Brooklyn House Limited

Brooklyn House Nursing Home

Inspection report

Queen's Road
Attleborough
Norfolk
NR17 2AG
Tel: 01953 455789
Website: www.caringhomes.org

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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?	Good

Overall summary

This inspection took place on 28 and 29 April 2015 and was unannounced. Brooklyn House Nursing Home is a residential care home providing personal and nursing care and support for up to 38 older people, some of whom may live with dementia.

The home had a manager who has been in post since December 2014. The manager had submitted an application to us to become the registered manager. 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.

Summary of findings

At the last inspection in December 2014, we asked the provider to take action to make improvements to the care people received, the care records, how much people were given to eat and drink and to staffing levels, and most of this action has been completed.

People told us they felt safe and that staff supported them in a way that they liked. Staff were aware of safeguarding people from abuse and they knew how to report concerns to the relevant agencies.

Individual risks to people were assessed by staff and reduced or removed. There was adequate servicing and maintenance checks to equipment and systems in the home to ensure people's safety.

There had been improvements to the number of staff members available and there were usually enough staff available to meet people's needs. However, there were still times when people had to wait for care.

Medicines were safely stored and administered, and staff members who administered medicines had been trained to do so.

Staff members received other training, which provided them with the skills and knowledge to carry out their roles. Staff received support from the manager, which they found helpful.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The service was meeting the requirements of DoLS. The manager had acted on the requirements of the safeguards to ensure that people were protected.

Staff members understood the MCA and presumed people had the capacity to make decisions first. However, where someone lacked capacity, best interest decisions to guide staff about who else could make the decision or how to support the person to be able to make the decision were available.

People enjoyed their meals and were given choices about what they ate. Drinks were readily available to ensure people were hydrated. Staff members worked together with health professionals in the community to ensure suitable health provision was in place for people.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated. People's needs were responded to well and care tasks were carried out thoroughly by staff. Care plans contained enough information to support individual people with their needs. Records that supported the care given were completed properly.

A complaints procedure was available and people were happy that they did not need to make a complaint. The manager was supportive and approachable, and people or their relatives could speak with her at any time.

The home monitored care and other records to assess the risks to people and ensure that these were reduced as much as possible.

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 usually supported by enough staff to meet their needs and to keep them safe, and although there were occasions when people had to wait, this had improved.

Risks had been assessed and acted on to protect people from harm, people felt safe and staff knew what actions to take if they had concerns.

Medicines were safely stored and administered to people.

Good

Is the service effective?
The service was effective.

Staff members received enough training to do the job required.

The manager had acted on recent updated guidance of the Deprivation of Liberty Safeguards and staff had access to mental capacity assessments or best interest decisions for people who could not make decisions for themselves.

The home worked with health care professionals to ensure people's health care needs were met.

People were given a choice about what they ate and drinks were readily available to prevent people becoming dehydrated.

Good

Is the service caring?
The service was caring.

Staff members developed good relationships with people living at the home, which ensured people received the care they wanted in the way they preferred.

People were treated with dignity and respect.

People's friends and family were welcomed at the home and staff supported and encouraged these relationships.

Good

Is the service responsive?
The service was responsive.

People had their individual care needs properly planned for and staff responded quickly when people's needs changed.

People were given the opportunity to complain, although no complaints had been made.

Good

Is the service well-led?
The service was well led.

Audits to monitor the quality of the service provided were completed and identified the areas that required improvement. Actions had been identified and addressed these issues.

Good

Summary of findings

Staff members and the manager worked with each other, visitors and people living at the home to ensure there was a high morale within the home.

Brooklyn House 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 28 and 29 April 2015 and was unannounced.

The inspection was carried out by one 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 the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked the information that we held about the service and the service provider. For example, notifications, which the provider is legally required to tell us about, advised us of any deaths, significant incidents and changes or events which had taken place within the service provided.

During our inspection we spoke with eight people who used the service and four visitors. We also spoke with six staff members, including care and housekeeping staff, the manager and the provider's representative. We completed general observations and reviewed records. These included four people's care records, staff training records, six medication records and records relating to audit and quality monitoring processes.

