

Sure Care (UK) Limited

# Brocklehurst Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Brocklehurst Nursing Home is a large two storey detached building set in its own grounds. The home consists of four units across two floors. Each unit has its own kitchenette used for making drinks and snacks. Each unit accommodates people needing both residential and nursing support. Both floors are accessible by two staircases, at each end of the building, and one central lift and staircase. There is a large lounge and dining room on the ground floor but we found this was little used as most people preferred the communal area on their respective units. The kitchen and laundry facilities were situated on the ground floor as was the hairdresser's salon that could be used weekly.

This was an unannounced inspection of Brocklehurst Nursing Home on the 15 and 16 December 2015. The home provides residential and nursing care for up to 41 people. The home had 35 people living there at the time of the inspection.

We last inspected Brocklehurst Nursing Home in June and July 2015. At that time we rated the service as Inadequate and the service was placed into special measures. This was because there were breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. The breaches were in relation to safe and effective person-centred care, privacy and dignity, need for consent, complaints, staff training, good governance and the regulation which requires services to notify the Care Quality Commission (CQC) of certain types of incidents.

The purpose of special measures is to provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration. At this inspection we found there was enough improvement to take the provider out of special measures.

Prior to this inspection the provider agreed to a 'Voluntary Undertaking' with CQC. This meant the provider had formally agreed not to admit any new people to the home without prior written permission from CQC.

There was a manager in day to day responsibility of the service. However they had yet to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

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

People living at Brocklehurst Nursing Home were not always involved and consulted with on decisions about how they wished to be supported or where decisions had been made in their 'best interests', demonstrating their rights were protected.

People's care records did not contain sufficient information to accurately guide staff on the care and support they required. Potential risks to people had not always been assessed and planned for ensuring people's health and well-being was maintained.

Opportunities for on-going staff training and development were needed to help ensure people's health and well-being is safely met by staff with the relevant knowledge and skills needed to do so.

Whilst improvements had been made to the quality monitoring system, these needed expanding upon to ensure all areas of the service were reviewed and evidenced any areas of improvement had been acted upon.

We found overall the system for managing medicines was safe. We have recommended however that the service considers current good practice guidance in relation to the administration and recording of prescribed 'thickener' medicines.

Opportunities for people to participate in a range of activities offering stimulation and variety to their daily routine were limited. We have made a recommendation about the type of opportunities that could be made available to people to promote their well-being and encourage their independence.

Appropriate action had been taken with regards to the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

Checks were made to the premises and servicing of equipment. Suitable arrangements were in place with regards to fire safety so that people were kept safe. The home was found to be clean, spacious and well adapted to meet the physical needs of people.

People were supported by adequate numbers of staff. Relevant recruitment checks were carried out to make sure people applying to work at the service were suitable.

During our visit we saw examples of staff treating people with respect and dignity. People living at the home and their visitors were complimentary about the staff and the care and support they provided.

People were offered adequate food and drink throughout the day, ensuring their nutritional needs were met. Where people's health and well-being was at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

The registered manager had a system in place for reporting and responding to any complaints brought to their attention.

Information in respect of people's care was held securely, ensuring confidentiality was maintained.

## 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.

To help protect people's health and well-being risk assessments and management plans should be completed in all areas of concern.

Suitable arrangements were in place to ensure the premises and equipment used by people was safe.

Overall the system for managing medicines was safe.

People were cared for by sufficient numbers of staff who were aware of their care and support needs. Recruitment checks were completed prior to new staff commencing work. Staff had access to procedures to guide them and had received training on what action to take if they suspected abuse.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Records did not show that decisions made on behalf of people who lacked capacity had been made in their best interests.

Where people were being deprived of their liberty the registered manager had taken the necessary action to ensure relevant authorisation was in place.

Opportunities for staff training and development were in place. Further improvements were needed, including clinical training for nursing staff; to ensure all staff had the knowledge and skills needed to meet the needs of people safely and effectively.

People were provided with a choice of suitable food ensuring their nutritional needs were met. Relevant advice and support had been sought where people had been assessed as being at nutritional risk.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

People and their visitors spoke positively about the staff and care provided. Staff were seen to be polite and respectful towards people when offering assistance. Staff spoken with knew people's individual preferences and personalities and were able to demonstrate how they promoted people's privacy and dignity.

