Kidderminster Care Limited

Brownhills Nursing Home

Inspection report

29-31 Hednesford Road
Brownhills
Walsall
West Midlands
WS8 7LS

Tel: 01543374114

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Our inspection took place on 15 February 2017 and was unannounced. We last inspected the service on 6 and 7 July 2015. We found the service required improvement across all five of the areas of care we inspect. We also found that the registered persons were not meeting regulations in the areas of safety in respect of staffing levels and leadership in respect of feedback on the service. We received an action plan from the provider telling us how they were going to address these issues. At this inspection we found that some improvements had been made.

Brownhills Nursing Home provides accommodation for up to 50 people requiring personal care who may have dementia and who may have physical disabilities. At the time of the inspection there were 46 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People did not always receive support from sufficient numbers of staff. While some improvements in staffing had occurred since our last visit, people did not always receive the support they needed in a timely way.

Staff demonstrated skill in supporting people safely while assisting them to move about the service. However, some improvement in risk assessments were required to ensure staff had updated and accurate information about people's requirements.

Staff received training which meant they were knowledgeable about how to support people appropriately. Staff were not always clear about how to support people who may lack capacity to make certain decisions. Some people's records did not contain best interests information to assist staff where people may lack capacity in this way. Staff checked people were consenting to their care before they supported them.

People felt they received safe care from a staff group who were appropriately and safely recruited. People's health was supported by correct medicines in order to support their health.

During our last inspection we found people did not always receive a choice of food or drink. During this visit we found people were offered choice and were happy with the amounts of food and drink they received.

People were supported to receive appointments with healthcare professionals in order to support their wellbeing. People received compassionate care from staff, which protected their dignity. We found improvements in care record security was needed.

Most people were able to participate in stimulating activities, although this was less apparent on the first

floor of the service. The registered manager was making improvements to care records to ensure they were more person centred.

The provider sought feedback from people and their relatives in order to identify areas for improvement at the service. People had access to information about to how to raise a concern.

During the last inspection we found the service lacked leadership in respect of driving improvement. The provider now had new systems, but this had not addressed all issues, such as staffing levels. We found in other areas the provider had improved their oversight of the service. People and staff were positive about the culture and management of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

We found there were not always enough staff to support people with their needs throughout the day.

Improvement in risk assessments were required in order to keep people safe through correct information for staff.

The provider had used safe recruitment practices to ensure staff were appropriate for their roles.

People received the medicines they required to support their health.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff were unclear about who had authorised restrictions, and how this impacted on people.

Staff ensured that people were consenting to the care they received, although some improvements around ensuring people's best interests were recorded was required.

People received sufficient quantities of food and drink, which met their needs and supported their wellbeing.

People received appointments with healthcare professionals in order to support their health.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were not always treated with care by the provider as there were not always enough staff to give appropriate standards of care.

Staff promoted and respected people's dignity and privacy, although more care was required in keeping people's records

secure.

Is the service responsive?

Good

The service was responsive.

Staff demonstrated a good understanding of people's changing needs.

Most people were able to participate in stimulating activities.

There was a complaints policy in place which enabled people to raise issues of concern.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Staffing issues had not been sufficiently improved. Improvements in records were required.

The provider sought to gain people's feedback on the service. The registered manager had plans in place to address some of the shortfalls in the service.

Audits were carried out to assess the quality of the service and actions were taken where improvements were required.

Brownhills 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 15 February 2017 and was unannounced. The inspection was carried out by two inspectors, a Specialist Advisor in Nursing 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. Their area of expertise was older people.

The registered manager completed 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 looked at the PIR and at all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We also contacted the local authority and other relevant agencies for information they held about the service. We used this information to help us plan the inspection.

During the inspection we carried out observations of the support and care people received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who used the service and three relatives. We also spoke with two care staff, the registered manager and the provider. We looked at seven people's care records, records relating to the management of the service, records relating to health and safety and two staff files. We spoke with a healthcare professional and a GP.

Requires Improvement

Is the service safe?

Our findings

During our last inspection in July 2016 we had found staffing levels were not always adequate to meet the needs of people.

