Mrs R Hind

Brookfield Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Brookfield Nursing Home is a nursing home that provides accommodation and personal and nursing care to 21 people. Accommodation is provided in one adapted building over three floors, with a passenger lift between floors. There are eight shared and five single bedrooms. At the time of our inspection everyone using the service received nursing care and some people had secondary needs relating to living with dementia.

People's experience of using this service and what we found
People's holistic care needs were assessed, and staff used best practice guidance to help them plan people's care. Staff received a range of relevant training and the registered manager assessed their competence in key areas. Staff supported people to live healthy lives, including meeting their nutritional needs and involving other professionals as needed.

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.

There was a long-standing staff team who had built caring relationships with people. We observed staff interacting positively and in a patient, kind and caring way with people. Staff and relatives spoke about there being a 'homely' atmosphere at the service. Staff respected people's privacy as far as possible, though shared rooms in some instances would limit the extent to which they could do this.

People were involved in planning and making decisions about their care. Staff collected information about people's preferences that would help them provide care in a person-centred way. Since our last inspection (under the former provider), the activities provision had improved. The activity co-ordinator ensured anyone who wished to be, was given the opportunity for social interaction and involvement in activities. The service followed a recognised model of end of life care, and explored people's wishes and preferences for care at this stage of their lives.

There were sufficient staff to meet people's needs in a timely way. Staff assessed and acted to minimise potential risks to people's health, safety and welfare. We found some required checks to provide assurances about the safety of the premises or equipment were overdue or had not been completed. The provider took action to arrange these checks during the inspection.

There was an experienced registered manager whom staff, people using the service and relatives spoke highly of. The registered manager carried out a range of checks and audits to help monitor and improve the quality and safety of the service. We saw evidence that the manager had listened to feedback they had received and had acted on this to make improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 20 August 2018 and this is the first inspection of the service under the current provider. The last rating for this service was good (published 23 November 2016). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected
This was a planned inspection based on the date of the services registration with the CQC.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Brookfield Nursing 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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Brookfield Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We looked at the last inspection report for the home before it was taken over by a new provider. We used information we had received through our ongoing monitoring of the service and feedback we received from the local authority and the community infection control team. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-
We spoke with four people living at Brookfield and two people's relatives about their experience of the care

provided. We spoke with nine members of staff including, the registered manager, the owner of the home (the provider), three care staff, two nurses, the cook and the activities co-ordinator. We also spoke with a fire safety officer from the fire and rescue service who was carrying out an inspection of the home at the time of our visit. 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 reviewed records relating to the care people were receiving and the management of a care home. This included, five care plans, five people's medication administration records, training and supervision records, audits, records of servicing and maintenance and a sample of policies and procedures.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
• Staff assessed risks to people's health, safety and wellbeing and put plans in place to help keep them safe. Staff were following these plans and people had the equipment and support they needed as outlined in their care plans and risk assessment.
• We found one person's care records indicated they should have a piece of equipment kept in their room to help keep them safe. This was not in their room but was nearby. The registered manager told us they would review this arrangement to make sure it was safe.
• The provider had assessed risks relating to the premises and equipment. We found most required servicing and checks had been completed, although the required six-monthly check of the passenger lift was overdue by seven months. The provider arranged for the required thorough examination to be carried out as soon as possible.
• The fire service carried out an inspection of the home during the course of our inspection. They identified some minor improvements that were needed, most of which were completed during our inspection. The provider had carried out their own fire risk assessment and agreed to arrange for an experienced, competent person to carry out a more comprehensive assessment.

Staffing and recruitment
• People we spoke with, including staff, relatives and those living at the home felt there were enough staff on duty to meet people's needs. During our inspection we saw that staff were responsive to requests for assistance and recognised when people needed help. One relative told us, "There's a really good ratio of staff to residents. I feel staff are competent and able to meet [family member's] needs."
• The provider carried out required checks to help ensure staff members recruited were of suitable character. We found two staff had been employed before the provider had obtained their own criminal records check, although they had reviewed the checks carried out by these staff members previous employers. The provider told us they would review their procedures in relation to obtaining criminal records checks in the future.

