Care Quality Commission

Brookfield Care (West Kirby) Limited

Brookfield Nursing Home

Inspection report

Grange Road
West Kirby
Wirral
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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 16 December 2014 and was unannounced. The service is a care home providing accommodation and nursing care for up to 25 people. At the time of our visit, 24 people were living at the home and all were accommodated in single bedrooms. The other bedroom had been taken out of use as the management team no longer considered it suitable.

The home is required to have a registered manager, however we were informed a few weeks before the inspection that the registered manager had left the service. 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.

We last inspected Brookfield Nursing Home on 20 June 2013 and at that inspection we found the service was meeting all the essential standards that we inspected.

People told us that they felt safe in this home and there were enough staff to meet people's needs. Staff had

Summary of findings

received training about protecting vulnerable people from abuse. There were arrangements in place to deal with foreseeable emergencies. The premises were clean and adequately maintained and a programme of significant refurbishment was in progress. People's medicines were well-managed.

The staff on duty knew the people they were supporting and encouraged them to maintain their independence. People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. People had some choices of meals, snacks and drinks. People were able to see their friends and families as they wanted. There were no restrictions on when people could visit the home. One person we spoke with had chosen to bring a pet into the home. They told us that it was very important to them that they were able to have their pet with them.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We did not see evidence that people who lived at the home and/or their families had been included in planning and agreeing to the care provided. We found that where people lacked capacity to make informed decisions, an assessment of their mental capacity had not been undertaken.

Arrangements had been put in place to ensure that the home was well led in the absence of a registered manager. We saw evidence of suitable quality monitoring systems in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The home was clean and safely maintained.

Staff were recruited safely and trained to meet the needs of people who lived in the home. There were enough staff to provide the support people needed.

Staff in the home knew how to recognise and report abuse.

People's medicines were managed safely.

Good

Is the service effective?
The service was not always effective.

People received enough to eat and drink but were not always offered choices.

The staff in the home knew the people they were supporting and the care they needed. The staff were trained and competent to provide the support individuals required.

Where people lacked capacity to make informed decisions, an assessment of their mental capacity had not been recorded.

People received the support they needed to see their doctor and other appropriate specialist health care services.

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Requires Improvement

Is the service caring?
The service was caring.

People told us that they were well cared for and we saw that the staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

The staff took time to speak with people and to engage positively with them. This supported people's wellbeing.

People were treated with respect and their independence, privacy and dignity were promoted.

Good

Is the service responsive?
Some aspects of the service were not responsive.

From our observations and talking with people who used the service, staff and a visitor, we found that people made choices about their lives in the home and were provided with a range of activities.

Requires Improvement

Summary of findings

We did not see evidence that people who lived at the home and/or their families had been included in planning and agreeing to the care provided.

There was a system to receive and handle complaints or concerns however this required improvement.

Is the service well-led?

Good

The service was well led.

There was no registered manager employed in the home, however arrangements had been put in place to ensure that the service was led effectively until a new manager took up post.

There were systems to assess the quality of the service provided in the home.

Brookfield Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 December 2014 and was unannounced. The inspection was carried out by an Adult Social Care inspector and a Specialist Professional Advisor (SPA) who was a registered general nurse.

Prior to the inspection, the previous manager had submitted information requested by CQC in a 'Provider Information Return'. This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our visit we contacted commissioners of the service and were informed that they were working with Brookfield to address some outstanding actions following on from validation of their self-assessment. A number of actions had been completed. The local authority had not received any concerns regarding this provider recently. CQC had not received any complaints or concerns about this service.

We spoke with six people who were living at the home, a visitor, eight members of staff, and the company directors and registered provider. We looked all around the premises and the SPA had lunch in the dining room with people who lived at the home.

We looked at recruitment records for three new members of staff and at staff training records. We looked at health and safety records. We looked at how medicines were managed and recorded. The SPA looked in depth at care records for three people.

Good

Is the service safe?

Our findings

We asked people if there were enough staff in the home. Staff we spoke with considered that there was enough staff on duty to meet people's needs, and people who lived at the home said that they didn't wait long for their call bells to be answered. However, one person said they had to wait up to 45 minutes for staff to take them back to their room after lunch and this was "tedious". The person considered that staff "stay cheerful doing a difficult job." The acting manager told us that the provision of a new and larger passenger lift would reduce the amount of time it took to take people to and from their bedrooms on the first floor.

