Brookview Nursing Home Limited

Brookview Nursing Home

Inspection report

Holmley Lane
Dronfield
Chesterfield
Derbyshire
S18 2HQ

Tel: 01246414618

Date of inspection visit:
30 October 2019

Date of publication:
17 December 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

About the service
Brookview Nursing Home is a residential care home, registered to provide personal and nursing care for up to 60 older adults. There were 34 people accommodated at this inspection, including 17 people who were receiving nursing care.

People's experience of using this service and what we found
Safety improvements were made since our last inspection to ensure effective pressure sore prevention measures for people's skin care. Safeguarding, staffing, medicines and risk management arrangements, mostly helped to protect people from the risk of harm and abuse. But staff training, instruction and care plan record keeping measures did not always fully ensure this.

Cleanliness and hygiene measures for the prevention and control of infection at the service, helped to protect people from the risk of an acquired health infection. The provider acted to ensure people's safety when things went wrong at the service and to prevent any reoccurrence.

People were generally happy with their environment, which was well maintained, decorated and furnished to a high standard; but did not fully support people's orientation needs or sufficient storage for equipment.

People's care was not always effectively informed or consistently ensured because of gaps in staff knowledge, training and supervision. Management remedial measures had commenced to rectify this, but were not yet completed, or demonstrated as embedded and ongoing. Staff consulted with relevant external health professional for people's care and supported people to maintain or improve their health and nutrition when needed.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The systems in the service did not always fully support this practice in relation to DoLS, which were not fully understood by staff or accounted effectively for. Management remedial measures identified to rectify this, were not yet completed, or demonstrated as embedded or ongoing for people's care.

Staff treated people with kindness and ensured people's dignity, equality and rights when they provided care. People were appropriately supported and informed, to express their views; and involved in making decisions about their care.

Staff understood and were committed to delivering the principles of person centred care but staffing and care plan record keeping arrangements did not fully ensure this. The provider was meeting the accessible information standard for people's care. Additional measures, that may further and optimise this were not fully considered.

People were often supported to engage in home life, with the local community and friends and family who were important to them. There were regular arrangements for social and recreational activities at the service, but these did not always maximise people's individual interests, access or participation.

Governance systems were not always effectively operated to consistently ensure the quality and safety of people's care and related record keeping. Revised management arrangements were recently introduced with related service improvement measures, either planned or in progress to rectify this. However, these improvements were not yet fully demonstrated or embedded ongoing.

Staff mostly understood their role and responsibilities for people's care. Operational management arrangements were sufficient to ensure effective communication, partnership working and safe information handling for people's care and staff employed.

Staff treated people with kindness and ensured people's dignity, equality and rights when they provided care. People were appropriately supported and informed, to express their views; and involved in making decisions about their care. People and relatives were informed and knew how to make a complaint or raise a concern if they needed to. Complaints were accounted for and acted on.

With the exception of a required notification oversight, which the provider subsequently rectified when we asked them to. The provider had met with the legal requirements relating to their duty of candour; to tell us about important events when they happened at the service and to ensure the required public display of their most recent inspection rating for 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
The last rating for this service was Good (published May 2017).

Why we inspected
This was a planned inspection based on the previous rating of the service.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well Led sections of this full report.

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. Details are in our safe findings below	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our effective findings below	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below	**Requires Improvement**

Brookview 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by two inspectors and an expert by experience. An expert by experience is someone who has experience of care related to this inspection setting.

Service and service type: Brookview Nursing Home is a registered care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a new manager recently appointed for the service, who had been in post there for one month.

Notice of inspection: The inspection was unannounced.

What we did before the inspection
We looked at information we held about the service to help us plan the inspection. This included written notifications the provider had sent to us about any important events that happened at the service. We contacted local care commissioners who contract for people's care On this occasion we did not ask for a Provider Information Return. This, is information we ask the provider to send us; to give some key information about the service, what the service does well and any improvements they plan to make. However, we gave the manager and provider opportunity at the inspection, to provide us with related information to help inform our inspection.

During this inspection
We spoke with 11 people receiving care at the service, six relatives and a visiting health professional. We also spoke with a registered nurse and five care staff, including a senior; a domestic and a cook; the

administrator, the manager and the nominated individual for the provider. We reviewed five people's care records to check whether they were accurately maintained and checked a range of records relating to the management of the service. This included staffing, medicines and complaints records and areas of care policy. We also looked at the provider's arrangements to check the quality and safety of people's care. After the inspection visit: We requested further information from the provider. This was provided within the requested timeframe.