Using medicines safely
• Medicines were managed safely. Medicines were kept securely, and staff monitored the temperature they were kept at to ensure this was in line with manufacturers recommendations.
• Staff kept accurate records of the administration of medicines. This included recording the dose administered where a variable dose could be given.
• The registered manager was aware of good practice guidance in relation to the safe management of medicines. They were pro-active in working with other professionals such as GPs and pharmacists to help ensure medicines management was safe.

• We found part of the stock of one medication belonging to one person had expired. This medicine had not been required whilst the person was living at the home, and no out of date stock had been administered. We were satisfied with the registered manager's explanation that this had been an oversight caused by staff not disposing of the old stock when the replacement stock of this medicine had been received. They took action to remove this medicine during the inspection.

Preventing and controlling infection
• Staff assessed any risks in relation to infection prevention and control for each individual; for example, whether they were at increased risk of infection due to a wound or having a catheter in place.
• Staff received training in infection control and food hygiene. We saw personal protective equipment such as gloves and aprons were readily available around the home, as was hand sanitiser.
• The home was visibly clean and tidy.
• Records showed there were processes in place to help manage the risk of legionella developing in the water system. The provider contracted an external provider to carry out servicing and checks on the water system. However, they were not able to show that an annual test of the water to help detect legionella had been completed as required by their risk assessment. The provider contacted the contractor who undertook this test shortly after our inspection and found no legionella in the water system.

Systems and processes to safeguard people from the risk of abuse
• People we spoke with told us they felt safe and able to raise any concerns they might have.
Staff were aware of how to identify, report and escalate any safeguarding concerns. The registered manager had taken action to help ensure people were protected from the risk of abuse or neglect when concerns had been raised.

Learning lessons when things go wrong
• Staff made records of any accidents or incidents which the registered manager then investigated. We saw the registered manager noted any lessons learned from incidents, and that they had taken steps to improve the safety of the service.
• The registered manager monitored accidents and incidents for any themes or trends, which might indicate they could make changes to improve the safety of the service.
• The registered manager carried out a 'significant event analysis' following any expected or unexpected deaths in the service. They used this to identify areas of good practice, as well as anything that could have been done better by either the home or other agencies.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed prior to them being offered a place at the home. This helped ensure the service would be able to meet their needs when they moved in. Additional comprehensive assessments took place when people moved in.
• The registered manager provided staff with information and best practice guidance from recognised sources about people's health conditions and care needs. This was kept in people's care files for staff to refer to.

Staff support: induction, training, skills and experience
• People and relatives we spoke with felt staff were competent to meet their needs. Records showed staff undertook a range of training relevant to their job roles. This included training in topics including fire safety, safeguarding, health and safety and dementia. The registered manager told us 94 percent of care staff had a relevant qualification such as a level two diploma in health and social care.
• Staff were given roles as 'champions' in specified areas of care. This included champions for end of life care, medicines, nutrition and hydration, safeguarding and oral hygiene. The registered manager told us most champions received additional training and were expected to pass on their learning.
• The registered manager assessed the competence of staff to carry out certain aspects of care. This included the competence of nurses to administer medicines and carry out other clinical tasks.
• Staff told us they received regular supervision and appraisal, which they found useful. Records showed staff received feedback on their performance in supervision and that the manager checked their understanding in relation to key responsibilities for their roles.

Supporting people to eat and drink enough to maintain a balanced diet
• People told us they received plenty to eat and drink. One person told us they were 'a bit picky' with their food, and we saw their person-centred profile stated they liked to plan their meals each day with the cook. They confirmed that this happened.
• During the inspection we observed that staff were attentive and gave people the assistance and encouragement they needed to eat and drink. When people declined the food provided, we observed staff offered a range of alternatives. Staff interacted well with people over the meal times and made the meal time experience pleasant for people.
• We saw the service had received positive feedback from a specialist nurse in relation to the records they kept about people's nutritional support who staff fed by feeding tubes.
• Kitchen staff had information on people's dietary requirements, preferences and support needs. Whilst kitchen staff had up-to-date information on people's needs, we also saw information in one file was out of

date and no longer correct. The registered updated this information during the course of our inspection.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• Records showed staff made referrals when needed to other health and social care professionals including GPs, tissue viability nurses, social workers , speech and language therapists and dieticians.
• Relatives told us they were confident that their family members were supported to see a GP or other health professional if needed. One relative told us, "I know [family member] is in the best place; Staff are good at contacting the GP and keeping us informed."

