and equipment were identified, assessed and managed to ensure that people remained safe. There was a programme of maintenance and safety checks in place which covered areas such as fire safety, moving and handling equipment and water temperature and safety.
- People were provided with alarm pendants to wear. This ensured they could call for assistance from anywhere in the home.
- Staff were aware of the risks to people. They were mindful of people's safety whilst they mobilised around the home, reminding them to take care or use their mobility aids.

Using medicines safely

- Since our previous inspection, staff competency had been reassessed, improved protocols had been put in place and recording of controlled medicines improved.
- People told us they received their medicines when they should. Some people had medicines only when they needed them, such as pain relief and we saw staff asked people if they required these.
- Staff provided support for people to take their medicines as they wished.
- Staff sometimes did not update records to show they had administered people's medicines. However, the manager completed checks on medicine administration records to confirm people had received their medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and when staff supported them.
- Staff had received training in how to keep people safe and were aware of the different types of abuse. They understood how to report any concerns they may have about people's safety.
- The provider had systems in place to respond to and report concerns about people's safety.

Staffing and recruitment

- People told us they were not kept waiting any great length of time for their care, unless staff were particularly busy with supporting other people.
- Staff were busy, but responded in a timely manner to people's requests for support and when call bells

rang.

- The provider and manager kept staffing levels under review dependent on people's needs. Staff were flexible and would offer support as needed, to cover for staff illness or planned events.
- The provider followed safe recruitment practices and was currently renewing staff's Disclosure and Barring Service (DBS) checks.

Preventing and controlling infection

- People told us and we saw the home and people's own rooms were kept clean.
- Staff had access to personal protective equipment, such as gloves and aprons. We saw staff wore these as required.

Learning lessons when things go wrong

- Staff understood how to report safeguarding concerns, accidents and incidents.
- Learnings were shared with staff and most recently at staff meetings where staff had been reminded of their responsibilities regarding completing medicine records.
- The manager monitored accidents and incidents to look for any patterns or trends.

Is the service effective?

Our findings

At our previous inspection the provider had not met the requirements for Regulation 11. At this inspection the provider was no longer in breach of Regulation 11 and people's capacity to make their own decisions had been assessed and was kept under review.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment is in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People's capacity to make their own decisions had been assessed in line with the MCA.
- The manager confirmed to us everyone who lived at the home was able to make their own decisions. Therefore, no one had an authorisation in place to deprive them of their liberty.
- All staff understood the MCA and how it affected their practice in regard to gaining people's consent. The manager told us they were currently working with the local mental health team to ensure one person's rights were promoted.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed. Where appropriate, people's families were involved in assessing and agreeing the care people needed. People's physical, mental health and social needs had been assessed to meet their individual requirements.
- People's preferences were documented and consideration had been given to people's diverse needs under the Equalities Act 2010 such as age, culture, religion and disability.
- Staff understood people's health needs. Referrals to health professionals, such as GPs took place promptly and advice and treatment plans were followed by staff.
- Where needed, staff worked with other agencies to ensure people's needs could be met.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training and by a staff team who had worked at the home for many years.
- Staff knew and understood the people they supported. One person said, "The staff seem to know exactly what to do for me."
- Staff told us and we saw, their training was kept up to date. They told us they were completing more training since the current manager had been in post and had opportunities to discuss their practice and training opportunities.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain their well-being. When people needed assistance with their meal we saw this was provided in a timely manner and at a pace to suit them.
- People's eating and drinking needs were assessed and kept under review.

Adapting service, design, decoration to meet people's needs

- The environment met the needs of the people who currently lived at the home.
- People and relatives had access to different communal rooms and areas around the home, which were more private or quieter than the main communal lounge.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were caring and had a positive attitude towards them.
- Staff used people's preferred names and greeted them with bright smiles. Interactions between staff and people were caring and considerate. Staff had developed positive relationships with people and knew them well and the support they needed.
- People were supported to maintain their individual faiths and services were arranged in the home or people went to local services.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their individual likes and dislikes and these were known by staff.
- One person told us they preferred some of their meals in their room. They said, "Apart from one meal, I have everything brought to my room, that was my decision. I am also sure if I wanted to change this they would do it."
- We saw people were not offered a choice for their lunchtime meal. Staff confirmed this and told us they only had a choice at breakfast and evening meals. If staff knew a person would not like the meal, they were offered an alternative. However, when we spoke with people they did not have any issue with this. We discussed this with the manager, who agreed they would ensure people knew they could have a choice at lunchtimes if they wished to.