People's records were stored securely so that people's privacy and confidentiality were maintained.

### Is the service responsive?

The service was not always responsive.

People's care records were not always accurate or up to date, providing clear information to guide staff in the safe delivery of people's care.

We found people were offered daily activities. Routines could be enhanced so that more meaningful opportunities are provided helping to promote people's health and mental wellbeing.

Effective systems were in place for reporting and responding to people's complaints and concerns.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

The manager had yet to register with the Care Quality Commission (CQC). People spoke positively about the new manager and the improvements being made within the service.

Systems to effectively monitor, review and improve the quality of service provided were not robust so that people were protected from the risks of unsafe or inappropriate care and support.

The manager had notified the CQC as required by legislation, of any accidents or incidents, which occurred at the home.

**Requires Improvement** ●

# Brocklehurst 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 undertaken 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 was an unannounced inspection and took place on the 15 and 16 December 2015. The inspection team comprised of three adult social care inspectors.

Prior to and during the inspection we spoke with the Local Authority commissioners, Clinical Commissioning Group (CCG), safeguarding teams and health professionals who visit Brocklehurst Nursing Home, to seek their views about the service. We also reviewed information sent to us by the local NHS Trust's infection control lead; an infection control inspection had been carried out in August 2015.

We also considered information we held about the service, such as notifications and safeguarding concerns. We did not request a Provider Information Return (PIR), prior to this inspection. 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.

During the inspection we spent time speaking with four people who used the service, nine visitors, five care and nursing staff as well as the chef, housekeeper, maintenance man and manager. We also spoke with three health care professionals who visited the home during the inspection. We looked around the building and checked seven people's care records, nine medication administration records, four staff recruitment files, training records as well as information about the management and conduct of the service. Four people who regularly visit the service also contacted us prior to our inspection to express their views.

We spent time observing care in the communal lounge/dining rooms and used the Short Observational Framework for Inspections (SOFI). This is a way of observing care to help us understand the experience of people using the service who could not express their views to us.

# Is the service safe?

## Our findings

People we spoke with were settled at Brocklehurst Nursing Home and felt they were supported in a way which kept them safe.

We also spoke with people's relatives and asked if they felt their family members received safe and effective care and support. We were told, "I feel my relative is cared for in a safe way", "I feel secure in the knowledge she is cared for", "[Relative] is looked after, kept clean and kept safe" and "We feel mum is safe, respected and well cared for".

One staff member we spoke with also commented, "It's a safe environment and people who live here are really loved and cared for".

We identified at our last inspection that potential risks to people had not been assessed appropriately; nor had management plans been put in place to manage such risks. During this inspection we found that improvements had been made. We looked at people's care records to check if potential risks to people's health and well-being had been identified, assessed and planned for. We saw assessments were in place to address areas such as, poor nutrition, risk of falls, the development of pressure ulcers or moving and handling with the aid of a hoist. Plans to guide staff had been put in place, helping to reduce or eliminate the risk.

However we found there was no risk assessment in place for people at risk of choking. This meant staff did not have information to guide them on how to reduce or eliminate the risk so that the people were kept safe. This was a breach of Regulation 12 (2) (a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we identified that people's changing needs were not monitored and appropriately responded to so that they were kept safe. During this inspection we found that improvements had been made. The manager had implemented monitoring sheets, which helped to highlight where needs had changed and further intervention was required. Where issues were identified these would be discussed with the Nursing Home Team, who visited the service on a weekly basis. Their role was to assess the health care needs of people and make referrals to other health care teams, for example; the dietician, the speech and language therapist or the tissue viability nurse. This helped to ensure people's changing needs were met in a timely manner.

During our last inspection we found systems to identify and prevent the risk of abuse were not effective. We raised our concerns with the local authority and CCG. We were told the provider co-operated with any investigations carried out. During this inspection we checked if suitable arrangements were in place to help safeguard people from abuse. We found that improvements had been made.

