A.G.E. Nursing Homes Limited

Brockfield House

Inspection report

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Date of inspection visit:
13 October 2021
20 October 2021

Date of publication:
17 November 2021

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Brockfield House is a nursing home providing personal and nursing care for up to 45 people aged 65 and over, many of whom are living with dementia. The service was supporting up to 41 people at the time of inspection.

People's experience of using this service and what we found
Processes to follow up accidents, incidents and falls required strengthening to ensure consistency in completing incident forms, undertaking investigations and reporting to external agencies when necessary. Records of physical intervention, which can be required to keep people safe if they are at risk of harm or require essential care, needed improvements. The manager took action immediately when this was brought to their attention.

Some gaps were found in quality assurance processes. The manager implemented an action plan and made improvements during the inspection to strengthen oversight of physical intervention and accidents, incidents and falls. A range of other quality assurance checks were in place and completed regularly.

Safe recruitment processes were followed and sufficient staffing levels were observed. The management team were working to fill staff vacancies and the staff team, along with agency staff, covered additional shifts as needed.

Medicines practices had improved since the last inspection. Good practice was followed for the receipt, storage, administration, recording and disposal of medicines. Good practice was observed to support infection prevention and control.

Risk assessments were in place and were usually reviewed regularly and as people's needs changed. Some gaps were identified but no negative impact was found upon people's care.

Care plans were personalised and a programme to review and refresh care plans, and discuss with people and their representatives, was ongoing. The complaints process was followed when necessary.

Positive feedback was received about the approachability and support offered to staff by the new manager. Team meetings took place regularly. People attended resident meetings and relatives were kept up to date with important information.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 9 September 2020) and there were breaches of regulation in the areas of good governance and people receiving safe care and treatment. The

provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
We received concerns in relation to the management of medicines and people receiving poor care. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.
We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brockfield House on our website at www.cqc.org.uk.

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? The service was not always Safe.	**Requires Improvement**
Is the service responsive? The service was Responsive.	**Good**
Is the service well-led? The service was not always Well-Led.	**Requires Improvement**

Brockfield House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The first day of the inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was undertaken by one inspector and a specialist advisor. The specialist advisor had experience of working and caring for people who have nursing needs.

Service and service type
Brockfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 in place who was not yet registered with the Care Quality Commission. This means the provider is 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 inspection
We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and clinical commissioning group. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with twelve members of staff including the manager, nurses, auxiliary nurse, care staff, activities coordinator, maintenance staff and domestic staff. We spoke with the operational manager and a health professional who works with the service. 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 a range of records. This included areas of seven people's care records and multiple medication records. We looked at three staff files in relation to staff recruitment. A variety of records relating to the management of the service were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with a social care professional who works with the service.

Requires Improvement

Is the service safe?

Our findings

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

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

At our last inspection the provider had failed to ensure risks and medicines were safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Processes were not in place to ensure use of physical intervention was logged and reviewed. Physical intervention can be required to keep people safe when they are at risk of harm or when essential care tasks are required. For example, holding someone's hand. The manager implemented a log of physical intervention during the inspection for each time this took place, in line with the provider's policy. This enabled them to monitor and review staff practice and people's needs.
- Processes were in place to record accidents, incidents and falls but were not followed consistently. Incident forms were not always completed. This meant appropriate follow up action was not always taken, including investigations and reporting to appropriate agencies. For example, when unexplained bruising was found or a person was hit by another person living in the service. The manager had identified this and was making improvements in this area. The improvements would enhance safety for people and reduce the risk of the same incidents recurring.
- People had risk assessments in place for known risks such as falls, skin integrity and eating/drinking. These provided guidance to staff on how to provide care that reduced known risks. These were usually reviewed monthly or as people's needs changed, although we found some gaps. We did not find any negative impact upon people because of this.
- Accidents, incidents and falls were reviewed but the effectiveness of this was limited, which meant opportunities to learn lessons could be missed. The manager identified and implemented improvements during the inspection which needed to be embedded and sustained over time.
- Improvements were found since the last inspection to maintenance checks. A robust system ensured checks were made to keep people safe. For example, to reduce the risks associated with water, fire and equipment such as hoists.
- A one page list of people and their level of support required in the event of a fire evacuation was up to date. People had a risk rating of red, amber or green depending on how much support they needed and these matched the colour coding on people's doors. This would assist the fire service in the event of a fire.

Staffing and recruitment

● Recruitment to fill vacancies in the staff team was ongoing. Staff were asked to work flexibly to cover vacant shifts and agency staff were used when needed. Staff told us the impact of the vacancies was reduced by staff working together as a team and feeling supported by the manager.
● The provider followed safe recruitment practices. This included checks being carried out to make sure staff were suitable and had the right character for their roles before they started work.
● There were enough staff on site to provide safe care to people. We saw people receive support promptly throughout both days of our inspection visit. Records confirmed sufficient staffing levels were routinely in place.

Using medicines safely
● Improvements had been made since the last inspection. Medicines were received, stored, administered, recorded and disposed of safely. Medicines were administered by staff who were trained to do so.
● People with health conditions such as diabetes or who required specialist support such as being fed via a tube directly into their stomach (PEG) received their medicines and nursing care safely and staff were knowledgeable in these areas.
● Medicine administration charts (MAR) were completed accurately and in line with good practice guidelines. Processes were in place to ensure the safe management of controlled drugs. These require extra checks due to the strength and nature of the medicine. When people received medicines covertly, without their knowledge, the correct documentation was in place.

