Astley Care Homes Limited

Brookfield House Care Home

Inspection report

Brookfield Park
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Nantwich
Cheshire
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Date of inspection visit:
08 January 2019
09 January 2019

Date of publication:
14 February 2019

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

This comprehensive inspection took place on 8 and 9 January 2019 and was unannounced on day one.

Brookfield House is a 'care home' close to Nantwich town centre. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection. Brookfield House Care Home provides care and accommodation for up to 51 adults with needs associated with old age, dementia and/or physical disability. Access between floors is via a passenger lift or stairs. The home is set within well maintained gardens. At the time of this inspection there were 27 people living at Brookfield House.

We previously inspected this service on 8, 9 and 14 May 2018 and identified breaches of regulation relating to person-centred care, safe care and treatment and good governance. We rated the service as Requires Improvement overall.

In June 2018, we received serious whistleblowing concerns which we reported under local safeguarding procedures and to the police. The information raised several allegations of significant concern about the safety and welfare of the people who lived at Brookfield House Care Home. Although the management team were aware that allegations had been made, they had not reported them to the relevant authorities.

As a result of this information we carried out an inspection on 4 and 7 July 2018 which focussed on two key questions only, safe and well-led and awarded a rating of Inadequate in both. This resulted in an overall rating of Inadequate and the service was placed into 'Special Measures' by the CQC. We identified continued breaches of regulation relating to safe care and treatment, person-centred care and good governance in addition to a breach of regulation relating to safeguarding people from abuse and improper treatment.

Since the last inspection the provider had worked with the local authority to address the concerns raised and improve standards. During this inspection we found that although further improvements were required, the service was no longer in 'Special Measures'. We found that the provider was no longer in breach of regulations relating to, person-centred care and safeguarding people from abuse and improper treatment. However, we identified a continued breaches of regulation relating to safe care and treatment and good governance. This was because we found that risk assessments were not always in place, we identified some concerns around the management of topical applications [creams and lotions] and protocols for 'as required' medicines were not always in place. In addition, we did not see sufficiently established and effective quality assurance systems and records were, at times, disorganised, not available or there was confusion as to where they were kept. The provider's quality assurance processes had not identified the issues highlighted during this inspection. You can see what action we told the provider to take at the back of the full version of this report.

Following the whistle-blowing concerns received in June 2018 the registered manager resigned from their

post and cancelled their registration with the CQC. 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.

Since that time the area manager had been responsible for day to day management of the service. In November 2018 a new home manager was recruited and they have submitted their application to become the registered manager of the service. At the time of the inspection they had been in post for approximately six weeks, which included three weeks pre-booked leave. Staff were complimentary about the new manager and the difference they had made since their arrival.

Staff had received training about protecting people from abuse and demonstrated an improved understanding. We saw that staff had recently reported practice which they knew to be improper and that this had been dealt with appropriately by the area manager. The incident was reported under local safeguarding protocols and to the CQC as required.

During our inspections carried out in May and July 2018 we found short falls regarding safe management of medicines. When we observed a medicine round during this inspection we found it was carried out professionally and safely. However, we found that improvement was still required in relation to management and recording of topical applications, that protocols were not always in place for medicines to be taken 'as required' and that not all staff were not clear about the amount of fluid thickening agent that a person was prescribed. Risks associated with the use of paraffin based ointments were not assessed and were not identified on personal evacuation records. We recommend that the management team include this area in their review of topical application management.

During our July 2018 inspection we identified concern about people's lack of choice about when to get up and go to bed. During this inspection people told us that they could choose when to go to or get up from bed. We saw that some people had chosen to stay in bed later in the morning and that their choice was respected.

At the time of our inspection four people were receiving 'end-of-life' care. The GP had been involved with care planning and medicines that may be required at this stage of life had been prescribed. Some people had a 'Do not attempt resuscitation' [DNAR] instruction in place and the manager had worked with the GP to ensure that robust documentation was in place to support these decisions. A visitor told us about the "exemplary" end of life care that staff had been recently provided.

Risks to people's safety were assessed for example, falls, skin integrity and use of bedrails. However, we found there was no risk assessment in place for two people who were at risk of self-neglect. We discussed the need for this to be reviewed with consideration to each person's mental capacity with the home manager. Applications had been submitted to the local authority to ensure that people's liberty was only restricted with legal authorisation.