Good

Is the service safe?

Our findings

At our previous inspection in December 2014 we identified that there were not always enough staff available to meet people's needs. This had resulted in people waiting for long periods of time to receive help with their personal care. The provider wrote to us and told us that they would determine staffing levels through the use of a dependency rating tool and that they would continue to recruit new staff members. We received information of concern prior to this inspection in regard to low staffing levels across the 24 hour period.

At this inspection (April 2015) we found that there had been an improvement and the manager had plans for further improvements. The manager told us that since starting in the position they had assessed staffing levels and increased the number of care staff available. Although there were enough care staff members, they still needed to recruit nursing staff and a deputy manager. They had started this recruitment process. The process used to determine staffing numbers indicated that there were enough staff employed and that daily staffing levels were enough to meet people's needs when the home was fully staffed. Staff members told us that they thought there were usually enough staff members on duty and that staff shortages were covered by existing staff members.

Three people said that there were usually enough staff available. They also told us that they sometimes had to wait for their call bells to be answered, although this was usually in the morning when staff were busiest. One person told us, "They are very quick at night, in the morning there can be a little bit of a delay".

Our observations on the first day of our inspection showed that call bells rang for periods of up to 25 minutes and that some people had to wait for staff to help them. Staffing levels were reduced on that day due to staff sickness just prior to and during the morning shift, for which the home had been unable to obtain any covering staff. However, the home was fully staffed on our second day of inspection and we observed that call bells did not ring for as long and staff were able to respond to people more quickly. We determined that the manager had identified the staffing issues and had taken action to increase staffing levels. She was aware of the need to continue to monitor staffing levels at all times of the day to ensure there were adequate staffing levels to meet people's needs.

All of the people we spoke with told us that they felt safe living at the home and that they could talk with staff if they had any concerns. Staff members we spoke with understood what abuse was and how they should report any concerns that they had. They all stated that they had not had occasion to do so. There was a clear reporting structure with the manager and deputy manager responsible for safeguarding referrals, which staff members were all aware of. They were familiar with the home's whistle blowing policy and that they could also report concerns in this way. Staff members had received training in safeguarding people and records we examined confirmed this. The provider had taken appropriate actions to reduce the risk of abuse occurring.

The provider had also reported safeguarding incidents to the relevant authorities including us, the Care Quality Commission, as is required. This meant we could be confident that staff members would be able to recognise and report safeguarding concerns correctly.

Risks to people's safety had been assessed and records of these assessments had been made. These were individual to each person and covered areas such as; malnutrition, behaviour, medicine management, moving and handling, and evacuation from the building in the event of an emergency. Each assessment had clear guidance for staff to follow to ensure that people remained safe. Our conversations with staff demonstrated that they were aware of these assessments and that the guidance had been followed. We observed one person who used oxygen and found that staff members were familiar with actions in the person's risk assessment that they should take to reduce risks when the person left the building to smoke.

Servicing and maintenance checks for equipment and systems around the home were carried out. Staff members confirmed that systems, such as for fire safety, were regularly checked and we looked at records that supported that this was completed. A fire risk assessment had been completed and identified that staff practice in fire drills and with extinguishers required improvement. Staff members confirmed that they received fire safety training and carried out fire drills on a regular basis, although they had not practiced with fire extinguishers.

We spoke with one new staff member who confirmed that checks such as criminal records checks had been obtained

Good

Is the service safe?

before they started work. The recruitment records of staff working at the service showed that the correct checks had been made by the provider to make sure that the staff they employed were of good character.

People told us that their medicines were administered properly and commented that, “The nurses bring my pain relief tablets regularly and when I need them" and, "My meds are on time, they tell me what they all are for" and, "I don't want to self-medicate, I need someone to look after them. The only thing is my inhalers which I need".

We found that the arrangements for the management of medicines were safe. They were stored safely and securely in locked trolleys and storage cupboards, in a locked room. The temperature that medicines were stored at was recorded each day to make sure that it was at an acceptable level to keep the medicines fit for use. However, we saw that not all medicines that had been opened and that were kept in the fridge had the date when they were opened recorded on them. This poses a risk to the effectiveness of medicines that should not be used after a certain period from opening.

Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their medicines as was intended by the person who had prescribed them. Where people were prescribed their medicines on an ‘as required’ or limited or reducing dose basis, we found detailed guidance for staff on the circumstances these medicines were to be used. One person’s visitor told us that their relative had been given their medicines covertly and that this had been discussed with them and the person’s GP before being given in this way. We saw that staff members were given clear guidance to ensure that covert medicines were given correctly.

We observed two members of staff giving out medicines at lunchtime. This was done correctly and in line with current guidance which is in place to make sure that people are given their medicines safely. We could therefore be assured that people would be given medicines in a safe way to meet their needs.

Good

Is the service effective?

Our findings

At our previous inspection in December 2014 we identified concerns that not all people were given enough to drink and inadequate steps had been taken to prevent people from becoming malnourished. The provider wrote to us and told us that they would meet with staff members to ensure they were aware of their responsibilities, monitor when people got up and were helped with their personal care, ensure that there were specific staff on each shift who were responsible for making sure people received enough to eat and drink, and monitor that the appropriate records were completed.

At this inspection we found that there had been an improvement in regard to the amount of food and drink that people received and how this was recorded. Everyone we spoke with told us that meals and food provided at the home were good. Comments from people included, "The food here is excellent, the biggest plus, is very good" and, "I eat anything, but the food is good here". People's visitors shared these sentiments and we were told that staff members were very good at helping people to eat.

People were provided with a choice of nutritious food. We observed that people enjoyed the food that they ate. Staff members showed people a choice of food and prompted them to eat and drink when necessary. Records showed that where the service had been concerned about people who had lost weight, they had been referred for specialist advice. Some people had been provided with a more specialised diet, such as a puree diet as a result of this advice. The amount of food and drink being consumed by these people was being recorded to ensure they received as much food as they needed to maintain or increase their low weights. Each person's ideal drink intake had also been recorded on the charts and staff members told us that if the person did not drink enough they would contact the GP for advice.

We also saw that staff members adapted their support to each person. For example one staff member changed positions to provide the person they were helping with a clearer view of them and the meal. Staff members helping people were attentive, spoke with people appropriately and allowed people to eat at their own pace.

All of the staff we spoke with told us that they had received enough training to meet the needs of the people who lived at the service. Staff members said that they had the opportunity to undertake additional training that was appropriate to their role. For example, nurses could undertake training for taking blood specimens. One staff member told us about training for specific medical equipment that the manager had arranged prior to one person moving to the home. They said this had reduced concerns that staff members may not have had the skills to properly care for the person and enabled the person to be transferred from hospital promptly. They also told us that they were supported by the provider to undertake national qualifications in care.

We checked their training records and saw that they had received training in a variety of different subjects including; infection control, manual handling, safeguarding adults, first aid, and dementia care. We observed staff members in their work and found that they were tactful, patient and effective in reducing people's anxiety or in delivering care.

Staff told us that they had supervision meetings with their line manager in which they could raise any issues they had and where their performance was discussed. They also told us that these were helpful and supportive. Staff records confirmed supervision meetings were held and that most staff had met with the manager within the previous three months. The manager had arranged supervision sessions for staff members who they had not met with on an individual basis.

The manager and staff provided us with clear explanations of the Mental Capacity Act 2005 (MCA) and their role in ensuring people were able to continue making their own decisions for as long as possible. Staff members we spoke with told us that they had received training in this area. We saw evidence of these principles being applied during our inspection. All staff were seen supporting people to make decisions and asking for their consent.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The staff and manager were aware of DoLS and what authorisation they needed to apply for if they had to deprive someone of their liberty. The manager was aware of changes following recent clarification of the DoLS legislation and applications had been made for only two people as they said everyone else would be able to leave the home unsupervised if they wished to do so.

Good

Is the service effective?

People we spoke with also told us about the medical support the received, that they could see their doctor when they needed to and regularly saw the same GP. There was information within people's care records about their individual health needs and what staff needed to do to support people to maintain good health. People saw specialist healthcare professionals when they needed to.