Adapting service, design, decoration to meet people's needs
• The service was based in an old adapted residential home. This presented some challenges to the service in relation to the available space. For example, we saw one of the two lounges was frequently used to store hoists in. However, staff and people using the service felt the environment was suitable to meet their needs.
• The provider was undertaking a continued programme of redecoration. The office area and a small dining area had been recently decorated.
• Some of the people using the service were living with dementia. There were some adaptations such as accessible format clocks that could benefit some people living with dementia. As people who were living with dementia were not able to mobilise independently around the home, the provider had considered that adaptations such as pictorial and directional signage would not be of benefit.

Ensuring consent to care and treatment in line with law and guidance
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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• Staff understood the principles of the MCA and how they applied to their day to day work. During our inspection we observed staff seeking people's consent before providing care and support.
• People, or a legally authorised representative had signed forms to consent to their care when this was possible. When people lacked capacity to make particular decisions, there was evidence that staff had made decisions in people's best interests and involved relevant people in making such decisions.
• The registered manager had submitted DoLS applications to the supervisory body (local authority) as needed.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• During the inspection we observed staff interacting in a friendly, respectful and positive manner with both people living at the home and any visitors to the home. Staff communicated clearly with people; for example, getting down on the same level as people to speak with them and communicating clearly what they were doing when supporting people with a hoist.
• People living at Brookfield and their relatives told us staff were approachable, kind and caring. One person told us, "I know the staff; They treat me as a friend" and a relative said, "It's like family here. I feel staff are here as they genuinely care."
• Staff recorded whether people had any support needs in relation to religious practices or beliefs and how this affected the care and the support they needed.

Supporting people to express their views and be involved in making decisions about their care
• People told us they felt staff listened to them and that they were able to make routine choices about how they spent their days. Staff had involved people and their relatives when appropriate in developing their care plans.
• Staff asked people who they wanted to be involved in their care where they were able to communicate such decisions. Relatives told us communication with staff was good and that they were kept well informed of their family members wellbeing.
• We saw information was available in the home on available local services including advocacy services. There was also information on a range of health conditions that might be useful to people living at the home or their visitors.

Respecting and promoting people's privacy, dignity and independence
• Eight of the 13 bedrooms in the home were shared rooms, which included rooms used by people receiving end of life care and who staff cared for primarily in bed. Staff took steps to help maintain people's privacy, such as using privacy screens. However, this arrangement inevitably limited the privacy of people in those rooms. The registered manager told us people and families were consulted on the arrangements and were supportive of this set-up.
• Staff understood how to support and promote people's independence. For example, they told us they would encourage people to eat independently when they were able to do so with prompting or encouragement. We observed staff doing this in practice over meal times.
• Relatives told us they were able to visit the home without any unreasonable restrictions. Our observations showed that staff knew people's families well and made them feel welcome in the home.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

• People's care plans reflected their holistic care needs and their preferences in relation to how they received their care. People and their families had been asked to provide information about their social histories and things that were important to them. This helped staff get to know people and understand their needs.

• The registered manager had introduced one-page profiles of information about people's likes, dislikes and what was important to them. This information had, with people's agreement, been displayed in their room as a reminder to staff and any others involved in that person's care. This helped promote the delivery of person-centred care.

• The service had purchased voice operated smart speakers. The provider told us that staff used these to be able to quickly select music that people enjoyed. The service had an additional speaker that families could borrow when visiting their relative in their bedrooms if they thought this would be of benefit to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• Staff assessed people's communication support needs. Guidance was outlined in people's care plans about what staff and others involved in people's care needed to do to ensure these support needs were met.

• We saw there was a standard form that staff completed if people were admitted to hospital. This provided information about a range of care needs, including any support needs people had in relation to communication. This would help ensure other professionals were able to communicate effectively with people when they moved between care settings.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

• People told us there was enough going on in the home to keep them occupied. There was a schedule of planned activities, and during our inspection a visit from a group that brought a selection of unusual animals. People appeared to enjoy this activity, which some people's friends and family had also come along to.