There was a process in place to record and monitor accidents and incidents however a more robust system of analysis would assist in better identification of potential themes and trends to ensure any learning was captured.

During our July 2018 inspection we identified concerns about the accuracy of records used for recording such as food/fluid intake, personal care and safety checks. This was because they were not completed at the point of care and therefore could not be relied upon. However, although some improvement had been

made, we observed a member of staff completing records retrospectively. We also found that advice given by a District Nurse regarding deterioration in skin integrity had not been updated in the person's care plan. This demonstrated that the improvements we had been told about were not fully established and the provider was not maintaining a contemporaneous record of care delivery.

Since the last inspection staff had received training in a wide range of topics and a programme of supervision and appraisal was underway. Regular staff meetings had been held and staff told us they now felt supported by the manager.

Recent improvements had been made to the lunchtime service after concerns were identified by an external auditor. We observed the breakfast and lunchtime meal service and found that people could choose from different options and that staff supported them in a caring manner.

Since the last inspection staff had received additional training regarding accurate us of the malnutrition universal screening tool [MUST]. A sample of recently completed records evidenced that they had been completed correctly. Unintentional weight loss was captured on a matrix and the GP had been informed as required.

The environment was visibly clean and free from odours with plans underway to refurbish some of the bathing facilities. Arrangements were in place to check the environment to ensure it was a safe place for people to live including gas, electricity, lifting equipment and fire safety.

People had access to a range of health professionals to maintain their health and well-being. Throughout the inspection we observed caring and attentive interactions between staff and the people living at Brookfield House.

Consideration was given to people's privacy and we saw that care records were kept in a lockable cupboard. However, during the inspection we heard staff discussing personal information which could be overheard by others.

During our May 2018 inspection we found that there was a lack of organised activities and that people were not supported to access the community. The provider had employed two activity co-ordinators and improvement was noted with regard to activity provision. We saw that a variety of activities had taken place, future events were being planned and that people had been supported to access the community, for example the library, town centre and shopping.

Care plans included information about people's likes, dislikes and communication needs. There was a full-service review underway to improve the quality of care plans. The manager informed us that this was 60% completed with the remainder due to be completed by the end of January 2019.

There was a policy and procedure in place to handle and respond to complaints. The complaint log provided had not been updated since March 2018. During the inspection a visitor raised some concerns with us which we brought to the attention of the manager. They implemented measures to manage one of the concerns until it was addressed the following day and began a full investigation of the issues raised.

The current CQC rating was displayed as legally required on the provider's website and within the home.

Following the inspection the manager forwarded a copy of an action plan they had developed covering the areas they intended to address which identified the name of the person responsible and a time frame for

completion.

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 had improved but was not consistently safe.

Medication administration records were not always in place for topical applications and staff were unclear about an individual's requirements. Protocols for the administration of medicines to be taken 'as required' were not always in place.

We found that risk assessments were not in place for two people at risk of self-neglect.

Staff had received training and demonstrated a good understanding with regard to protecting people from abuse and improper treatment.

Safe recruitment procedures were followed.

Is the service effective?

Requires Improvement

The service had improved but was not consistently effective.

Improvements to ensure that documentation was a contemporaneous record of care delivery were not fully established.

Staff had been supported with training in a wide range of topics. New staff underwent an induction programme which prepared them for the tasks they were to carry out.

We observed the mealtime experience and found there was a pleasant atmosphere throughout and that staff were attentive.

Is the service caring?

Good

The service was caring.

People told us that staff were kind and caring and that they were treated with dignity and respect.

Consideration was given to people's privacy although we heard staff discussing personal information where others could overhear.

Individual communication needs were considered as part of the care planning process.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

There was a policy and procedure in place to handle and respond to complaints.

We saw that improvements had been made with regard to the provision of organised activities and that people has been supported to access the community.

Care plans contained some person-centred information but we found there were some inconsistencies or additional information was required. A full-service review was underway.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

A new home manager had been employed since our last inspection and they had applied to be registered with the CQC. Staff were complimentary about the difference the manager had made since their arrival.