At this inspection, most people we spoke with told us they received the assistance they required from staff in a timely way. One person told us, "I have enough help". Another person told us, "If you buzz they usually come quickly". However, we found that, although staffing had improved; for example the provider had employed additional staff for mealtimes and a new activities coordinator; there were still inadequate staffing levels in certain areas and at certain times of the day. People on the first floor had higher complexity of needs which meant most people required assistance to move. We noted on two occasions people were kept waiting to use the toilet, because there were not enough staff to assist them in a timely way. One person was observed to be kept waiting for 45 minutes and a second person was seen waiting for 15 minutes. During breakfast a member of staff was supporting one person to eat. They left this person, having not finished their meal, to assist another person to eat. No other staff were available to assist the second person.

We observed on the ground floor during lunch, that there were not enough staff to assist people to eat who required this type of support. We observed one member of staff assisting two people to eat at the same time.

Staff we spoke with told us staffing levels did not meet people's needs. One staff member said, "Staffing upstairs is difficult. I think there aren't enough staff upstairs. Upstairs is difficult; people need more help, with their food and with [assistance to use the toilet]. There aren't enough, people are waiting". Another member of staff told us, "There aren't enough staff. Like today we are short. People have to wait to go to the toilet; more staff would make a difference". These comments confirmed what we had observed throughout the day.

The registered manager acknowledged the service had experienced staffing challenges due to sickness rates and retention of staff. They told us they had new processes in place to address sickness issues. We also found the provider was actively recruiting a new deputy manager for the service.

We looked at people's care records to see if risk assessments had been completed to assist staff in understanding how to support people safely. We found that, while there were a variety of risk assessments completed for people, some lacked detail or were inconsistent. For example, we saw one person was at risk of sore areas of skin. We found there were three different records which gave different guidance as to how often and in what circumstances the person needed to be repositioned. Staff gave us different answers as to which version was correct. Although the person's skin was healthy, this meant there could be a risk of inconsistent care leading to them sustaining sore skin.

Another record showed one person should receive one to one constant care. We observed this level of care was not being carried out. The registered manager explained this was not a formal assessment of this

person's care, but they were aware the person required more support. This showed inconsistency between care records and practice. We also found people's daily records were not appropriately completed to reflect what had happened to them during the day. For example, we saw one person slide from their armchair in the morning. Later in the day we checked the morning's daily record entry. This did not mention the person sliding to the floor. This meant there was a risk that, where incidents might need to be considered in people's care planning, this may not be available in their daily records as a prompt to change their care records as guidance to staff.

Staff told us they had received training in safeguarding and were clear about their duties to report matters of potential abuse to the management team. One staff member told us, "If I saw something that concerned me I'd go straight to the manager or the nurse in charge". They went on to tell us, "If I didn't get the response I expected I would whistle blow. I would call CQC or social services". However, another member of staff was unable to demonstrate knowledge of outside agencies they could report suspected abuse to, such as the CQC, police or the local safeguarding authority. This meant there was inconsistent knowledge among staff in how to report suspected abuse externally.

Most people we spoke with told us they felt safe using the service. One person told us, "I do feel safe here, perfectly safe. I get on really well with the staff. I have no concerns at all". A relative told us, "I do feel she is safe here, there have never been any problems". Another relative said, "She is safe here. It has taken so much worry from us since she has been here". We observed interactions between people and staff and saw people were relaxed around the staff who supported them. Two people raised issues about safety. We spoke with the registered manager about these issues and they raised a referral to the local safeguarding authority so they could be appropriately looked into.

People told us they felt staff carried out care in a safe way which reduced risks to them. A relative told us, "There's always someone to work with [person's name]. In fact they insist upon it". Another relative said, "They are always very careful with lifting and appear to follow safe procedures. They look after [person's name] well and I have no concerns". We observed staff assisting people to move, sometimes with the use of a hoist. We saw that staff followed appropriate procedures and moved people safely. Staff explained each step to the people they were supporting so they felt safe and confident. We asked staff about how they supported people to move about safely. Staff were able to accurately reflect correct methods, which were supported by care records.

We found the provider had systems in place to keep people safe in the event of an emergency. For example, a new fire system meant staff could directly locate the source of any fire. We also saw that people had personal evacuation plans in their records. This provided guidance on how people should be protected during an emergency.

