

Vitality Care Homes (Brookside) Ltd

Brookside Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Brookside is a residential care home providing personal care to up to 29 people. The service provides support to older and younger adults, people with mental health concerns and people living with dementia. At the time of our inspection, there were 28 people living in the home. Care was provided in 1 adapted building, there were communal rooms available for people to enjoy.

People's experience of using this service and what we found

Risks to people were not always effectively monitored or assessed. Environmental risks were not always safely managed. Potentially harmful substances were not always stored away safely. Quality audits were taking place; however, these had not identified some of the discrepancies found during this inspection. Some care plans contained conflicting or out of date information and auditing systems required improvement to monitor potential risk.

The provider acted on all areas of feedback during this inspection. The manager was new to the service and shared plans to improve the quality auditing processes, including the introduction of a new electronic monitoring system. We will review the success of these new systems in our next inspection.

People told us they felt safe living in the home and with the staff who supported them. There were enough staff on duty to support people safely and staff were recruited safely. Staff received safeguarding training and were confident to report their concerns.

People and relatives told us the culture in the home was positive and they felt included in the service. The manager worked in partnership with other professionals and health care services, and a visiting professional told us the manager actively communicated any changes or concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at last inspection

The last rating for this service was good (published 3 March 2022).

Why we inspected

We received concerns regarding incident and risk management. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this report.

The provider responded to all of our feedback and introduced new quality monitoring systems. We will review the success of these systems in the next inspection.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Brookside Residential Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to risk management, storing harmful products safely and overall governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

Brookside Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors 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.

Service and service type

Brookside is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Brookside is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there not a registered manager in post. A new manager had been in post for just over 2 weeks and planned to submit an application to register. Once submitted, we will assess this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people living in the home and 4 relatives about their experience of the care provided. We spoke with 10 members of staff including care workers, senior staff, deputy manager, registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from 1 visiting professional.

We reviewed a range of records. This included 7 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including policies and procedures and health and safety documents.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people were not always effectively monitored or assessed. One person was involved in an incident involving sexualised behaviour. However, their care plan did not reflect the potential risks to others from this incident and a risk assessment was not completed.
- People were not always supported in accordance with their care plan. For example, 1 person's care plan stated they needed their weight monitored weekly. However, weights were being monitored monthly. Whilst the person's weight remained stable, the provider could not be assured the person's health was being effectively monitored in line with health professional advice.
- Risks to people from health conditions were not always assessed. For example, 1 person was diagnosed with epilepsy. The care plan detailed how the person may experience seizures. However, a risk assessment was not in place to explain how staff were to respond to potential seizures and staff had not received epilepsy awareness training. This meant this person was at risk of staff not identifying signs and symptoms of a seizure and therefore not acting swiftly to provide them with the support they may need.
- Environmental risks to people were not always managed safely. For example, there were occasions when the housekeeping trolley was left out unsupervised. Cleaning substances were accessible, and people were seen independently walking around the home. This meant people were at risk of accessing harmful products.
- Medicines were not always stored safely. Some people used topical medicines such as moisturisers and emollients. These were stored in people's bedrooms, located in a cupboard protected only with a child lock. This type of lock was insufficient to demonstrate topical medicines were stored safely. In some people's bedrooms these topical medicines were left out on surfaces, where they were easily accessible to people. This meant people were at risk of accessing harmful products.
- Topical medicines such as moisturisers and emollients were not always labelled with the date of opening. This is important because some topical medicines can only be used for a set amount of time once opened. This meant the provider could not be assured the topical medicines being used were still safe to use.
- Some people received pain relief skin patches on a weekly basis. However, care records did not demonstrate skin patches were being checked daily to ensure they were still secure to the skin. The provider told us staff were visually checking the patches remained in place each day, although they were not recording this. This meant the provider could not evidence the skin patches had been checked.

We found no evidence people had been harmed. However, systems were either not in place or robust enough to demonstrate risks to people were being effectively assessed and monitored. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to all concerns raised in this inspection. Risk assessments were completed, and people's weights were monitored in accordance with their assessed need. The provider explained they were transferring people's information to a new electronic system which would alert the manager if a risk monitoring task, such as weight monitoring, was missed. A new lockable cleaning trolley was purchased. Staff were reminded to store medicines away and the manager's daily walk around included checking for any substances not stored safely away.

- Medicines were managed by suitably trained staff. People got their medicines at the right time and medicine administration records matched the quantities of medicines stored.