We did not see that quality assurance systems were fully established and operated effectively.

The last CQC rating was displayed on the provider's website and within the home as legally required.

Brookfield House Care 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.

The inspection was carried out by an inspection manager, two adult social care inspectors, an expert-by-experience and a specialist advisor on day one and two adult social care inspectors on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection, we looked at information we held about the provider including notifications. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority contract and quality assurance team and they shared their most recent knowledge about the service and improvements they had noted since the last inspection. We had also received feedback from the local authority following a recent meeting attended by the provider and various health and social care professionals.

We looked at information we had received from the submission of a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used all the information available to help plan our inspection.

During the inspection we spoke with seven people who lived at Brookfield House, four visitors, the regional manager, home manager, deputy manager and six other members of staff. We looked at medication records of 21 people, six care folders and other records relating to the day to day operation of the service.

We carried out observations at various points during the inspection including the use of 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 give their views.

Requires Improvement

Is the service safe?

Our findings

During our comprehensive inspection carried out on 4 and 7 July 2018 we found that the provider was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the management team failed to protect people from the risk of abuse when allegations had been made, unexplained bruising had not been reported and records could not be relied upon. During this inspection we found that the provider was no longer in breach of this regulation.

In June 2018, we received serious whistleblowing concerns which we reported to the local authority and to the police. The information received included significant concern about the safety and welfare of the people who lived at Brookfield House highlighting several alleged incidents. Although the management team were aware that allegations had been made, they had not reported them to the relevant authorities. Following receipt of this information we carried out a focussed inspection on 4 and 7 July 2018 during which we identified evidence of institutionalised and poor, unsafe care practice.

During our inspection carried out in May 2018 we had identified concerns regarding staff's understanding of safeguarding procedures. Since the last inspection staff had been supported to improve their understanding and had received additional training both from the provider and from a member of the local authority safeguarding team.

Staff spoken with during this comprehensive inspection demonstrated a good level of knowledge about types of abuse, what they should report and to whom, including outside of the company should the need arise. Staff told us that they now felt able to report concerns and that they would be listened to. Pocket sized safeguarding handbooks were to be provided to all staff to further enhance safeguarding awareness.

Staff had reported an incident to the area manager immediately when they had observed inappropriate practice. The provider followed local safeguarding reporting procedures and informed the CQC. The allegation was investigated by the provider and disciplinary procedures followed. This demonstrated that people were protected from abuse.

During our comprehensive inspection carried out in May 2018 we found that the provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care and treatment was not provided in a safe way. When we carried out a further focused inspection in July 2018 we identified a continued breach of this regulation. During this inspection, although we found that that improvements were evident, we found that the provider remained in breach of this regulation.

At our inspections in May and July 2018 we found shortfalls regarding the safe management of medicines. This was because people had not always received their medicines as prescribed, protocols for 'when required' medicines were not always in place and when we checked the stock of a medicine we found it to be incorrect.

During our July 2018 inspection we found that people were not always receiving their topical medicines [creams and lotions] as prescribed and that Topical Medicine Administration Records [TMARs] were not always completed. During this inspection we found that improvement in this area was still required. This was because there was some confusion between staff as to which applications a person was prescribed and we found that TMARs were not always in place or there were gaps in completion. We discussed our findings with the home manager and they confirmed that they would carry out a full review of all topical application documentation and ensure that all staff were clear about individual's requirements.

We saw that paraffin based ointments were prescribed within the service however on review of three bedrooms we found there was no risk assessments completed related to this risk area and it was not identified on personal evacuation records. We recommend that the management team include this area in their review of topical application management.

During our inspection in May 2018 we found that protocols for 'as required' medicines were not always in place. Following that inspection, we were provided with a copy of an improved protocol which was to be introduced. However, during this inspection, we again found that protocols were still not always in place.

We also found that a medication prescribed to be taken as required had been administered consistently over an eight-week period. This medication was prescribed to manage pain caused by a specific wound which was now healed, however was still being administered. We could not see that the regular and continued use of this medicine had been discussed with the GP. We brought this to the attention of the manager who advised they would arrange for GP review and would carry out a review of all 'as required' medicines to address any shortfalls and ensure protocols were put in place.