A health care professional involved in reviewing three of the concerns told us that people were cared for, however they found poor records were maintained to show what care, treatment and support people

received.

We saw a policy and procedure to guide staff in safeguarding people from harm was in place. We noted that information referred to old legislation. The manager told us that policies were under review and this would be amended. We were told that a rolling programme of training was provided throughout the year. An examination of training records showed that only 29 of the 62 staff team had received training in the protection of adults. Those staff yet to complete the course would be expected to do so. Staff were able to demonstrate their knowledge and understanding of the procedure and what to do should an allegation of abuse be made.

During this inspection we looked at four staff personnel files to check how the service had recruited new members of the team. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We were told by the manager that the registration of the nurses was checked twice a year with the Nursing and Midwifery Council (NMC) to ensure they remained authorised to work as a registered nurse. We saw records to show current registrations were in place for nursing staff.

Recruitment files also contained an application form including employment history. There were copies of the person's identification and written references. These records help to demonstrate that those people appointed to work at the home have been assessed as having the qualities and skills required for the role.

We noted on one file there was no second reference and there were no interview records on each of the files. This did not comply with the home's policy and procedure.

We asked the manager for information to demonstrate that equivalent checks had been carried out by recruitment agencies the home used for agency staff. The manager provided us with evidence to show that relevant information had been received confirming recruitment checks and completed training of agency workers. This helps to protect people from being cared for by unsuitable staff.

At our last inspection we identified that sufficient numbers of staff were not always available to meet people's need in a timely manner. During this inspection we looked to see what improvements had been made. We spent time observing staff on each of the units, spoke with people who used the service, staff and people's visitors. We also spoke with the manager and looked at staff rotas.

We were told that two nurses had been identified as 'clinical leads'. One in relation to general nursing and the other with regards to people's mental health needs. Where previously only one nurse supported all four units from 2pm in the evenings, we found additional nursing staff were now rostered with two nurses available throughout the day. This provided more flexibility in support. We were also told one person required one-to-one support during the evening and overnight. This support was provided by an agency staff member, organised by the clinical commissioning group (CCG). In addition there were eight care staff throughout the day as well as domestic, kitchen, laundry and maintenance staff. An examination of staff rotas confirmed what we had been told.

Staff spoken with felt there were enough staff and nurses on any one shift. Staff also said they helped their colleagues on other units when tasks had been completed on their unit. People's visitors also commented, "There are enough staff to look after people" and "They work on individual units so are familiar with people's needs".



At the last inspection we found the service was not managing people's medicines safely. During this inspection we found that improvements had been made.

We were told there was a dedicated person appointed to take overall responsibility for the management of the medicines. We saw that policies and procedures for the management of the medicines were readily accessible and that all staff who handled the medicines were suitably trained in medicine management.

We checked the systems for the receipt, storage, administration and disposal of medicines. We also looked at nine of the medicine administration records (MARs). We found that appropriate arrangements were in place to order new medicines and to safely dispose of medicines that were no longer needed. We found that the medicines were stored securely. The medicines were kept in a locked trolley in a locked medicine room and we were told that only the registered nurses had access to them. We saw that controlled drugs (very strong medicines that may be misused) were stored safely in accordance with legal requirements and they were administered and recorded correctly.

The MARs we looked at showed that staff accurately documented on the MAR when they had given a medicine. It was identified from the MAR sheets that some medicines were to be given 'when required' or as a 'variable dose' of one or two tablets. We saw that information was not available to guide staff when they had to administer medicines that had been prescribed in this way. We discussed this issue with deputy manager who told us they had started to address the issue; they had accessed the appropriate forms for use whilst we were present during the inspection.

In the main kitchen and unit kitchens we found 'thickeners' available. Thickeners are added to drinks, and sometimes to food, for people who have difficulty swallowing. They may help to prevent a person from choking. However in the main kitchen we were told this was used to thicken foods for everyone who needed them. In the kitchen on one unit we were told two people required thickener to their drinks, however there were no stocks available. Staff had been using thickener prescribed for another person. To ensure the health and welfare of people is protected, medicines must only be used for the people they are prescribed for. We raised this with the manager who arranged for a new prescription to be collected. We saw new stocks were delivered during the inspection.