Staff confirmed they were subject to appropriate checks during recruitment.
Staff confirmed they were subject to appropriate checks during recruitment We looked at the recruitment records of two staff members. We found appropriate pre-employment checks had been completed to ensure staff were suitable people to work at the service. We saw the provider obtained references and undertook checks with the Disclosure and Barring Service (DBS). The DBS checks help employers to make safer recruitment decisions by providing information about a person's criminal record and whether they have been barred from working with vulnerable people.

People told us they received the medicines they needed to maintain their health. We found the provider had robust systems in place to ensure people received the medicines they needed to keep them well. We observed medicines being given to people. We saw that staff used appropriate procedures to ensure people

had taken their medicines and to record this. We were assisted by the clinical lead while looking at medicines. We found medicines, medicines records and audits were well organised and overseen by the clinical lead. The clinical lead was responsive to minor issues we found and keen to make improvements in medicines systems wherever they could.

Requires Improvement

Is the service effective?

Our findings

During our last inspection in July 2016 we had found people did not receive a choice of meals.

At this inspection most people were positive about the food they received. One person described it as "Smashing" another person told us they had, "Enjoyed my breakfast". Staff showed knowledge of people's food and drink preferences or needs. One person was at risk from malnutrition, but enjoyed eating certain foods. We saw this person served with their preferred foods which they told us they enjoyed. A visitor told us one person followed a vegan diet. They told us, "We discussed this with the cook who has gone out of her way to learn about what makes a balanced diet. They have catered very well for [person's name]". We saw people being offered hot and cold drinks throughout the day. People's fluid charts showed staff ensured people received a good amount of drinks in order to support their heath. We saw people were offered a choice of meals and puddings, which they had selected during the previous day. We observed kitchen staff engaging with people and checking they were happy.

We saw staff had undertaken assessments of people's risk of malnutrition. We found that appropriate referrals to dieticians or speech and language therapists had been made where people's risk was considered to be higher. This meant people's risk around malnutrition and eating were monitored and acted upon where needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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 found that some people lacked capacity to make certain decisions. We saw in records the provider had made applications, awaiting authorisation, for some people to be restricted by DoLS, although some of the information contained within the applications was unclear as to people's fluctuating capacity and when this occurred. We spoke with the registered manager and staff about how they ensured people's rights were supported in respect of decisions about their care and day to day lives. We found that staff had some knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards, but were not always clear how this impacted on people. For example, some staff were unsure who had a DoLS authorisation or what this meant for how they needed to care for people. This meant there was a risk people could be unfairly restricted, or those who were under legal restrictions could be put at risk.

We saw one person required bedrails to ensure they did not fall from their bed. We found there were inadequate records to show who this matter was discussed with (e.g. the person and/or relatives). This person, who was said to lack capacity to make certain decisions, did not have a suitable record showing their capacity had been considered in being able to consent to the use of bedrails. We spoke with the

registered manager who agreed this consent/ consideration of the person's capacity was required in this instance to ensure their best interests were preserved.

People and their relatives told us staff sought consent from people before providing care to them. We observed staff checking with people before assisting them. This meant staff checked with people to ensure they were consenting to their care.

Most people and their relatives told us staff were able to meet the needs of people and were skilled in doing so. One person told us, "I am most certainly treated with respect…I can have a bath or shower when I want and get up and go to bed when I want". We looked at people's care records and found that people's needs were assessed and regularly reviewed to ensure their needs had not changed. Staff showed knowledge of people's individual needs.

We spoke with staff about the induction process they had undertaken when they first started with the service. Staff described how they had received opportunities to get to know the service and understand the needs of people who lived there. One staff member told us, "I had a good induction, there has been a lot of training since". All staff we spoke with told us, while training was good, they would like to receive more training concerning behaviours which may challenge staff. We observed several instances of staff helping people to mobilise around the service. We saw this was done in a skilled and knowledgeable way. This meant that staff were knowledgeable and knew how to support people effectively.