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 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.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People were not fully protected from the risk of avoidable harm or abuse.
- Staff knew how to recognise harm or abuse and to keep people safe; but they were not always trained or sufficiently informed to fully ensure this.
- Improvements were made to ensure people's safety in relation to preventing risks skin sores from prolonged body pressure.
- Staff were not always accurately informed of people's safety needs before they provided care.
- Risks to people's safety associated with their health condition, environment or any equipment use for their care were often assessed before they received care, but related records were not always accurately maintained to fully ensure this.
- People's care plans did not always accurately inform staff of the care steps they needed to follow, to mitigate any risks to people's safety. For example, to ensure safe nutrition and use of equipment; or to support people who could sometimes behave in a way that was challenging for others, because of their health condition.
- We discussed our findings with the manager, who had identified a remedial action plan to rectify this. However, related improvements were not yet completed, or demonstrated as embedded or ongoing.
- People and relatives felt safe care was provided at the service. One person said, "This is a safe place." A relative told us, "[Person] is really well looked after her and much safer than at home."

Using medicines safely

- People's medicines were mostly safely managed and they were supported to take their medicines safely when they should.
- Care plan protocols were not consistently recorded to accurately inform staff regarding people's medicines that needed to be taken as a when required.

Learning lessons when things go wrong

- The provider had taken action for people's safety, to help prevent any re-occurrence, when things went wrong at the service.
- Effective incident reporting and recording and recently revised emergency contingency planning arrangements helped to ensure people's safety at the service
- Revised management measures had commenced, to ensure the effective monitoring and analysis of health incidents, to check for any trends or patterns that may help to inform or improve people's care when

needed. However, this was not yet fully embedded or demonstrated as ongoing.

Staffing and recruitment

● The provider's arrangements for staff recruitment and deployment helped to ensure people's safety at the service, but did not always promote responsive, individualised care.

● Staff felt their levels were mostly sufficient to ensure people's safety but said it was 'difficult to spend quality time' with people.

● We saw there was often a lack of opportunity for staff to provide interactive and spontaneous support for people, to enhance their care and daily living experience.

● One person said, "Staff are very good and do what they can; but they are so busy.

● Comments we received from staff included, "There's enough staff for people's safety but we are run ragged; it's hard at the moment." "Staff don't have time to sit and spend time with people." "People who need more care in their own rooms, like body repositioning get more attention; people in the lounge miss out." "The afternoon and evenings can be particularly difficult; we could really do with an additional care staff then on a twilight shift." There are a lot of people who need regular checks at night – it's a push but we get it done."

● During this inspection, lounge areas were supervised by staff. However, we saw there was no call bell located in the main lounge for people to use, if they needed assistance.

Preventing and controlling infection

● The provider ensured effective arrangements for cleanliness, hygiene and the prevention and control of infection at the service.

● We saw the home was kept clean and fresh, with no malodours.

● Staff understood universal precautions and followed recognised procedures, to protect people from the risk of an acquired health infection. For example, staff wore personal protective clothing, such as gloves and aprons when they provided people's personal care.

● There were suitable arrangements for the handling and disposal of dirty laundry, household and clinical waste.

● People and relatives were satisfied with standards of cleanliness and hygiene at the service.

Requires Improvement

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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not always trained or supervised for their roles and responsibilities.
- Discussions with staff and records we looked at, showed there were gaps in staff knowledge, training and for their regular one to one supervision. This meant there was an increased risk to people from receiving care that was not effectively or consistently informed. For example, in relation to safeguarding and positive behavioural support.
- We discussed our findings with the manager and found planned improvements had commenced to rectify this for people's care. Specified training dates and programme of regular staff one to one management supervision were respectively identified and commenced. However, this was not yet fully completed, embedded or demonstrated as ongoing.
- Staff were mostly supported to obtain national vocational qualifications relevant to their role. New care staff were expected to undertake the Care Certificate. The Care Certificate promotes a national set of care standards, which non-professional care staff are expected to adhere to when they provide people's care

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 understanding and the providers record keeping for DoLS, was not always effectively demonstrated.
- The manager told us DoLS were subject to management review, in consultation with the local authority responsible, to make sure staff had the right information for people's care.
- Otherwise, staff obtained people's consent for their care. Mental capacity assessments were completed when needed, for specific care decisions where people were unable to consent because of their health condition.
- Care provided by staff in people's best interests, where they lack capacity to consent; was effectively

accounted for.