These issues were a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed a staff member administering medications and found this was carried out professionally and safely, following correct procedures. Staff responsible for administering medicines had received appropriate training and their competency to do so checked.

We saw that controlled drugs were safely managed. Controlled drugs are medicines that have additional control measures in place because of the potential for misuse. We found that the recording book was difficult to navigate as there was no index however following feedback about this the area manager confirmed a new book had been ordered.

We asked people if they staff discussed their medicines with them and were told "Yes, they [Staff] tell me as I'm taking it" and [Staff] ask me if I want it".

During our inspection carried out in July 2018 we found that the provider was not always assessing hazards presented or developing effective arrangement to mitigate risk. Records reviewed during this inspection evidenced that risks to people's safety were assessed for example, falls, skin integrity and use of bedrails.

However, we found that there was no risk assessment in place for two people who were at risk of self-neglect. This meant there was a lack of robust assessment and care planning to enable effective strategies to be implemented. We discussed the need for this to be reviewed with consideration to each person's mental capacity with the home manager during this inspection.

This was a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

During our July 2018 inspection we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because they failed to do everything reasonably practicable to make sure that people who used the service received person-centred care and treatment that was appropriate, met their needs and reflected their preferences. This included a lack of choice about when people went to bed and got up, care plans were not sufficiently developed to meet people's needs, and there was insufficient information available regarding a 'Do Not Attempt Resuscitation' [DNAR] decision. During this inspection we found that, although some improvement was still required with regard to the development of care plans, the provider was no longer in breach of this regulation.

On both days of our inspection we saw that people had choice about when they went to bed or got up. Several people had chosen to remain in bed and all appeared comfortable and on the second day of the inspection we saw two people making their way to bed independently at approximately 18:00hrs, they told us that this was their choice. All the people we spoke with told us that they had choice about when to get up or go to bed. One person told us "If I want to miss breakfast and stay in bed I can". We saw that they had chosen to remain in bed on the first day of our inspection and that staff offered them a breakfast later in the morning. Others told us "If I want to stay in bed I can", again we saw that they had chosen to do so and that their wishes were respected.

We found that improvements had been made regarding DNAR documentation and that the manager had worked with the GP to ensure that robust documentation was in place to support DNAR decisions. We have commented further on this in the Effective section of this report.

We saw that improvements had been made to the environment. Some redecoration had taken place, new flooring laid and plans were in place for some of the home's bathing facilities to be refurbished. The home was visibly clean and tidy and we saw that systems were in place to prevent and control the spread of infection. Supplies of personal protective equipment were readily available. Staff received training in this area and a recent external infection control audit achieved a score of 96%.

During the inspection we saw that there were sufficient staff to meet people's needs in a timely manner. People we spoke with told us that they felt there were enough staff. They told us "yes, they come quick" and "Plenty of staff, if I press the bell they come". A staff member told us "Staffing levels are to people's needs, we have time to listen".

Safe recruitment checks were carried out before new staff were employed. We looked at three recruitment files and saw that application forms were completed, references obtained before the person commenced shifts and that checks were made with the Disclosure and barring Service [DBS]. This ensured they had not been barred from working in a care service and supported the provider to make safer recruitment decisions.

There was a process in place to record and monitor accidents and incidents. An analysis form was in place which detailed the type of injury sustained, the time and age group, however it did not allow for analysis of the dates of the accident/incidents, whether they were witnessed or unwitnessed and did not record the area of the home that each accident had occurred in. When we reviewed accident records we found that accidents had happened on three consecutive days over a weekend period which the analysis form had not captured. A more robust system would assist in better identification of potential themes and trends to ensure any lessons learned were captured.

Staff received training to safely support people with manual handling interventions and the use of

associated equipment. During the inspection we observed staff supporting someone with the use of a hoist. This was carried out using safe techniques and in a kind and caring manner.

Arrangements were in place for checking the environment to ensure it was a safe place for people to live. Safety checks were carried out, for example, gas, electricity, lifting equipment, water temperatures and fire safety. People had a personal emergency evacuation plan [PEEP] detailing the support they would need in the event of a major incident/emergency. A fire door which had been previously wedged open with a chair had been fitted with an automatic closure device so that the door could now be left open safely.