People had access to external healthcare professionals in order to maintain their wellbeing. We looked at records which detailed visits and appointments people had with outside health agencies. This supported what the registered manager had told us about visiting GPs and a community matron. We saw people did receive the appointments they needed. For example, one person had diabetic care needs. We saw this person received foot care from a podiatrist and retinal eye checks with the local NHS Trust. During our visit we spoke with a visiting healthcare professional and a GP. Both were positive about the service and how the provider acted and cooperated with them in supporting people's health. One of the professional visitors told us, "I'm always happy to come here and also the other doctors would say the same" and, "We always know why we have come here as we get good information when they call".

Requires Improvement

Is the service caring?

Our findings

During our last inspection in July 2016 we had found staff were often task orientated and did not have opportunities to engage with people.

At this inspection, most people and relatives we spoke with told us staff were compassionate and caring. One person said, "The staff are kind and treat me well". A relative told us, "The staff seem caring". Another relative told us, "The staff are caring and considerate; well trained and observant. They chat with the residents". We observed staff being compassionate with people on the ground floor. For example, one person became upset. We saw staff immediately go over to this person and comfort them.

We observed the way in which staff supported people throughout the day. On the ground floor of the service we saw that staff interacted positively with people and took time to ensure they were comfortable and not in need of assistance. One person preferred to sit in their wheelchair in the lounge, but had their own "comfy" chair. Staff checked periodically with this person to make sure they were still comfortable or whether they wanted to transfer to their "comfy" chair. This meant staff sought to ensure people were comfortable and showed caring towards people.

However, care on the first floor was less spontaneous and more task driven as staff were busy and had less opportunity to be able to react to people in a measured, compassionate way. Staff confirmed they felt the first floor required better staffing in order for people to be supported appropriately. We saw examples of people being kept waiting for aspects of their care, such as receiving assistance to go to the toilet. This meant the provider was failing to support staff to be able to deliver compassionate care on the first floor, via the provision of adequate staffing.

People's care records contained some information about them in terms of their likes and dislikes. However, we found there was little exploration of the person's history, such as what they had done as a job or important events in their lives, which would have assisted staff to understand the person in depth. Staff showed knowledge about people's day to day likes and dislikes, such as preferred places to sit and what they liked to do. We saw a staff member taking a newspaper to one person, which they appeared to enjoy. This meant that, although records required fuller information to help staff who were less familiar with some people, staff demonstrated they knew what people liked to do.

Staff respected people's dignity and privacy. One person told us, "They treat me with respect". We observed staff providing care in a way which protected people's privacy. We saw staff knock on people's doors. We also saw staff ensuring people's clothes were appropriately arranged while assisting them to move about. We saw other staff ensuring a person's pullover was pulled down correctly. During lunch, we saw staff ensuring people who required them wore aprons to prevent food staining their clothing. We saw staff using wipes to remove any food particles which had dropped on to people. People were well presented and staff sought to maintain people's dignity throughout the day.

We observed people's care records were not always kept securely. For example, some records were kept in

an area shared with the staff room. We found the door to this room had been propped open. This meant there was a risk people other than staff could access people's records. We highlighted this risk to the registered manager who agreed to ensure records were kept securely in the future. The registered manager told us new lockable cabinets were to be ordered.

Good

Is the service responsive?

Our findings

During our last inspection in July 2016 we found that people were not supported to take part in activities which interested them. People were not always consulted about their day to day care.

At this inspection, most people and their relatives told us they were involved in the planning of their care and support. One visitor described how staff had facilitated a person being supported in an activity they enjoyed. Staff ensured the visitor was able to support this person to pursue this activity; providing a suitable area for this to be undertaken. They told us, "They made suitable arrangements for me to come and read to her".

People gave mixed responses when we asked them if the provider provided stimulating activities. One person told us, "They don't provide activities. I get quite bored". Another person told us, "I like to read rather than join group activities though, but there are plenty of things I could do". We observed that some people were supported to be engaged in meaningful activity, particularly on the ground floor of the service, but this was less evident on the first floor. Staff on the ground floor engaged with people throughout our visit. Staff on the first floor had less opportunity to do this, as they were engaged with supporting people with personal care tasks during the majority of time. This meant people on the first floor had less access to meaningful activity or stimulation.