• The service had recently employed a new activity co-ordinator who had previous experience in a similar role in other nursing homes. They had assessed people's preferences in relation to activities and took steps to involve all people living at the home in activities that were meaningful to them.

• The activities co-ordinator told us they made sure they visited everyone in the home at least twice per day, which would help prevent people becoming socially isolated, particularly if they spent the majority of their time in their room or cared for in bed.

Improving care quality in response to complaints or concerns
• People told us they had not felt the need to raise any formal complaints but would feel comfortable doing so if they felt this was necessary. One relative told us, "I noticed a couple of minor things and they put them right straight away."
• There had been no complaints raised using the provider's formal complaints system since our last inspection. However, we saw the registered manager recorded people's feedback, including any suggested areas for improvement. We saw the registered manager had responded to such feedback to make improvements within the home.
• The provider's complaints policy was displayed by the entrance to the home. We noted this did not sign-post people to the relevant agencies they could escalate a complaint to externally if they felt this to be necessary. We made the provider aware of this and they updated their policy shortly after our inspection.

End of life care and support
• The provider followed the nationally recognised 'six-steps' approach to the delivery of end of life care. The registered manager told us the home had taken part in a pilot in the area with nursing homes aimed at improving how care homes provided person-centred care to people, including at the end of their lives.
• Staff had monthly meetings where they reviewed each person's care needs. This included discussions about how people's needs were being met in relation to their end of life care.
• Staff had put together 'pamper baskets' that contained a range of resources that would help visiting families/friends to be involved in people's care at the end of their lives.
• Staff explored people's wishes and preferences in relation to their end of life care. Other professionals such as GPs were involved in helping ensure people received effective and compassionate care.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 home was managed by a registered nurse and experienced registered manager who had worked at the home for around 30 years. Staff told us they felt supported and were positive about the registered manager's leadership of the home.

• There was an established staff team who told us they felt they worked well together. Two staff we spoke with independently told us the home and staff team were like 'family'. One more recently recruited member of staff told us that compared to other nursing homes they had worked in that Brookfield appeared to have 'an abundance of staff' and a 'very calm atmosphere'.

• Staff told us they would feel comfortable raising any concerns they had with the registered manager or the nurse in charge. Staff were aware how to escalate concerns externally if they felt this was necessary, although this procedure was not reflected in the home's whistleblowing policy. The registered manager sent us an updated policy shortly after the inspection.

• The registered manager had investigated concerns raised with them. Records showed that they had acted openly and honestly and provided an apology if their investigations showed something could have been done better.

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

• The registered manager had a good understanding of the key challenges facing the service. They also talked about how they were working with partner agencies to address such challenges.

• Staff were clear about their responsibilities. We saw the registered manager had fed-back findings from audits such as the external infection control audit to help involve staff in quality improvement processes.

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

• There were regular staff meetings and staff told us they felt able to raise any ideas or suggestions they might have for making further improvements to the service.

• There were meetings for residents and we saw staff had sought feedback from people not able to attend the meeting in person. The provider had sent out surveys to people living at the home and relatives, which they had analysed. This would help them identify what the home was doing well, and any areas where improvements could be made.

Continuous learning and improving care

• The registered manager undertook a range of audits and checks to help them monitor the quality and safety of the service. This included checks relating to the environment, medicines and a daily 'walk round audit'.

• There was a 'home improvement plan' in place. This detailed further improvements the registered manager and provider intended to make to the home with identified timescales. This included plans in relation to continuous upgrading of the environment and equipment, training and activities.

• The provider and registered manager were responsive to feedback we gave them as part of the inspection process. For example, they updated policies in relation to whistleblowing and complaints. They also amended their maintenance tracker to help ensure there would not be another instance where the passenger lift thorough examination could become overdue.

Working in partnership with others

• The provider told us the home was keen to engage in any pilots of new initiatives and projects run by the local authority or clinical commissioning group (CCG). For example, the home had recently taken part in a pilot aimed at improving how effective end of life care could be delivered within nursing homes.

• The registered manager told us they attended a locally run forum for registered managers. This would help support them in their role, sharing best practice and learning from the experience of other managers.