We also saw there was no readily accessible guidance for staff in relation to the amount of thickener to be added to drinks. It was also identified that the majority of the prescribed thickeners were given by the care assistants and not by the nurse who had signed on the MAR that they had given them. It is important that this information is available and recorded accurately to ensure that people are given their medicines consistently and as prescribed. We have recommended that the service considers current good practice guidance in relation to the administration and recording of prescribed thickener medicines.

We found the home to be clean, tidy and free from malodours. We were told the service employed a full time housekeeper who supported two full time domestic staff and a laundry assistant.

Staff were seen wearing protective clothing, such as; disposable gloves and aprons when carrying out personal care duties. Hand-wash sinks with liquid soap and paper towels were in place in the bedrooms, bathrooms and toilets. We also saw red and yellow bags, used for the management of soiled or clinical waste were also available.

Whilst looking around the home we saw cleaning chemicals, equipment and operational procedures for domestic staff were stored in the storerooms on each floor of the service. We spoke with the housekeeper who showed us daily, weekly, and periodic cleaning schedules which domestic staff completed. We also saw

COSHH risk assessments for cleaning materials were available. These identified potential hazards and safe storage so that people were kept safe.

We saw the laundry was properly equipped and well organised. There was a clear system in place to keep dirty items separate from the clean ones. We looked into the toilets and bathrooms on each unit. In the main these rooms were clean; however the shower chairs in some bathrooms needed a more thorough cleaning. Each toilet had general waste and clinical waste bins.

Each unit has a small kitchen area which also has separate handwashing facilities. We noted that most of the microwave machines needed to be cleaned.

There was no evidence of infection control audits being undertaken by the service. The housekeeper told us they would 'walk the floor' to check the work of the domestic staff and provide feedback on their staff rota sheet. We saw an example of this.

Prior to the inspection we were informed that the service had been inspected by the local NHS Trust's infection control officer in August 2015. The service achieved 93% compliance.

The service had a business continuity plan in place, which had been updated in November 2015. The plan contained details of what needed to be done in the event of an emergency or incident occurring such as a fire or electric failure, loss of heating and staff absence. The file also contained a list of people using services and staff emergency telephone numbers. This file is located in the main administration office and all staff have access to it.

We looked at what systems were in place in the event of an emergency, for example a fire. The manager told us that a 'grab file' had been developed. This contained 'personal emergency evacuation plans' (PEEPs) detailing the individual needs of people. The last fire risk assessment was completed in April 2015 and we saw evidence of weekly testing of the fire alarm and emergency lighting systems. Fire instructions and drills were done each month. We saw certification showing that fire extinguishers had been tested and inspected in December 2015. An examination of training records also showed that 40 of the 62 staff had completed fire safety training.

We asked the manager for certificates to show the equipment and services within the home were examined and maintained in accordance with the manufacturers' instructions. We were told that certificates were kept at the head office and were therefore not available to inspect. The manager provided us with a spreadsheet confirming when checks had been completed. We were told that copies of the certificates were to be requested and kept by the manager.

# Is the service effective?

## Our findings

People's visitors spoke very positively about the care their relatives received. We were told; "There is good communication with the staff" and "We always get feedback, if there is anything we need to know" and "We're kept in the loop".

Visiting health professionals also told us that people's clinical needs were being met. Staff were said to respond to requests made and worked hard in meeting people's needs.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). 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 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. The manager told us and we saw information to show applications to deprive people of the liberty had been submitted to the supervisory body (local authority). Capacity assessments had been completed to determine which people may need a DoLS authorisation. This helped to make sure people not able to make decisions for themselves were protected.

On one person's care records we examined we found information was conflicting in relation to their dietary needs. Whilst the person was fed artificially by means of a tube inserted into their stomach (called a PEG feed), information showed this person also took food orally. A mental capacity assessment had been completed and identified the person was able to make this decision. However other information on their records stated the person lacked capacity to make decisions for the health and welfare decisions.