We found a new activities coordinator had been employed by the provider. We spoke with this member of staff who showed us a diary of activities they had carried out with people as a group and on an individual basis. This included cake making and crafts. We saw staff providing a person with a newspaper they wished to receive. We saw recent surveys carried out with people showed that most people were happy with the activities offered by the provider. This meant while there had been some notable improvements in the provision of stimulating activities for people living at the service, there was still some need for developing this area further to ensure all people were engaged in activities they enjoyed. We found some care plans lacked adequate person centred information. We discussed this with the registered manager who undertook to improve this aspect in new records they were producing at the time of our visit. This was to be supported by a new administration, policies, and care plan packages recently acquired by the provider.

We saw people, or their representatives (where appropriate), had signed important care records. This was to show their knowledge and involvement with these records, in addition to their consent of the contents. We saw the service assigned a key member of staff to each person. We saw evidence of regular meetings between these key members of staff and people.

We saw there was clearly displayed complaints information in the main foyer of the service. We looked at the provider's records and found the appropriate complaints policy was being followed in dealing with complaints. This included records of external communications with other agencies and how the complaint process was being progressed. This meant people and their relatives had access to information about how to make a complaint and the provider followed the published process.

We saw the registered manager had gathered recent surveys from people and their relatives. People could not always recall having completed a survey, but a relative told us, "We haven't been asked for formal feedback, but we are invited to give feedback informally whenever we want". We sampled recent completed surveys and found people were positive about the service provision. We saw that the provider had analysed the surveys to understand what people thought of the service overall, and this was displayed in the foyer area.

Requires Improvement

Is the service well-led?

Our findings

During the last inspection we found the provider had not always taken to steps to make improvements to the service where shortfalls were found. These included addressing issues around inadequate staffing levels.

Although we saw some improvements around staffing, we found there were still issues around staffing on the first floor of the service. The registered manager used a dependency calculation to determine how many staff were required to reflect the needs of the people living at the service. We found that, at times, staffing was still inadequate despite the use of the dependency calculation tool. The registered manager acknowledged issues they were still experiencing with staffing and showed they had plans in place to improve this, such as new sickness procedures and the active recruiting of a new deputy manager.

We found improvements in records were required. This included clear and accurate risk assessments, for example, where there was a risk to skin health. Records needed to consistently reflect people's needs from day to day. New security arrangements were required to ensure people's records were secured appropriately. The registered manager told us these were areas they would be addressing.

Most people, relatives and staff were positive about the management team and how the service was run. People and their relatives knew the registered manager and expressed confidence in them. One person told us, "[the registered manager] comes to speak to me every day, she is approachable and it is a very nice place and I have no grumbles at all". A relative told us, "[The registered manager] arrived and everything changed. The atmosphere with staff was noticeably better immediately". Another relative said, "Both managers are approachable and helpful". We observed the registered manager greeting visitors and interacting with people in a positive way. She demonstrated a good rapport with people and they appeared to be comfortable speaking with her. This meant the registered manager was visible within the service.

Staff were positive about the culture the registered manager had created at the service. Staff told us they felt supported by the registered manager. Staff told us about improvements the registered manager had made. One staff member said, "[The registered manager] is working hard to make improvements. For example, we now get staff meeting minutes, so when I'm not there I still know what has been discussed". Staff confirmed they had one to one meetings with the registered manager. One staff member told us, "We get support, I've had one to one meetings. [The registered manager] makes time for you". Another said, "You can approach [the registered manager], no problem with that". Staff told us, "I love working here". Records supported appropriate meetings between the management team and staff had taken place.

We saw the registered manager was visible within the service. People reacted positively to the management team and appeared to be comfortable in their presence. Registered persons are required to notify CQC of certain changes, events or incidents at the service. We had received appropriate notifications from the provider. The registered manager and area manager held records of reportable matters.

We found the management team carried out audits and reviews of the quality of care. These audits covered

a number of areas affecting people living at the service, such as and medicines and the environment. One staff member told us, "There have been improvements made to the building recently". We observed the service was clean, well presented and in good working order. We found a lack of recent care record audits, which would have identified some areas for improvement. However, the registered manager demonstrated they were changing records to a new format and had plans to audit the new records in the near future.

We found the registered manager had cooperated with external agencies in order to bring improvements to the service. This included input from the local Infection Control team. The registered manager had taken note of recommendations made by this team and had implemented improvements as a result of their feedback. This included the refurbishing of a domestic storeroom.