The provider had a policy in place to promote equality and diversity to ensure that people were treated fairly and without discrimination.

We recognised that action was being taken to address the previous concerns. Due to the need for on-going and sustained improvement in areas such as risk management and management of topical applications we have rated this key question as Requires Improvement. We will check improvements at our next planned comprehensive inspection.

Requires Improvement

Is the service effective?

Our findings

During our May 2018 inspection we found that people's weight and the risk of malnutrition were not adequately monitored and that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, as noted in the Safe section of this report, although improvements were evident, we found the provider was in continued breach of this regulation.

Since that inspection staff had received additional training regarding accurate use of the malnutrition universal screening tool (MUST). We reviewed a sample of recently completed records and found that they had been completed accurately. A matrix was completed which enabled oversight of any unintentional weight loss and we saw that action was taken to inform the GP when required.

During our July 2018 inspection, we identified serious concerns about the accuracy and reliability of monitoring charts. For example, relating to provision of personal care, safety checks and food/fluid intake records. This was because staff were not completing them contemporaneously or were doing so with inaccurate information and so records could not be relied upon. The manager informed us that changes had been made and staff now completed records at the point of care delivery.

Our observations demonstrated some improvement had been made, in that we heard a staff member stating they were unable to complete a food/fluid intake chart as they had not witnessed what the person had eaten themselves. However, we observed monitoring charts being completed late morning. The member of staff told us they were completing charts for personal care, continence care etc. which had taken place earlier in the morning. They said once all people had been supported they filled in all the charts at the same time later in morning. This was in direct contrast to the information provided by the manager and demonstrated that improvements implemented to ensure accurate and contemporaneous completion of documentation were not fully established.

The area manager told us that plans were in place for the implementation of a new electronic recording system. This would require the installation of a new infrastructure for wireless connection and at the time of the inspection a commencement date had not yet been agreed. Under the new system, each member of staff would have an electronic tablet to record information at the point of care which could also be voice activated. The new system would only record information at the time of entry.

Since our May and July 2018 inspections staff had been supported with training in a wide range of topics. Staff spoken with told us that they had received the training they needed to do their job, comments included "It's got so much better, we've had a lot of training". We were provided with a copy of a training matrix showing when sessions had taken place. This would benefit from highlighting when sessions were next due. New staff underwent an induction programme which prepared them for the tasks they would be asked to carry out.

People living at Brookfield House Care home told us they felt staff knew what they were doing, they said

"Yes, very confident" and "Yes, very good, staff are lovely". Visitors told us that they felt staff had the necessary skills and knowledge to provide the care their relative needed, they said "Yes, they know [Relative] very well" and "Yes, no issues".

The manager had begun the process of completing annual appraisals and supervision. We saw that they had scheduled group supervisions throughout the coming year but had not scheduled 1:1 sessions. The area manager informed us that they would expect to see the 1:1 sessions planned and that they would discuss this with the manager to ensure sessions were carried out in line with the provider's policy.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Where people had been deprived of their liberty applications had been made to the supervisory body [local authority] in line with legal requirements.

We saw evidence that assessment of people's mental capacity and best interest decision documentation was on file regarding care planning. However, instances where people were resistive to personal care on an ongoing basis or at risk of self-neglect had not been fully considered in line with their mental capacity.

People we spoke with told us that staff asked for their consent before providing care or support. Their comments included "Always, they communicate with me" and "Yes, always ask my consent and advise what they are doing". We observed staff communicating with people about tasks they were about to undertake and seeking agreement before doing so, for example moving and handling and administration of medicines.

We saw from minutes of a staff meeting dated 11 December 2018 that an external auditor had carried out observations of a lunchtime service which was described as "organised chaos". Other comments noted were that people were given meals with no explanation of what it was and that music was played too loudly.

During this inspection we observed the mealtime experience at breakfast and lunchtime. People were given a choice of where to eat their meal. We found there was a pleasant atmosphere throughout and that staff were attentive. Although there was no menu displayed for breakfast, we saw that people were offered choice and a hot option was available. When a person was not eating, staff offered an alternative.