We looked at how people were consulted and consented to their care and support. We found a number of people living at Brocklehurst Nursing Home had complex mental and physical health needs and relied on others to make decisions on their behalf about their care and support. We were told the relatives for a number of people had a 'power of attorney' for health and welfare decisions. This meant people had delegated the responsibility to their relatives to act on their behalf. However we found no evidence to show this authority was in place when we reviewed people's care records. The manager told us that this information had been requested from families however had not been provided. This information is essential to ensure decisions made on behalf of people are lawful.

We found people had not always been consulted with or consented, where possible, to specific decisions

about how they were to be cared for. For example, the use of bed rails and reclining chairs. There was conflicting information seen on people's care records in relation to people's mental capacity and their ability to make decisions. Care records we looked at did not clearly demonstrate if a person had the capacity to consent to their care and treatment or if decisions had been made in the person's best interest. A 'best interest' meeting is where other professionals, and family, where relevant decide on the course of action to take to ensure the best outcome for the person using the service. This process should be followed to ensure people are protected. The provider should act in accordance with the Mental Capacity Act 2005 ensuring relevant consent and decisions are made in the best interests of the person. This was a breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw a policy and procedure was available to guide staff in the Mental Capacity Act 2005 (MCA) and DoLS procedures. We were told that training was provided. Training records showed that 33 of the 62 staff had completed training in MCA. Staff spoken with were not able to demonstrate their understanding of the MCA and DoLS procedures. This training is important and should help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded.

At our last inspection we identified there was a lack of formal training and support and training for staff to complete their roles. During this inspection we found that improvements had been made.

We were told that new staff completed an induction on commencement of their employment. We were told and saw records to show this was completed over an eight week period. The induction involved overview of the home, fire safety, training, policies and procedures and role and responsibilities. Staff told us they also shadowed a senior member of staff before they were allowed to work unsupervised. The induction records we looked at for three new members of staff were incomplete or blank and therefore did not demonstrate inductions had been completed. We discussed this with the manager. The manager told us that the service was looking to introduce the new induction and training programme, 'the care certificate' introduced in April 2015.

The manager told us that systems had now been put into place to ensure that all staff received regular supervision meetings. We looked at records, which confirmed what we had been told. However we found that records were vague and did not evidence any discussion between the staff member and their supervisor. We discussed this with the manager as supervision meetings should provide staff with the opportunity to discuss their progress and any learning and development needs they may have.

We looked at what training opportunities were provided. The manager told us that staff completed a programme of annual training which involved 10 DVD's covering areas such as moving and handling, safeguarding, nutrition, food hygiene, infection control, and COSHH (control of substance hazardous to health). An examination of staff training records showed gaps in training in all areas.

In addition to the DVD training, new distance training had been sourced. This explored a range of training opportunities such as; dementia care, medication, end of life care, equality and diversity, mental health and nutrition. Staff spoken with confirmed they were provided with training and development and felt supported in their role. This helps to ensure staff have the necessary knowledge and skills needed to support people safely and effectively.

However records did not evidence that qualified nursing staff had received clinical supervision or training to update their practice, such as medication, wound care, catheter care and clinical observations. This needs to be explored so that nursing staff have the clinical skills to meet people's needs and are aware of current

good practice guidance.

Opportunities for on-going staff training and development helps to ensure people's health and well-being is safely met by staff with the relevant knowledge and skills needed to do so. This meant there was a breach in Regulation 12 (1)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our last inspection we found the nutritional and hydration needs of the people living in the home were not being met and where risks had been identified the service had not taken appropriate action to make sure the risks to people were reduced. During this inspection we checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

The service had a large lounge/ dining area on the ground floor and a small lounge area on each of the four units. We heard staff ask people where they wanted to have their meals either in the big or small lounges or in their rooms. We saw most people preferred to have their meals in the small lounges on each of the units. Each unit had a small kitchen area which also had separate handwashing facilities. We were told and saw that care staff and people who used the service and their visitors used the kitchens for preparing breakfast, making drinks, and snacks. We noted that most of the microwaves in each of the kitchens needed cleaning.

The service had four weekly menus in place. Refreshments were provided throughout the day with snacks served in the afternoon and evening. We saw jugs of juice and water were available in each of the communal areas as well as bedrooms, where people spent time in their rooms. This helped to ensure people had sufficient hydration.