Respecting and promoting people's privacy, dignity and independence

- People's wishes to spend time in their rooms were respected by staff and most staff knocked on people's doors before entering their rooms.
- We saw that people were treated with dignity and respect and that their privacy was supported by staff. Staff offered people assistance in a discreet and dignified manner.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received support from staff who understood their needs and respected their preferences. One person said, "If they did not (respect preferences) I shall speak with them."
- Staff identified and responded to changes in people's needs. On the morning of our inspection a GP visit had been arranged and a staff member contacted the person's families to ensure they were made aware of the outcome.
- People's families were encouraged, when appropriate, to identify and contribute to how the person would prefer to be supported.
- People's information and communication needs were identified and recorded in their care records. The manager told us this enabled information to be presented in a way people would find accessible and in a format they could understand. They confirmed no one living at the home required information in any alternative formats but this would be arranged as required.

Improving care quality in response to complaints or concerns

- People and relatives were happy to raise concerns or complaints, but told us they did not need to.
- The manager told us they chatted with people daily and would ask if there were any problems. They said, "It's important that if they have a niggles they let me know before it becomes a complaint."
- The provider had a complaints policy in place which was available to people and visitors.

End of life care and support

- Procedures were in place for people to identify their wishes for their end-of-life care. This included any wishes they had for receiving future treatment or for being resuscitated.
- The provider ensured appropriate medicines were available to people nearing the end of their life, to manage their pain and promote their dignity.
- Cards had been received from the families of people who had passed away at the home thanking staff for their compassion and respect.

Is the service well-led?

Our findings

At our previous inspection the provider had not met the requirements for Regulation 17 and we had issued a Warning Notice. At this inspection the provider was no longer in breach of Regulation 17, but some improvements were still needed.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

No registered manager was in post. The last registered manager left in September 2018. The current manager started employment in November 2018 and is currently applying to be the registered manager.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- Since our previous inspection the provider had made improvements in most areas we had identified as needing improvement. This included improved and safer management of medicines and risk, employing cleaning staff to free up care staff's time, updating policies and improving their quality monitoring.
- However, despite these improvements staff did not always complete people's care records in a timely manner. One person, who required two hourly repositioning had not had their daily record completed on the day of our inspection. However, the person told us staff had been in to them and repositioned them. Another person had not had any drinks recorded as being given, but staff told the manager drinks had been given, just not recorded.
- Another person had not had their care records updated following treatment by district nurses. Although the treatment plan put in place was followed by staff, the person's care records had not been updated to reflect this.
- The provider had improved the systems to monitor the quality of the service provided. This included regular checks on the environment, equipment and people's care. The provider and manager acknowledged they still had some areas to improve on.
- The manager had already identified shortfalls in recording and was acting to address this with staff. This included reminding staff of their responsibilities and accountability for the care they provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager told us they had been supported by the provider since starting employment at the home. They told us they had worked together to implement the required improvements, although there were no formal improvement plans in place. They both agreed this needed to be completed so they could easily monitor progress against it.
- The last inspection rating was displayed at the home, as required.

- Where required statutory notifications have been sent to us to keep us informed of specific events that have happened at the service. The registered persons are required by law to submit these statutory notifications. These ensure that we are aware of important events and play a key role in our ongoing monitoring of services.

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

- The provider took steps to involve people, their relatives and staff in the service, and to invite their ideas and suggestions. People completed surveys and were given the opportunity to make comments. Resident's meetings had been started by the new manager. A complaints book was available in the home's reception area.
- The manager told us they spent time talking with people and relatives daily and the provider told us they "popped in and out" each day. This gave them the opportunity to speak with people and relatives too.
- Staff attended team meetings and contributed to the meeting agendas. We saw at the last meeting the manager had reminded staff of their responsibilities, especially with regards to record keeping.
- The service had good links with the local community and many people and staff were from the local community. People enjoyed trips away from the home in the provider's minibus and local charity events.

Working in partnership with others

- The provider worked with other organisations to achieve better outcomes for people and improve quality and safety. This included the local authority and local Clinical Commissioning Group (CCG). The provider had taken on board findings following their quality visits and acted on their recommendations.
- Staff also worked with local services such as GPs and district nurses to ensure people's health and wellbeing was promoted.