At lunchtime there was a choice of main meals and puddings. We observed staff showing people plated options of both dishes to make their choice. Staff were patient, giving people time to choose and this practice fully enabled them to do so. The food looked well-presented and nutritious.

Drinks, biscuits and cake was served morning and afternoon. One person was prescribed a thickening agent so that they could take fluids safely. When we spoke with a member of staff about the amount of thickener

required, their response was not in line with the prescribed consistency. We discussed this with the home manager who confirmed they would ensure that all staff were clear about requirements. We asked people living at Brookfield House Care Home for their views about the food and were told "Lovely, really nice" and "Very good, lots of choice".

When we reviewed charts on the first day of inspection we found that fluids had not been recorded after approximately 18:00 hours the previous day. We spoke with the management team and they advised that night staff had not recorded when people had been offered or refused drinks during the night as they should have done. They said discussion had taken place around fluid intake during the morning handover and when we reviewed the handover record we found this to be correct. The manager discussed this with staff and on the second day of the inspection we found that recording had improved.

At the time of our inspection four people were receiving 'end of life' care. We saw that the GP had been involved with care planning and the prescribing of medicines that may be required to support people at this stage of life. We saw that people were comfortable and that staff were aware of and attentive to their needs. Some people had made a DNAR decision and the provider had worked with the GP to ensure that appropriate consideration and documentation was in place. The new manager was continuing with this work as part of their ongoing review of care plans.

We saw from people's care records that they had access to a range of health professionals to maintain their health and well-being including District Nurses, continence team, podiatrist, optician, mental health team and GP. However, we found that advice given during a District Nurse visit the previous day regarding deterioration in skin integrity had not been updated in the person's care plan. This again demonstrated the need for further improvement in relation to contemporaneous record keeping.

We recognised that action was being taken to address the previous concerns. Due to the need for on-going and sustained improvement with regard to contemporaneous record keeping we have rated this key question as Requires Improvement. We will check improvements at our next planned comprehensive inspection.

Good

Is the service caring?

Our findings

Throughout the inspection we observed caring and attentive interactions between staff and people using the service. People told us, and we saw, that staff took time to listen and engage with people, sitting beside them or bending to their level. One person told us "Nothing is too much trouble".

People living at Brookfield House Care home told us that staff were caring and kind. Comments included, "Excellent, very kind, friendly and really care" and "Very thoughtful, caring and friendly". Visitors we spoke with were also complimentary about the staff telling us "Very kind, very friendly, they make it easier for me" and "Very good, caring and friendly". A family member who asked to speak with the inspection team told us "They're wonderful with (Relative), staff are lovely".

We observed, a staff member supporting a person who was distressed in an extremely kind and caring way, sitting with them throughout their meal providing reassurance.

We asked people using the service if they were treated with dignity and respect, they told us "Yes, especially when showering"; "Yes, very good, can't fault them" and "Very respectful". People told us that they could have a bath or shower when they liked, we were told, "They [Staff] offer me a shower or a bath and assist me" and "Yes, always ask and I can have a bath if I want".

Consideration was given to people's privacy, we observed a staff member closed a bedroom door when they entered to administer a person's medication, notices were displayed on people's doors showing the person's name and instruction to knock before entering. People's care folders were kept in the senior's office in a lockable cupboard. However, on two occasions we heard staff discussing personal information which could be overheard by others. We discussed this with the home manager who reminded staff of the need to be mindful of confidentiality at all times.

Photographs of staff members were displayed in the reception area which helped people identify the staff members supporting them. We also saw that the service had a 'Dignity Charter' in place which was also prominently displayed in the reception area.

Individual's communication needs were considered as part of the care planning process, we saw that records noted people's requirements. For example, if they needed to wear glasses or hearing aids. People we spoke with were aware that they had a care plan and told us that staff discussed any changes to their support needs with them, one person told us "Yes, any changes they would alter the plan"

People told us they were supported and encouraged by staff to enable them to maintain their independence. We observed that staff asked people if they would like support whilst encouraging them to continue to do what they were able, for example using walking aids.

We saw that people were supported to maintain relationships that were important to them and that family and friends were able to visit them. One visitor told us that they had joined their relative for Christmas lunch.

Requires Improvement

Is the service responsive?