Learning lessons when things go wrong

- Lessons were not always learnt following incidents. For example, 1 person was involved in an incident involving sexualised behaviour. Risk assessments were not completed following this incident. Whilst the provider took action to reduce the risk of the incident reoccurring, records needed updating and completing.
- Other accidents and incidents were managed well. Accident and incident forms were completed and investigated by the management team. Trends were examined and referrals made to other agencies such as falls teams.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe from harm. People told us they felt safe living in the home. One person told us, "I feel very safe as they [staff] check on me."
- Staff received safeguarding training and told us how they accessed relevant policies and guidance. One staff member said, "I've had safeguarding training. We report concerns to management or if they are unavailable, we can ring safeguarding team, the number is on the office wall."
- Staff meetings and handovers took place regularly. These were used to pass on information and update concerns.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People told us they were encouraged to make their own decisions about the care and support they received. One person said, "I can have a bath or a shower when I want one. I make my own decisions. When they [staff] help me, they check I'm ok first with whatever they are going to do."
- We found the provider was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Assessments of people's mental capacity and best interest meetings took place to ensure decisions made were appropriate and least restrictive. This related to the decisions concerning where a person should live and personal care.

Staffing and recruitment

- People told us there were enough staff on duty to support them safely. One person said, "When I press the buzzer, they [staff] come quickly. I think there's enough staff to care for me."
- Staff responded promptly and respectfully to people when required. People did not need to wait long to be supported by staff.
- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was ensuring infection outbreaks were effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality audits were in place; however, they had not identified some of the care planning discrepancies found during this inspection. For example, some care plans missed information or contained out of date information. We recognised the manager was new in post and there were plans to improve auditing processes, including a new electronic recording system.
- Processes in place for monitoring the medicine fridge temperature were not in accordance with national guidance. Whilst staff recorded the temperature of the medicine fridge daily, the systems in place did not allow for the maximum and minimum temperature to be recorded daily. This is important to ensure the fridge remained within a safe temperature range throughout the day and night.
- Medicine audits took place and had identified some discrepancies. However, these were not effective when monitoring storage of medicines and pain relief skin patch daily checks. Audits had not monitored the opening dates of topical medicines.
- Environmental checks were not always effective when monitoring the storage of potentially harmful substances, such as cleaning products or topical medicines.
- Risk monitoring and oversight was not always effective when assessing potential risk of harm. For example, epilepsy and behaviour risk assessments were not completed for 2 people. Another person's weights were not being monitored in accordance with their care plan.

We found no evidence people had been harmed. However, systems were either not in place or robust enough to demonstrate effective governance. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to our feedback during the inspection. New quality auditing systems were introduced. Systems were introduced to monitor maximum and minimum medicine fridge temperatures. New equipment was purchased, and a new electronic recording system introduced. We will review the success of these new systems during the next inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture within the home was empowering and focused on the individuality of people. One person told us, "It's lovely living here. All of the staff are very helpful. It makes me feel good as all the staff are around to help me and they do."

- Relatives told us the culture was inclusive. One relative told us their family member could not communicate verbally. They told us the staff members communicated effectively using different methods.
- Staff told us the culture achieved good outcomes for people. One staff member said, "It is a positive culture to work in. We all put the needs of people first and do our best to meet their needs."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their duties under the duty of candour. They told us it was important to be open and honest with people and make apologies when things went wrong.
- Relatives told us the provider informed them when things went wrong. One relative told us how the provider informed them if their family member experienced a fall. They explained they were kept updated on what happened and what actions were taken.

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

- Relatives told us they felt involved in the service. One relative said, "The management have been really good. I've got 100% confidence in them." Another relative told us, "The management keep me in the loop at all times."
- Staff were positive about the management. They told us they have regular meetings and always feel able to speak up if they have concerns.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service. Renovation works were taking place during the inspection, this included a new pub themed dining room.
- Relatives told us they received questionnaires and felt able to make suggestions and raise concerns with the management.
- Staff told us they could make recommendations to improve the service provided. One staff member told us about a suggestion they had made about introducing a new piece of equipment to assist a person. They said this was actioned by the provider.

Working in partnership with others

- A visiting professional told us the provider worked closely with them and promptly communicated any changes in people's health needs.
- The provider engaged in local forums to work with other organisations to improve care and share good practice.
- Records showed collaboration with numerous health and social care professionals.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to demonstrate risks to people were being effectively assessed and monitored.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate effective governance of risk.