Adapting service, design, decoration to meet people's needs
● The environment was not fully adapted to maximise people's understanding and orientation needs, or to ensure appropriate storage of care equipment.
● Two of the communal bathrooms we looked at were full of care equipment, such as hoists, specialist chairs and wheelchairs. Preventing people's access.
● Otherwise, the service was designed and decorated to meet people's needs relating to their mobility, privacy and choice.
● People were overall happy with their environment, which was well decorated and furnished. One person said, "It's like a five star hotel." A relative told us, "Furnishings and décor here is maintained to a high standard."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People mostly received effective, informed care, which met their needs and choices. But related care records did not always fully ensure this.
● People's care records were not always accurately maintained to inform staff regarding people's needs and related care requirements. For example, we found some omissions of recording in relation to people's individual communication, positive behaviour support and dietary needs.
● Staff mostly understood people's health conditions, how they affected them and their related personal care requirements. Although, we saw little in the way of supporting information regarding people's health conditions in their individual care files; to maximise staffs' understanding of people's health needs.
● Improvements were in progress, through the introduction of a revised needs assessment tool; to ensure people's oral health care was effectively assessed, considered and delivered in accordance with nationally recognised standards.
● A range of care policies and guidance were provided for staff to follow for people's care. These were periodically reviewed by the provider, to ensure they met with nationally recognised guidance and practice standards.

Supporting people to live healthier lives, access healthcare services and support;
Staff working with other agencies to provide consistent, effective, timely care
● People were supported to maintain and improve their health, in consultation with relevant care professionals and services when needed.
● Staff understood and followed relevant instructions from external health professionals when needed for people's care. Such as for their mobility or nutrition.
● Staff followed standardised arrangements to ensure timely communication and information sharing with external care professionals and providers, when needed for people's care.
This included, for the purposes of routine and specialist health screening, or if someone needed to transfer to hospital because of ill health.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to maintain or improve their nutrition and to eat and drink sufficient amounts of food they enjoyed, which met with their dietary requirements.
● Staff we spoke with, understood people's nutritional needs and any related care requirements. This was assessed, recorded and reviewed when needed for peoples' care to ensure their effective nutritional support.
● People said they enjoyed their meals. One person said, "I like the meals – it's very good here." Another person told us," I have problems swallowing; so I choose foods that are soft and easy to swallow; they [staff]

follow this and respect my privacy at mealtimes."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Respecting and promoting people's privacy, dignity and independence.
● People received are from staff who were respectful, kind, caring and knew people well.
● Staff ensured people dignity and rights when they provided people's care.
● There was a lot of kindness from staff towards people and interactions were warm and friendly.
● Relevant information was recorded in people's care plans. Staff appropriately informed and directed to ensure people's equality and rights in their care.
● People and relatives felt they had good relationships with staff who knew people well, including what was important for their care and daily living arrangements.
● We received positive comments from people. This included, "Staff are very kind, caring, lovely people." "Staff always listen to me; they are patient and respectful."

Supporting people to express their views and be involved in making decisions about their care
● People were generally well supported, informed and involved to make decisions about their care. This was done in a way that helped to promote their independence, autonomy and rights.
● The manager had begun to hold regular meetings with people and relatives; to help inform people's home life and daily living arrangement in agreement with them.
● People felt staff generally supported their chosen care and daily living arrangements, as agreed with them. We spoke with the registered manager, following an occasion we observed, when two people's expressed views about their lunchtime meal were not acted on by staff. The manager told us about their improvement actions in progress, from their own observations of people's care, to prevent any reoccurrence, which related records showed.
● Staff understood the importance of ensuring confidentiality for people's care and related principles to ensure this. People could be signposted to external advocacy services, if they needed someone to speak up about their care, on their behalf.
● Published service information was provided to help people understand what they could expect from their care. Further improvements were assured from recent suggestions made by people and relatives; to provide additional information regarding daily food menus; and to help people recognised staff employed at the service.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- Staff understood and were committed to the principles of providing person centred care but the provider's staffing and record keeping systems did fully ensure this.
- We saw people's care was not always timely, individualised or accurately informed, to optimise their choice and control for their care, daily living and lifestyle preferences.
- For example, some people's care records contained a, 'This is Me' assessment record. This aimed to inform individualised care for people living with dementia in a way that meets with nationally recognised practice. However, we found this was not always completed to ensure this.
- People and relatives we spoke with, felt staff knew them well and worked hard to ensure people's needs were met.