Our findings

During our May 2018 inspection, we found that the provider was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there was a lack of organised activities and people were not supported to access the community. As reported in the Safe section of this report, during this inspection we found that the provider was no longer in breach of this regulation.

We found that improvement had been made with the provision of activities. The provider had recently employed two activities co-ordinators. We spoke with both during this inspection, they were enthusiastic about their new roles demonstrating creative ideas. One told us they were "Very proud" of the activities they were providing. They were beginning to compile individual folders of people's life history and interests to personalise future activities. They were also planning to introduce 'cleaning hour' with washing up bowls, crockery and 'Marigolds' so that people could "enjoy things they used to do" and told us they planned to improve the number of organised outings.

Photographs were displayed showing activities which had taken place reminding people of the activities they had enjoyed. These included Christmas wreath-making, karaoke sing-a-long, book club, musical movement, pamper days and craft making for the dining room display wall. There was now a budget for activities and there had been visiting entertainers including a performance of Alice in Wonderland. Links had been made with local schools and during the inspection a local school called to arrange a performance of an upcoming event.

People had been supported to access the community, for example to the local library; town centre; park; pub afternoon, shopping trips and walks in the surrounding area. One shopping trip was to purchase fruits to make smoothies which were sampled in the afternoon. Most of the people we spoke with told us they were happy with the activities provided, however one person said, "Activities aren't great, would like to do more, would like little trips out".

During our inspections carried out in May and July 2018 we identified that improvement was required with regard to the development of care plans. During this inspection we looked at six care folders. Those reviewed were, in the main, person-centred although there were some inconsistencies or additional detail was required. People's communication needs were recorded, including if they needed to wear glasses or hearing aids. Detailed Eyecare plans were in place noting people's needs with guidance for staff.

Care plans reviewed included information about people's likes and dislikes, for example one person liked to have a big breakfast and small lunch. When we asked people if staff were aware of their likes and dislikes they told us "Yes, they know what I like" and "Yes, I like quiet, they know my food likes and dislikes".

The manager was carrying out a full-service review and re-write of all care plans to improve standards and ensure they were reflective of people's current care and support needs. Families had been invited to take part in reviews where appropriate. The manager explained that around 60% had been completed and they aimed to complete the remainder by the end of January 2019. They also intended to introduce 'resident of

the day' reviews which would provide ongoing evaluation of care plans to maintain the improved standards.

People we spoke with were aware that they had a care plan and told us that staff discussed their care with them. Comments included "Yes, they involve me" and "Yes, any changes they would do".

Throughout the inspection we observed that staff were responsive to people's needs, supporting them in a timely manner and responding when someone was distressed. Staff took time to listen to people and when we asked people living at Brookfield House if they ever felt rushed they told us they did not. Comments included, "No, they work at my pace" and "No, they are patient". When we asked what people thought staff did well we were told "They listen, they take care of me" and "Talk and listen to me, they seem to really care".

There was a policy and procedure in place to handle and respond to complaints. We were provided with records of complaints received which demonstrated they had been investigated and responded to appropriately. A complaints log was also maintained however the record provided had not been updated since March 2018. A contemporaneous log allows for management to easily identify any ongoing themes and trends.

During the first day of the inspection a visitor alerted us to the fact that they had found their relative's room to be very cold four days previously and had alerted staff to this matter. They were also concerned about the condition they had found their relative in at that time. Although staff had provided a heater, we found that the room was still very cold and that the radiator was not working. We brought this to the attention of the manager. They met with the visitor and arrangements were made for the radiator to be repaired the following day. In the interim they ensured the heater was switched on and staff recorded the room temperature to ensure it was at a comfortable level, they also began an investigation into the additional concern raised.

A visitor asked to speak with the inspection team to let us know that "Members of staff have given exemplary end of life care. Care has always been good but over the weekend it has been exceptional." They told us that staff took time to sit with the person they were visiting but were also supportive to them at what was an extremely emotional time.

We recognised that action was being taken to address the previous concerns. Due to the need for on-going and sustained improvement in areas such as provision of activities and care planning we have rated this key question as Requires Improvement. We will check improvements at our next planned comprehensive inspection.

Requires Improvement

Is the service well-led?