We looked at the staff rotas which showed that there was always registered nurse on duty. In a morning there were five care staff on duty, in the afternoon and evening three care staff, and at night two or three, depending on people's needs. The acting manager told us that they were able to increase staffing levels if needed to ensure that people's needs were met. At the time of our visit, the deputy manager was covering the manager role and another full-time nurse had left the home earlier in the year. Two nurses provided by agencies were covering full-time posts on day duty. We spoke with one of these nurses who told us "This is a lovely place to work and the staff are great. I am enjoying working here full-time." A registered nurse had been recruited to start working at the home in the new year, and a nurse who had previously worked at Brookfield had now joined the staff bank.

One person we spoke said "I feel safe here with people all around me." Staff we spoke with said that all of the staff team had attended safeguarding training recently and training records we looked at confirmed this. They knew how to recognise abuse and the importance of reporting any concerns. They knew where they could find details of who to contact at the local authority if they had any concerns. Staff told us that they could also contact the nominated individual for the service, who was a healthcare professional, to discuss any issues.

Brookfield Nursing Home is an old building that has been adapted and extended over many years. We saw that most of the bedrooms were spacious and some had en-suite facilities. We found that all parts of the home appeared clean and there were no unpleasant smells.

Regular health and safety checks were carried out by a member of administration staff who took lead responsibility for health and safety in the home and the adjoining domiciliary care service. A weekly fire alarm test was carried out and an individual emergency evacuation plan was in place for each person who lived at the home. The home did not employ a maintenance person and maintenance support was brought in as needed. We saw records to show that all equipment and services were tested and maintained as required.

Risk assessments were completed for any identified risks, for example use of bed rails, nutrition, falls and pressure areas. We saw that any accidents that occurred were recorded on an accident form and the acting manager wrote a report about each incident. These were filed and audited monthly.

We looked at the personnel records for three members of staff who had started work at the home since our last visit and had been recruited by the previous manager. We saw that employment checks had been carried out to ensure that they were safe and suitable to work with frail older people. However, for two of the people, although two written references were on file, neither of the references had been provided by a previous employer. We discussed this with the acting manager, who recognised the importance of obtaining a reference from a candidate's last employer. Records showed that new staff received training about subjects relating to health and safety within a short time of commencing employment.

We looked at the arrangements for ordering, storage, administration, and disposal of medicines. The people living at the home were registered with two GP practices and received repeat prescriptions from them. The repeat prescriptions were received at the home and checked by the deputy manager. Copies were kept to show what had been ordered. The deputy manager checked in the items that were received and we saw this recorded in detail on the medicine administration (MAR) sheets. At the end of each medication cycle, a record was made of any unused medicines and a contract was in place for disposal.

We saw that storage was in a room of adequate size with locked cupboards and a separate controlled drugs cupboard. Room and fridge temperatures were recorded daily. Most medicines were dispensed in monitored dose blister packs. All storage was neat and tidy and there were no surplus stocks. We looked at administration records and

Good

Is the service safe?

these showed that people received their medicines as prescribed. There was a separate record to show when people had received antibiotics. There was a separate record of controlled drugs and of drugs liable to misuse. Arrangements were in place to ensure consistent administration of medicines prescribed to be given 'as required'. The home had policies and procedures for self-administration of medicines however none of the people living at the home looked after their own tablets but some were able to apply prescribed creams. People we spoke with were happy that they had their medicines on time and one person said "They are always coming with tablets."

Requires Improvement

Is the service effective?

Our findings

People told us that they received a choice of food and drinks, and facilities were available on both floors of the home to make hot and cold drinks at any time. People had breakfast in their bedrooms and could have a cooked breakfast if they wished. A list of what people usually liked for breakfast was displayed in the kitchen.

We saw that some people went to the dining room for their lunch, which was the main meal of the day. This was a social event and people were engaged in conversation. The SPA joined people in the dining room for lunch. She found that space was cramped although there were only nine people using the dining room. People were all given orange juice with no alternative drink offered. People had been asked the previous day whether they wished to have the meal of the day or an alternative. There were no menus on the tables and people were asking what was for lunch as they had forgotten what had been offered. The SPA commented that the food was 'hot and delicious', however she was concerned that everyone received an identical meal in terms of quantity and of gravy already being added. The SPA discussed this with the management team who agreed that sauces would be provided separately in future. All except one person was able to eat independently. A staff member assisted this person very respectfully and gave the person time to eat.