Good

Is the service caring?

Our findings

All of the people we spoke with said that they were happy with the staff members and that the staff were kind, caring and compassionate. One person said, “They have kind, regular, friendly staff here, which is reassuring”. People’s visitors also spoke highly of the staff and one visitor commented that, "Friendly staff always putting their arms around my mum for comfort". They all said that staff did as much as possible in caring for their relatives.

People told us that staff members listened to them and acted on what they were told. For one person who had recently moved to the home, this had resulted in a pleasant surprise the day after they had gone to live there. They told us that, "The morning of the first day I was here I was given bacon and eggs. I had not had this for such a long time and it was a lovely surprise". The person explained that their daughter had mentioned this to staff a few days before they arrived. They thought that the staff remembering was, "Brilliant".

All of the staff were polite and respectful when they talked to people. They made good eye contact with the person and crouched down to speak to them at their level so not to intimidate them. We observed staff communicating with people well. They understood the requests of people who found it difficult to verbally communicate. When asked, staff members demonstrated a good knowledge about how people communicated different feelings such as being unhappy or in pain so that they were able to respond to these. We observed that when staff noticed one person in discomfort they immediately took steps to relieve their discomfort in a calm and quiet way.

People told us that they had been asked about their care on a regular basis; they were aware of care records and were invited and involved in reviewing these to make sure any changes were noted. One person told us, "I can look at my files when I want to". Another person who was not able to read their records said, "I ask my friend to read me my care notes". People’s visitors also told us that they were invited to be involved in their relative’s care when their relative was not able to do this.

One person’s visitor told us that staff had asked them about the person, what they liked, where they worked and their background. This enabled staff to speak with the person about something they were familiar with when they first started to live in an unfamiliar environment. There was information in relation to the people’s individual life history, likes, dislikes and preferences. Staff members were able to demonstrate a good knowledge of people’s individual preferences. One person told us, "You are allowed to do what you like, I like that". We saw that care records contained information about whether the person wanted to be formally involved in reviews of their care. In one person’s records we saw that they had declined this opportunity, although they had been asked informally by staff and their thoughts about the care provided had been recorded.

We observed staff respecting people’s dignity and privacy. They were seen quietly asking people whether they were comfortable, needed a drink or required personal care. They also ensured that curtains were pulled and doors were closed when providing personal care and knocked on people’s doors before entering their rooms. One person told us, “I like my privacy” and indicated that they either had the door open or closed to show whether they were happy to be disturbed or wanted to be left alone.

Is the service responsive?

Our findings

At our previous inspection in December 2014 we identified concerns that people were not receiving help to meet their care needs or from developing pressure ulcers. The provider wrote to us and told us that they would meet with staff members to ensure they were aware of their responsibilities, monitor when people got up and were helped with their personal care, and monitor that the appropriate records were completed.

At this inspection in April 2015 we found that there had been improvements to the care that people received. People told us that staff provided them with the care they needed and were particularly careful to make sure all staff were aware of specific issues. One person said, "They work around my needs, damp dusting because of my condition, I can't breathe if furniture polish or sprays are used".

We observed that staff were responsive to people's needs most of the time. They provided them with drinks when people indicated that they were thirsty, food when it was requested and provided personal care, although there remained times when people had to wait for help. For one person, this meant that they received their medicines in a specific way, for another person this meant that staff made sure they could safely participate in activities that comforted them. Charts showed that people who were not able to move easily and were at risk of developing pressure ulcers were repositioned every two to four hours.

People living in the home and the relatives we spoke with told us that they had access to their care records and that these were an accurate reflection of their care needs. They told us that there was enough to do each day and they were able to keep in touch with relatives and friends. Everyone we spoke with told us that the manager and staff were approachable, listened to their concerns and tried to resolve them. They knew how to raise a complaint if they were very unhappy, with one person indicating that they would go straight to the manager.