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

- A range of social, recreational and occupational activities were regularly organised at the service. Related arrangements did not always maximise opportunities for people's individual interests, access or participation.
- The manager told us that a meeting was planned with people and relatives, to help inform and develop opportunities for people's engagement in home life and the local community. Related meeting minutes subsequently provided also showed this was in progress.
- Links were established with a local school, whose school children shared regular craft sessions for people at the service. There was also a link with the local church, who provided regular church services at the home and a fortnightly external social group, which a few people regularly accessed.
- Staff generally understood and followed people's individual needs and choices for their daily living routines and chosen arrangements to maintain contact with friends and family.

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.

- The provider was meeting the accessible information standard, but this was not fully optimised for people's care.
- For example, the use of pictorial aids, such as to support people's menu choices had not been considered.
- People's communication needs were assessed and shown in their related care records for staff to follow.
- Relevant service information was provided for people, to help to them understand what they could expect

from their care and how to raise any concerns, if they needed to.

Improving care quality in response to complaints or concerns

● People were informed how to make a complaint or raise any concerns about their care if they needed to.

● There was a standardised management system in place for complaints handling, investigation and monitoring, which included timescales for response.

● There had been no complaints since the current manager came into post. Previous complaints were recorded, actioned and accounted for.

● People and relatives we spoke with said they had no cause for complaint, as any issues arising were dealt with without the need to make a formal complaint. One person's relative said, "When I raised an issue, they were onto it straight away and got it sorted."

End of life care and support

● People's end of life care was not fully optimised against related nationally recognised standards.

● The manager had identified improvements measures for people's end of life care, which included care planning and staff training. This was not yet completed or demonstrated as embedded and ongoing for people's care.

● The provider had established links with local lead professionals for end of life care. They had also recently reviewed their end of life care policy against nationally recognised principles and standards to promote an effective and informed approach to people's end of life care when needed.

● Three people's relatives confirmed that staff were compassionate, knowledgeable and ensured people's dignity, comfort and choice at the end stage of their life. They also felt appropriately informed, involved and supported by staff during that time.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on their duty of candour responsibility

- The provider had not consistently operated effective systems to continuously monitor, sustain or improve the quality and safety of people's care; or to consistently ensure related record keeping and staffing arrangements were effective for people's care at the service.
- A new manager and an external quality lead were recently appointed to help improve and ensure effective oversight and governance of the service. This included the planned introduction of revised management monitoring arrangements to ensure the quality and safety of people's care. However, this was not yet fully embedded or demonstrated as ongoing or sustained.
- Records relating to people's care and staffs' confidential personal information were safely stored and handled in line with national guidance and legal requirements.
- The provider had met the regulatory obligations for their registration and in relation to their duty of candour responsibility. The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong.
- With the exception of a delay in telling us about recent management changes; the provider had sent us timely written notifications about any important events when they happened at the service, to help us check the safety of people's care when needed.
- The provider met their legal duty to ensure the required display of their most recent inspection rating, for public information on their website and within the service.

Managers and staff being clear about their roles, and promote person centred, high quality care and support; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Following recent management changes, there was no registered manager for the service. The new manager understood their role and responsibilities for people's care and told us they were commencing their registration application process with us.
- Staff mostly understood and were positively motivated to perform their role and responsibilities for people's care, including any improvements needed. Staff described an open culture at the service, where they were confident to raise any concerns about people's care if they needed to.
- Staff told us they loved the home and the people they supported. This was reflected in the calm nature of the environment and the way staff and people interacted with each other.

●The provider had established a set of care aims and values at the service against nationally recognised care principles, which staff mostly understood and applied when they provided care. Related management checks helped to ensure this was consistently followed.

● The manager was keen to ensure an active, accessible profile within the service. People, staff, relatives and those with an interest in the service, had been introduced to the manager, who had begun to establish regular meetings and discussions with them to help inform and improve people's care experience.

● The manager had also begun to identify, prioritise and address areas of care and service improvement needed. This included risk management, communication and information handling for people's care and safety.

● Revised management measures concerned with staff performance, learning, support and supervision for people's care had also commenced. However, these improvements were not yet fully demonstrated or embedded within the service.

● The provider had a comprehensive range of operational policy guidance for staff to follow in relation to people's care and safety. These were reviewed against nationally recognised standards when needed, to make sure they provided up to date guidance for staff to follow.

Working in partnership with others

●The provider worked with relevant agencies, including educational, external health and social care partners, when needed for people's care.

● Partnership working arrangements helped to inform people's care and ensure the right support.