The evening meal was at 5pm and homemade soup was available every evening to add nutrition to the meal. Evening and night staff had access to the kitchen and could make snacks for people. Two people said that the soup and sweets were really good, however another person said "I don't like the evening puddings, jelly or fruit salad, they get a bit boring. I have complained time and again about lack of choice of cheese." We saw that people's weights were recorded monthly and a plan of care was put in place if a concern was identified. Enriched drinks were provided for people at risk of malnourishment. We spoke with the head cook who explained the catering arrangements she had put in place for Christmas. She told us that fresh fruit and vegetables and meat were delivered every day by local suppliers.

Training records showed that a programme of training was in place for all staff which included fire safety, moving and handling, food hygiene, safeguarding, bedrail safety, health and safety, dignity, first aid, and infection control. Nearly all staff had completed an update of this training during 2014, but a small number were not up to date and this was being addressed. Some staff had also attended training about other subjects including dementia and nutrition. Nearly all of the care staff had a National Vocational Qualification (NVQ) in care. All staff had attended individual supervision meetings in September 2014 before the manager left the home.

The acting manager told us that they, and two other staff, had attended training about the Mental Capacity Act (2005) and would know how to make a Deprivation of Liberty Safeguard application if needed. There were no restrictions on people's movements around the home and one person we spoke with told us that they were able to go out on their own. However, when we looked at people's care plans we saw that, where people lacked capacity to make informed decisions, an assessment of their mental capacity had not been recorded. This meant that there was no record of any best interests decision that had been made to ensure a consistent approach by staff. We discussed this with the acting manager who said that she was aware that staff working at the home needed to have training about Mental Capacity and improve the recording systems.

Records showed that people's health was monitored by the home's staff. People received visits from GPs and other health professionals as required and were supported to attend hospital appointments. Records of practitioner visits included podiatrist, social worker, GP, dietician, and speech and language therapist. We saw that there was plenty of equipment, for example hoists, pressure-relieving mattresses and adjustable beds, to meet people's health needs.

A programme of major refurbishment had commenced since our last visit to the home. This included a new laundry and kitchen, replacement of carpets and floor coverings, and upgrading of all bedrooms and shower rooms. The lounge and dining space was going to be refashioned and the passenger lift replaced with a bigger lift that will accommodate larger trolleys and other items of equipment.

Good

Is the service caring?

Our findings

People we spoke with made many positive comments about the care provided at Brookfield Nursing Home. None of the people we spoke with raised any concerns about the quality of the care. One person told us "I'm lucky that I am living in a place like this. I am very well cared for. I love it." Other comments that people made were "All the staff are kind", "All the carers are nice, couldn't be better", "Everything is perfect, no complaints", and "Everything is tip-top".

During our visit we did not meet any relatives of people living at the home, however we were able to look at written comments people had made during 2014. These included: "You have so much compassion and [relative] enjoyed the humour and the banter so much. He also enjoyed his food and it really was excellent.": "You brought a smile to his face, wonderful care, home from home with care and compassion.": "As well as treating my Mum with dignity and respect, the staff showed a warmth and kindness." and "Professional, kind and considerate care by all staff."

Throughout our inspection we saw that people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. For example, during the morning we heard carers entering people's rooms and asking them "Would you like to get up?" We saw that all the staff took the time to speak with people as they supported them. We observed many positive interactions and saw that these supported people's wellbeing. One person we spoke with had chosen to bring a pet into the home. They told us that it was very important to them that they were able to have their pet with them.

We saw that the staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how different individuals liked to dress and we saw that people had their wishes respected. When asked about providing care for people, members of staff said "depends on what they want" and "We always give people a choice." Throughout our inspection we saw that the staff in the home were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made.

Families and friends were able to visit people whenever they wanted. There were no restrictions on the times they could visit the home. One person told us "I have lots of visitors and I keep a calendar of visits."

One person we spoke with said "There's heaps going on but I don't like going down to the lounge." Another person told us that there was going to be a Christmas Carol service this afternoon, provided by a local church group. She knew that because "a girl came round to tell us." We observed that the service was well attended and people joined in the singing. Children from a local school had visited the previous week and people told us "they were very cute". A monthly holy communion service was held in the home.

We saw that people were provided with information about the service in a 'Service Use Guide'. A copy of this was available in the entrance area where visitors signed in. It included a copy of the most recent CQC inspection report.