The care and support plans that we checked showed that the service had conducted a full assessment of people's individual needs to determine whether or not they could provide them with the support that they required. Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, medicines management, communication, nutrition and with mobility needs. There was information provided that detailed what was important to that person, their daily routine and what activities they enjoyed. Staff members told us that care plans were a good resource in terms of giving enough information to help provide care. They were able to describe people's care needs, preferences and usual routines. These matched the information recorded in people's records.

The home employed a staff member specifically for the purpose of arranging activities, outings and entertainment. People had access to a number of activities and interests organised by this staff member. This included events and entertainment, such as exercise and games, or time with people on an individual basis. One person told us, "There is a list of activities we have every week and trips out". Another person told us that they had made suggestions of places to visit and were hoping that one of their suggestions in particular would be included. While one person said, "You are allowed to do what you like, I like that". During our inspection we saw that staff members sat with people, talked with them about magazines or objects they had. One person also told us that they were able to go out, saying, "They take you into town if you need to go".

Staff told us that they encouraged people to keep in touch with family and other individuals who were important to them. Records were kept that confirmed this and we saw that people saw friends and relatives. One person told us, "You can bring animals in (to the home), my friend has a dog which I see occasionally".

A copy of the home's complaint procedure was available in the main reception area and provided appropriate guidance for people if they wanted to make a complaint. We examined the complaints records and found that no complaints had been made to the home in the preceding six months.

Good

Is the service well-led?

Our findings

The home has had no registered manager in post since November 2014. The new manager had started in the position in December 2014 and had submitted an application to register with the Care Quality Commission. This application was being considered at the time of this inspection.

People told us that they were happy living at the home and their visitors also expressed that they were glad their relatives lived at the home. All of the people we spoke with told us that they would recommend the home to other people. They told us that there were regular meetings for them and their relatives and that they had been asked for their views on the running of the home. This kept them up to date with proposed changes, such as a project to improve the garden area, although not all people felt the need to attend meetings as, “We have no issues or complaints".

During our observations, it was clear that the people who lived at the service knew who the manager was and all of the staff who were supporting them. People and visitors we spoke with told us that the service was well led, they spoke often with the manager and they were happy that staff members and the manager were approachable and that they could speak with them at any time. One person told us, "The manager listens to me, I felt comfortable in coming here" and another person said, "The manager we have now is good, I don't want her to leave". They also felt that staff members were a happy and friendly group who got on well.

Staff told us that the morale was good and they spoke highly of the support provided by the whole staff team. The home was made up of two floors. Staff told us they worked well as a team in their respective areas and supported each other. One staff member told us that as a member of the nursing team, they found that the care staff were invaluable; they spend more time with people and consequently often knew people better as a result. They knew what they were accountable for and how to carry out their role. They told us the manager was very approachable and that they could rely on any of the staff team for support or advice.

Staff said that they were kept informed about matters that affected the service through supervisions, team meetings and talking to the manager regularly. They told us about staff meetings they attended and that the manager fed back information to staff who did not attend the meetings during daily handover periods. One staff member told us that they attended the daily ’10 at 10’ meetings where department heads met to discuss how the home was running, any problems and organised to resolve issues each day. This ensured that staff knew what was expected of them and felt supported.

Staff members told us that the manager had an open door policy, was visible around the home and very approachable. We observed this during our inspection when the manager visited each area in the home during our inspection. People knew who she was and why she was there. One staff member told us that they could talk to the manager and she would sort things out. They also told us that the manager noticed when staff members were busy and would help them out when she could. A visitor to the home also commented that the manager had a ‘hands on’ approach, saying that they had seen her serving lunch when staff had been rushed. They were aware of the management structure within the provider’s organisation and who they could contact if they needed to discuss any issues.

The manager completed audits that fed into the organisation’s quality monitoring report. We found that people’s care records were regularly audited to ensure they had been completed correctly by staff and contained accurate and up to date information about people’s needs. The provider had established a basic reporting system for accidents and incidents that compiled the information entered, looking at common themes or trends for such areas as times and locations where falls had occurred. We saw that action, such as improving medicines recording and recording of specific information about people living at the home, had been taken following the most recent audit. We also saw that the manager had identified that staffing levels had been determined using historical information. A new staffing tool had been developed and action had been taken to recruit new staff members.