We looked at the kitchen, which was clean and well organised and sufficient food stocks were available. We saw records were completed in relation to temperature checks, cleaning schedules and meals served each day. Information was also available in relation to special diets and fortified foods.

Following a food hygiene inspection on February 2015, the home had been rated a '5'; the highest award.

We saw that risk assessments and care plans had been developed where people had been assessed at risk of inadequate nutrition and hydration. We saw that additional monitoring charts were put in place and where necessary additional support and advice was sought from the dietician. Care staff spoken with told us they now worked more closely with the nurses and the dietician to help manage people's diets and weights.

During the inspection we were told that the service was supported with health care by the Nursing Home Team. The Nursing Home team comprises of medical staff and nurse practitioners. We were told that, during weekday working hours, the team responded to requests for consultations and reviewed people's care and prescribed medication. Staff told us that the Nursing Home Team also referred people to other health care providers such as dieticians and speech and language therapists. They also made urgent and non-urgent referrals to hospitals. We also spoke with a nurse practitioner who was visiting people being cared for at the service. The nurse spoke positively about the health care support provided by staff. We were told the staff were always helpful, quick to alert the team when people were ill and complied with any instructions or advice given.

The care records we looked at also showed that people had access to other health care professionals, such as tissue viability nurses, dietician, speech and language therapists, (SALTs), podiatrists and opticians.

Suitable arrangements were in place should people need to be transferred to hospital. We were told staff would always provide an escort unless the person was with a family member. We were told relevant

information summarising the person's needs would be shared with relevant health care staff so that people received continuity in their care.

Brocklehurst Nursing Home is a purpose built home. Accommodation comprised of four identical units. All bedrooms were single occupancy, with several assisted bath and shower rooms and separate toilets throughout. Some rooms had shared en-suite facilities. Corridors were sufficiently wide for people who used wheelchairs and aids and adaptations, such as handrails, were provided throughout to promote people's mobility and independence.

# Is the service caring?

## Our findings

At our last inspection we found care practices did not ensure people living at Brocklehurst Nursing Home were treated with dignity and respect. During this inspection we spoke with people, their visitors and staff, as well as observing staff when supporting people.

People and their visitors told us; "This home is full of love", "They [the staff] are very respectful and speak to mum how I would", "The personal care is excellent", "The staff are good and very attentive", "I like visiting, everyone is friendly", "The staff are very caring and attentive" and "Staff are very caring, they treat everyone the same way". When asked about the care and support provided, one person said, "I feel like I've won the lottery" and "Staff are lovely and caring". Visitors said they were always made welcome, staff were caring and there was a relaxed atmosphere.

Care staff we spoke with felt they had good relationships with people who used the service and their families. They said they were aware of people's likes and dislikes and how they wished to be cared for. One staff member said they had reflected on their practice and whether they enabled people to make decisions for themselves. An example being, becoming too familiar and doing for the person rather than asking them each time what they wanted. Another staff member said, "It's a good home and people are happy here".

For those people not able to tell us about their experiences, we spent some time observing how they were spoken to and supported by care staff. We saw staff respond promptly to calls for support from people. Staff were seen to support people in a patient and unhurried manner. We observed two care staff using a mobile hoist to reposition one person and to transfer another from a wheelchair to a sitting chair. In both cases, staff demonstrated good knowledge of moving and handling techniques, helping to maintain people's dignity. People were spoken with and reassured throughout the process.

Care staff said people were given a choice of where they wanted to spend their time, for example, stay in their room, go to the small lounge or the large lounge on the ground floor. This was seen during the inspection. We observed people were able to make their own snacks and drinks without staff intervening unless they had asked for help.

Care staff we spoke with were clearly able to demonstrate their understanding and practice of maintaining people's dignity and privacy for example, covering people when using hoists, and discreetly discussing people's care when others around.

During the inspection we saw shower curtains sited over the bathroom doors. Staff told us that as bathrooms did not have any windows, the rooms became quite hot and some people preferred not to have the door closed. Therefore the shower curtain provided some privacy. Staff said that it was understood that when curtains were drawn the bathroom was in use.