Systems and processes to safeguard people from the risk of abuse
● The provider had systems in place to safeguard people from abuse and knew how to follow local safeguarding procedures if required.
● People were cared for safely and felt safe living in the service. One relative said, "We have no concerns about my relative's safety, they are well looked after and we are happy with the care."
● Staff received training to recognise abuse and protect people from the risk of abuse. During the inspection updated posters giving staff information on safeguarding and whistleblowing were prepared to be put on display in the service.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Good

Is the service responsive?

Our findings

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

At a previous inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Care plans were in the process of being reviewed and refreshed, and discussed with people and their relatives/representatives where appropriate. The manager had a plan in place to support this. The care plans we reviewed were person centred and up to date.
- Assessments were undertaken by the manager before people moved to live in the service. This ensured people's needs were assessed and considered, to ensure the service was right for them and they would be compatible with others already living there.
- Guidelines for the care planning process were recently introduced by the provider. This set out which tasks and care plans should be completed within set timescales. This supported staff to prioritise the most important tasks when someone moved into the service. For example, the process advised a moving and handling assessment should be done within three hours.
- Many people in the service were living with dementia. Some information on their bedroom doors gave conversation starters of topics the person may be interested to talk about. For example, 80s music, their allotment, playing the guitar.
- We observed positive interactions between people and staff throughout the inspection. Staff were kind and patient, they responded warmly when people became upset or confused. One person told us, "Staff understand me and I feel well supported. Staff are very good to me."

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.

- People using the service had a range of communication abilities and needs. The care plans we looked at included information about people's communication needs and preferences.
- The registered manager understood the Accessible Information Standard. Information and documents could be made available in accessible formats to people using and visiting the service.
- Some of the information on display, for example, the daily menu, were in small writing without pictures to aid understanding. The manager agreed this could be improved and actioned it immediately.

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 were supported by an activities coordinator to spend time doing things they enjoyed. Due to their

varying abilities many people preferred one to one time rather than group events, and this was reflected in the activities offered.

● The provider planned to expand the activities role to cover seven days per week instead of the current five. Also, to support specialist training for the activities coordinator to develop the role further.

● Staff told us they used to have more time to spend chatting and interacting with people, but due to staffing challenges they had limited time at present to do so. Staff told us they anticipated spending more time with people again when they were fully staffed.

● There was a large accessible patio area from the lounge. Some people and relatives told us they would like to be able to use the outdoor patio area more.

Improving care quality in response to complaints or concerns

● There was a complaints policy in place and we saw complaints were investigated and responded to appropriately.

End of life care and support

● End of life care planning was included in people's care records. Documentation was in place where DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) decisions had been made. The manager was in the process of reviewing DNACPR documentation with the GP to ensure it was all up to date.

● Some staff had received additional training in end of life care planning, and this was an area the manager planned to develop further so relatives and their loved ones could be supported to discuss any wishes and preferences around end of life care.

Requires Improvement

Is the service well-led?

Our findings

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

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

At our last inspection the provider had failed to take all reasonably practicable steps to mitigate risks to people and follow good practice guidance in this area. Audits were not always effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Gaps were identified in the management oversight of physical intervention. During the inspection the manager developed an action plan to support improved processes and oversight in this area. This included arranging for mental capacity assessments and best interests decisions to ensure any decision about physical intervention followed a person centred process. We have not been able to assess the effectiveness of this new system.
- Audits of falls, incidents and accidents took place but were not always effective at identifying themes, potential issues or lessons learned. During the inspection the manager developed and implemented an improved tracker and audit tool to support better oversight and analysis. We have not been able to assess the effectiveness of this new system.
- A programme of reviewing and refreshing care plans, and discussing these with people and relatives on a regular basis was ongoing. Issues such as not all care plans being signed by people or their representatives to confirm their agreement to the plan was being addressed as part of this process.
- Transition to an electronic care planning and recording system was planned for coming months. The manager was working with staff on embedding good practice in all areas of paper recording before moving to an electronic system.
- Daily 'Flash meetings' took place with senior staff to ensure good communication about day to day arising issues. These covered all key areas of the service.
- The manager worked with other agencies to embed and sustain improvements of the service, for example, the clinical commissioning group.

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

● Prior to the arrival of the current manager in June 2021 there were several changes of manager. Feedback confirmed this led to instability for people living in the service, relatives and staff. We received positive feedback about the supportive approach of the new manager. One staff member said, "[Manager] is a breath of fresh air. You can go to them anytime. Everyone is happier."
● The majority of staff we spoke with were positive about their roles and the care they provided to people. Some staff told us they felt busy and at times pressured due to current challenges in recruitment and staff turnover. Staff felt the management team were doing all they could to fill vacancies.
● Relatives told us they were kept informed of how their loved ones were doing and were updated if there was an incident or a change in their condition. Not all relatives were aware of who the manager was.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The manager was aware of their responsibilities under the duty of candour to be open and transparent when something went wrong. We saw relatives were notified when incidents took place, and feedback confirmed this. One relative said, "If anything happens they call me and explain everything without hiding even the smallest details. They tell me if my relative should have a referral to another professional too."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Team meetings took place for day and night staff, sometimes jointly. We saw a range of issues were discussed including recruitment, teamwork, and the outcome of any concerns which were investigated. Minutes were available for staff who could not attend. Surveys were available for staff to complete and submit anonymously directly to the provider if they wished.
● People were encouraged to share their views at resident meetings. We saw surveys were sent out to relatives. Relative's meetings had not been held for some time due to the pandemic restrictions. Relatives told us they would like to attend these when they re-commenced but, in the meantime they had access to a regular newsletter.

Working in partnership with others
● The manager and staff worked in partnership with health and social care professionals involved in monitoring and providing care and treatment for people using the service.
● The manager was keen to further strengthen partnership working with health professionals to ensure people received timely health care and support when they needed it.