Our findings

During our inspections carried out in May and July 2018 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 because quality assurance procedures were not sufficiently established and operated effectively. During this inspection, although improvements in the quality of the service were noted, we did not see evidence that quality assurance procedures were sufficiently established and operated effectively to sustain and continue those improvements, or to identify the issues noted during this inspection. For example, that records were not being completed contemporaneously; issues with management of topical applications, 'as required' medicines and risk assessment.

During our May and July 2018 inspections we found that audits carried out by the previous registered manager and during area manager visits were not effective or were not accurate. This was because they had not identified the concerns noted during our inspections. The registered manager informed us that a full review of all audit templates was to take place with support from the area manager.

During this inspection, we found that there was a lack of internal auditing and that, at times, records were not well organised, were not available or there was some confusion as to where they were kept. Therefore, we did not see established quality assurance systems that were operated effectively to assess and monitor the quality of the service.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the area manager about this and they told us that a lot of their time had been taken up completing internal investigations coming from the whistle-blowing concerns, that care plan audits had not been completed as the programme of review was underway.

We asked the area manager about any learning they had taken from the previous inspection findings to reflect and improve the quality assurance systems. They confirmed that they had considered how to do things differently when they return to their usual area manager role. They were planning to implement an inspection style area management audit involving the provider's other area managers. They also informed us that they planned to use the services of external auditors "for a few months" and then on a quarterly basis to ensure company to carry out audits. We were informed following the inspection that the first visit is scheduled for early February.

Following the whistle-blowing concerns raised before our focused inspection in July 2018 the registered manager resigned from their role. Since that time the area manager had been responsible for the day to day management of the service. In November 2018 a new manager was employed and they, along with the area manager, were present on both days of the inspection. Although the new manager had been in post for approximately six weeks, they had been on leave for three weeks, returning the day before our inspection.

At the time of this inspection the service did not have a registered manager in post. However, the manager had begun to complete the registration process. 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.

The area manager was overseeing the induction period for the new manager and at the time of the inspection was still responsible for much of the day to day operational and governance tasks. The manager was undertaking the review/rewriting of all care plans, spending time away from the office getting to know the staff, people living at Brookfield House Care Home and the care provided.

It was clear from staff's comments that spending time getting to know them had been a positive step. Staff comments included, [Name] has had a positive impact"; "[Name] is not averse to getting a uniform on" and "[Name] is able to get on the floor and mix with staff".

As the manager's induction period is completed, there will be a transition period as the area manager reduces their presence to take up their full area manager responsibilities and the manager takes up full responsibility for the operation of the service. The manager had begun to make effective links with external professionals such as the local authority safeguarding team, paramedics and the GP.

All staff spoken with were complimentary about the difference the arrival of the new manager had made and about improvements since our May and July inspections. We were told that staff morale had improved as there had been "positive staff changes". Other comments from staff included, "I was happy when you (CQC) came as things have got so much better"; "Since the inspections we look after residents more"; "Lots of things have improved, we're working together as a team" and "Teamwork is brilliant, there is a nice atmosphere".

Staff told us that they felt supported, could see that the service had improved and were confident about the future. We were told, "I feel very confident. I feel we have turned a corner with a lot of documentation"; that they felt the foundations were set to move forward and that the service had "Improved leaps and bounds and you can see daily how hard everyone is working to make this place the best it can be".

We saw that there had been regular staff meetings since our last inspections. Relatives meetings had also been held which had been attended by professionals from Cheshire East Council to keep people informed of progress in relation to the concerns identified. Minutes were recorded however these did not include a list of attendees. We would recommend that this is included in future records.

Questionnaires were due to be distributed to seek the views of people living at Brookfield House Care Home and their relatives about their experience of the service.

Organisations registered with the CQC have a legal obligation to notify us about certain events. This is called a notification. We checked our records and found that notifications to CQC had been made as required. The current CQC rating was displayed as legally required on the registered provider's website and within the home.

Following the inspection the manager forwarded a copy of an action plan they had developed covering the areas they intended to address which identified the name of the person responsible and a time frame for completion.

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 The registered person failed to provide care and treatment in a safe way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person failed to ensure that systems to assess, monitor and improve the quality of the service were fully established and operated effectively.