We were told that people's religious and cultural needs were met. We saw one person was visited by the minister from their church. The activity worker told us a local priest also visited on a monthly basis offering

communion to people. Two people living at the home requested a special diet. We were told that vegetarian and halal options were made available.

We saw the home was well equipped with sufficient aids and adaptations available throughout the home to promote comfort and aid mobility and independence. The home was clean, tidy and free from malodours. We saw that people had personalised their rooms with belongings from home. Rooms provided comfortable accommodation for people.

We looked at how the service cared for people who were very ill and at the end of their life. The clinical lead told us they and another member of staff were completing 'Six Steps' training. This training helped staff support people when planning for their end of life so their wishes were considered and planned for. Once completed this training would be shared with other members of the team.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw that care records were kept in the staff office on the ground floor.



## Is the service responsive?

### Our findings

People and their visitors told us their health care needs were met. We were told the nurses dealt with any changes in health care needs and that people had access to other health care professionals when needed. People's visitors said they were involved and consulted with about their relatives care where necessary.

During our last inspection we found that people did not receive person- centred care and support. Care records did not clearly reflect continuous monitoring of people's needs where risks had been identified, for example; pressure care management.

Five relatives we spoke with said they had been consulted in the planning of their relative's care and support and knew what was in their care plan. This helped when gathering specific information about the individualised care and support people needed.

We were informed that the service was introducing new care planning and assessment documentation. We were told that nursing staff were in the process of transferring information across to the new records. Guidance on how to complete the new plans had been drawn up and completed plans were being reviewed by senior manager to check that information reflected clear and detailed information about how people wished to be care for.

We saw care plans explored all areas of daily living. Where people had additional support needs, such as, infections, diabetes or PEG feeding regime, additional assessments and plans were in place to guide staff. Information seen had been regularly reviewed and updated where necessary.

We looked at the care records of seven people. Most contained sufficient information to show how people were to be supported and cared for. We looked at one person's care file, which had recently been transferred to the new plan. Information was more detailed and provided more personalised information about their needs, wishes and preferences. This reflected a more 'person centred' approach to providing care.

On another file it was documented the person was 'Not for Resus' however there was no DNACPR on file. We were told the person, where possible, their representative and health professionals had been consulted with about the decision. However a signed DNACPR form had not been provided from the authorising doctor or consultant. Without relevant documentation staff would not be able to uphold the decision made.

The care file for a third person had conflicting information in relation to their nutritional needs. Following a recent stay in hospital their notes stated the person required a 'pureed diet, syrup fluid and needed help feeding'. An earlier report from the speech and language therapist stated the person required 'normal fluids and mashable diet'. Information on the daily records showed that neither of the instructions were adhered to. Staff had recorded that the person had been given biscuits and cake to eat. To ensure that the information contained in the records is relevant the records must be accurate and up to date. Without accurate records it is not possible to know if people are receiving the care and support they require. This was

a breach of Regulation 17 2 (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found not all the people living at Brocklehurst Nursing Home were able or wanted to join in the activities provided. We spoke with the designated activities person who worked on a full time basis. They told us that they spent time with people on a one to one basis. The activity coordinator told us they arranged various activities and events for people..

We saw a weekly programme of activities which included an exercise group, skittles, baking, bingo and craft. Other opportunities included outside entertainers and a visit from the zoo, this is where a range of animals were brought into the home. During our inspection we observed the activity coordinator involved with a small group of people in a craft activity. On the second day of the inspection there was a singer; this was enjoyed by a large group of people and their visitors. We were told that a Christmas fayre had also been held with entertainment and raffles. This too had been well attended and supported by families and staff. More entertainment had been planned for the Christmas period.

People living at Brocklehurst Nursing home live with dementia and were not always able to join the activities. The activities co-ordinator told us they had not received training specific to their role including activities for people living with dementia. We recommend the service considers current good practice guidance in relation to the choice of activities offered to help promote the well-being of people with living with dementia, helping to promote their involvement and enable them to retain their independence.

During our last inspection we found that clear and accurate records were not in place to show that people's complaints and concerns had been taken seriously and acted upon. A copy of the complaints procedure was kept in the reception area. We found information needed expanding upon to include the relevant contact details of external agencies, which people may wish to refer to.