Requires Improvement

Is the service responsive?

Our findings

People who spoke with us told us that they made choices about their lives and about the support they received. They said the staff in the home listened to them and respected the choices and decisions they made. One person told us, "I choose when to get up and I can have a lie in if I want". Throughout our inspection, staff gave people the time they needed to communicate their wishes. People told us that the staff in the home knew the support they needed and provided this as they required. The staff we spoke with showed that they were knowledgeable about the people in the home and the things that were important to them. We observed people being supported in communal areas. They were treated with respect and given choices in a way that they could understand. During the afternoon of our inspection, a group activity was provided. People were given a choice about whether they took part in the activity. Staff were patient when supporting people and gave them the time and support they needed to make decisions.

The care plan folders contained assessment documents that had been completed before the person came to the home to make sure that their needs could be met. One person told us that a close family member had chosen this home for them after visiting a number of care homes in the area.

The SPA looked at the care records for three people. She found that each person's needs had been assessed using an 'activities of daily living' model. This identified 'problems' rather than needs and was medical rather than holistic in nature. The information was mostly health and risk based, and gave staff very little information about people's preferences or personal history. There were some records of discussions with people's families, however we did not find evidence that people who lived at the home and/or their families had been involved in putting together the plans for the individual's care. The care plans had been reviewed monthly but there was no evidence of the person and/or their family being involved in reviews.

People's social needs were supported by two activities organisers. The activities organisers told us that they organised trips out and entertainment within the home. They also organised games of Bingo, quizzes, and karaoke sessions or just spend time one to one with people supporting them to maintain their hobbies and interests. An activities programme was in place. A reminiscence day had been organised recently by one of the care staff.

The home's complaints procedure was included in the service user guide and was displayed on a wall, but not in a prominent place. The complaints procedure did not give any names or contact details for the management team, but did refer to CQC and the local authority as bodies to which people could make complaints. No complaints had been logged since our last visit. People we spoke with said that they knew the acting manager very well and would feel happy to tell them if they had any complaints or concerns.

Good

Is the service well-led?

Our findings

Records showed that monthly meetings were held for people who lived at the home and their families and these were well attended. People who lived at the home were very happy there and held the staff in high regard. We spoke with a visitor who told us that their relative had lived at the home for several years and had died earlier in 2014. The visitor had been very happy with the care their relative received and they continued to visit the home as a friend. People had been asked to complete surveys to give their feedback about the home in 2013, but a survey had not been carried out in 2014. A suggestions box was in place in the entrance area but we did not see any feedback from suggestions received.

Prior to our visit, we had been notified that the registered manager had left the service in September 2014. Recruitment had been taking place and we were informed that a suitable candidate had been recruited and hoped to take up post before the end of January 2015. The deputy manager was very experienced and had worked at the home for many years. She was very committed to the service and was working as manager to ensure that the service ran smoothly until the new manager took up post. Prior to the inspection, the previous manager had submitted information requested by CQC in a 'Provider Information Return'. This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. Other notifications of incidents occurring at the home had been made to CQC as required.

When we arrived at the home we met members of the management board. They told us that they were very involved in the major refurbishment work that was taking place and were spending a lot of time at the home supporting the acting manager. They told us that they had recognised a need for better communication between the management and the staff and considered that this had been a weakness in the past. One of the directors told us that they were "Aiming to transform how we do things and build trust and confidence with the staff team". A meeting had been held on 19 November 2014 to discuss important issues and give staff the opportunity to express their views. They had also held a meeting with people who lived at the home and their families to explain the refurbishment work.

One member of the management board, who was a health professional, was spending two or three days a week at the home and was involved in carrying out quality audits with the acting manager. They had given their mobile phone number to all of the staff and were happy for staff to ring to discuss any issues, problems, or suggestions.

There were systems to assess the quality of the service provided in the home. These included a monthly medicines audit, detailed monthly care plan audits, accident and incident audits, catering and cleaning audits. Regular health and safety checks were carried out by a member of administration staff who took lead responsibility for health and safety in the home and the adjoining domiciliary care service.

The staff we spoke with said that they would welcome more staff meetings and the opportunity to be "consulted more". Staff had all been given a copy of the refurbishment programme and the cook told us that she had been able to have some input in the plans for the new kitchen. A 'communication wall' had been set up in the staff office and the care staff had attended a group supervision regarding communication. All staff had attended individual supervision meetings in September 2014.