The manager told us that four complaints had been raised with them since the last inspection. We were told that people had been spoken with about their concerns and the action taken. This was to be followed in writing, confirming what they were told. We discussed with the manager the need to formalise the recording system so that all information was held together.

During the inspection we asked people and their visitors if they felt able to raise any issues or concerns. One person said they had raised a concern earlier in the year. They said the manager had taken over the handling of the complaint and had dealt with it effectively. Other people commented; "The manager is proactive in dealing with any issues" and "I've no complaints, they are very responsive".

## Is the service well-led?

### Our findings

During our last inspection we were concerned about the lack of effective management to ensure people received a safe and effective service. The current manager had been in post since April 2015 and had taken responsibility for the overall management of the service. They had recently submitted an application to CQC to register as the manager. The manager was supported in their role by two clinical nurse leads, an area manager and operations manager.

We received positive comments from people, their visitors and staff about the management team now in place. One person living at the service told us, "The managers are good. The manager makes sure everyone is doing their jobs. He talks to me every morning". People's relatives told us, "Very approachable", "See him offering direction and support to staff" and "Leadership is good".

Staff spoken with were also complimentary about the manager. We were told, "He's very supportive and hands-on", "He will go out of his way, we are well supported", "People's views and opinions are recognised" and "The manager is very proactive and deals with things straight away, I feel confident he can pull things up".

At our last inspection we found that effective operations to assess, monitor and improve the quality and safety of the service were not in place. During this inspection we asked the manager and reviewed records to see what improvements had been made.

The manager told us that they spent a lot of time within the home. This gave them the opportunity to speak with people and observe staff practice. The manager told us they had also carried out a number of night visits to check staff were carrying out their duties appropriately.

We were told that checks were undertaken in relation to medication and health and safety. A recent environmental check had been carried out however we were told the report had not been completed. We were told and saw records to show that a senior member of the management team visited the service to review the care plans and support staff with the transition to the new documentation. However audits did not explore all areas of the service such as infection control, health care needs, staff training and development and a review of accidents and incidents to eliminate the risks of re-occurrence. A robust system of auditing helps to develop and inform the homes business improvement plan.

We also looked at a number of policies and procedures to guide staff. We were told that policies were to be reviewed and updated to ensure information reflected current legislation and guidance. One staff member said they knew where to access company policies and procedures and had done so if they were not sure about something.

Whilst improvements had been made to the quality monitoring system, this needed embedding to ensure that checks were robust enough to identify any areas of improvement and evidence these had been acted upon. People need to feel confident that the home is being effectively monitored and managed so that they

are protected against the risk of unsafe or inappropriate care and support. This meant there was a breach of Regulation 17(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw opportunities were provided for people, their visitors and staff to comment on the service and share ideas. The service had distributed feedback surveys for people, visitors and staff to comment on the service. We saw evidence of responses from people and their visitors returned in October 2015. People's comments were positive about their experiences. Comments included; "The staff are very helpful", "Most co-operative", "Big improvement since the new manager took over" and "Plenty of improvements".

Prior to our inspection we reviewed our records and saw that events such as accidents or incidents, which CQC should be made aware of, had been notified to us. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

Prior to our inspection we contacted the local authority commissioning team. We were told that a recent routine monitoring visit had been completed and improvements in the management and conduct of the service had been found.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider should act in accordance with the Mental Capacity Act 2005 ensuring relevant consent and decisions are made in the best interests of the person. Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Staff did not have information to guide them on how to reduce or eliminate the risk so that the people were kept safe. Regulation 12 (2) (a)(b)  Opportunities for on-going staff training and development helps to ensure people's health and well-being is safely met by staff with the relevant knowledge and skills needed to do so. Regulation 12 (1)(2)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	To ensure that the information contained in the records is relevant the records must be accurate and up to date. Without accurate records it is not possible to know if people are receiving the care and support they require. Regulation 17 2 (c)

People need to feel confident that the home is being effectively monitored and managed so that they are protected against the risk of unsafe or inappropriate care and support.  
Regulation 17(2) (a)