

# Ideal Carehomes (Number One) Limited

## De Brook Lodge

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service:

De Brook Lodge is a residential care home that was providing accommodation and personal care to 50 people aged 65 and over at the time of the inspection.

People's experience of using this service:

Improvements had been made with regards to the care plans and risk assessments at De Brook. A computerised care planning system had been fully implemented and care plans and risk assessments were reviewed each month. However, there was not always enough detail to guide staff how they should support a person if they became anxious or agitated.

People did not always receive their medicines as prescribed as they were out of stock at the home. De Brook had tried to resolve this issue with the supplying pharmacy and repeatedly chased the medicines required; however, they had not escalated this issue to the local clinical commissioning group (CCG) or local authority safeguarding.

Information on how to administer medicines covertly had not been obtained from a qualified person. Arrangements were not robust for ensuring medicines were given at the correct time with regard to food. Staff did not always follow the arrangements for ensuring there was a sufficient gap between doses of medicines.

There were enough people on duty to meet people's needs. Staff were safely recruited.

Incidents and accidents were recorded through the computerised care planning system. These were analysed by the registered and care managers for any patterns and to ensure actions had been taken to reduce the risk of a re-occurrence.

The home was visibly clean throughout. All equipment had been serviced and maintained. Weekly and monthly health and safety checks were completed.

The home was well decorated and maintained. Signs were used to assist people living with dementia to orientate themselves within the building. Part of the building had been decorated to represent an old post office and plans were in place for an old style corner shop to be set up.

Staff received the training and support to carry out their roles. A training dash board was used so that refresher training was organised in a timely way.

People's health needs were being met. Referrals were made to medical professionals when needed and any equipment recommended to support people was obtained.

People said they enjoyed the food and had a choice of meals. People's nutritional needs were being met.

The service was working within the principles of the Mental Capacity Act (2005) (MCA) People's capacity was assessed and best interest decisions made where they were assessed as lacking capacity to make a particular decision.

People and relatives were complimentary about the care staff, saying they were kind and caring. Staff knew people's needs and encouraged them to complete tasks for themselves where possible to maintain their independence.

Staff members said they enjoyed working at the service and said the management team were approachable and supportive.

People and / or their relatives were involved in an initial assessment and reviewing and agreeing their care plans. A range of monthly surveys were completed to obtain feedback from people, relatives and other professionals.

A regular programme of activities was arranged, as well as trips out. People and relatives were happy with the activities available at De Brook.

A 'make a wish' programme had been started, where people were asked what they wished to do and where possible this was arranged. Links had been made with local schools, who visited the home as well as people also visiting one school for their sports day.

A quality assurance system had been embedded within the service which gave the registered, regional and quality managers greater oversight of the service. A range of monthly audits were completed.

Rating at last inspection:

At the last inspection the service was rated as Requires Improvement (published 30 May 2018). Following the last inspection, we met with the provider to discuss the improvements they planned to make to improve the service and address the shortfalls we had identified. Improvements had been made in these areas, however further issues were identified in other areas of the service. This service has been rated as required improvement for the last four inspections.

Why we inspected:

This was a planned inspection based on the previous rating.

Enforcement: We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Follow up:

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# De Brook Lodge

## 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:

On the first day the inspection was carried out by one inspector, an assistant inspector, a pharmacy inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience of dementia care.

The inspector returned for the second day of the inspection.

#### Service and service type:

De Brook Lodge 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:

We reviewed the information we held about the service. We looked information the service is required to send us about important events. Due to technical issues the service was not asked to complete a provider information return (PIR). 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. We discussed these areas with the registered manager during the inspection.

We contacted the local authority commissioning and safeguarding teams. No concerns were raised about De Brook.

During the inspection we spoke with ten people and nine relatives about their experience of the care provided. We spoke with seven members of care staff, two visiting professionals, the chef, the clinical lead, regional director, quality director and the registered manager.

We observed the support people received and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records, including seven care plans and medicines records. We also reviewed three staff recruitment files, training and quality assurance and other records in relation to the management of the service.

Following the inspection, we spoke with a senior medicines optimisation pharmacist.

# Is the service safe?

## Our findings

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

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. Regulations may or may not have been met.

### Using medicines safely

- People did not always receive their medicines as prescribed as they were out of stock. The service was aware of the issues, which had been ongoing since November 2018. Two meetings had been held with the pharmacy provider. Records showed that out of stock medicines had been followed up with the GPs and pharmacist each month.
- However, whilst the CCG does not need to be notified of individual occasions of out of stock medicines, they should be made aware of systemic issues that the home has not been able to resolve themselves. Whilst no actual harm had occurred due to people missing their medicines, people were at risk of avoidable harm and as such this should have been reported to the local authority safeguarding team. The CCG and the safeguarding team could have supported the home to address the issues with the out of stock medicines.
- Following our inspection, the registered manager informed us they had held meetings with each GP practice to try to reduce the number of out of stock medicines.
- There was no recorded information from a pharmacist as to how to administer covert medicines safely. Arrangements had not been made to give medicines at the correct time with regard to food. Some arrangements had been made to give medicines such as Paracetamol with a safe time interval between doses but staff did not always make sure these were adhered to. Some people missed doses of pain relief because the arrangements to give people medicines in a person catered way were not effective.
- Staff did not always complete the medicine administration records (MARs) accurately. There were missing signatures which meant it was not possible to tell if medicines had been given as prescribed. Medicines audits had identified this as an ongoing issue which had not been resolved.

The lack of robust medicine administration procedures and medicines being regularly out of stock was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

At our last inspection the risks relating to the health safety and welfare of people had not been consistently reviewed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found improvements had been made, with all risk assessments and personal emergency evacuation plans being reviewed each month.

- All risk assessments had been reviewed and were current. However, the information in some assessments was not consistent. For example, one person's falls risk assessment stated that their malnutrition universal screening tool (MUST) score was not a risk, however the person's actual MUST score was 4 (very high).

- Care plans identified where people may become anxious or agitated. However, not all care plans provided guidance for staff about the distraction techniques that may reduce an individual's anxiety and potentially challenging behaviours.
- Weekly and monthly checks of the fire systems and water temperatures were completed. People had personal emergency evacuation plans (PEEPS) which informed staff and the emergency services of the support each person would need to evacuate the building in the event of an emergency. Health and safety checks were completed.
- Equipment was serviced and maintained in accordance with the regulations.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding vulnerable people and were able to explain what they would do if they suspected any abuse had taken place.
- As stated under medicines, safeguarding referrals had not been made when people had not received their medicines as prescribed due to the medicines being out of stock.

#### Staffing and recruitment

- People, relatives and staff thought there were sufficient staff on duty to meet people's assessed needs. The staff team was more stable, with agency staff no longer being used. Shifts were covered by bank staff or staff from the provider's other homes.
- The home had a shift pattern where two staff started at 7am to assist the night staff when people started to get up and two staff worked until 10pm so they could support people going to bed. This gave greater staff cover at busy times at the beginning and end of the day.
- A safe system of recruiting staff remained in place, with all pre-employment checks being completed before a new member of staff started work. Checks with the Disclosure and Barring Service were completed every three years to ensure they were current.

#### Preventing and controlling infection

- The home was visibly clean throughout and there were no malodours present.
- Monthly mattress checks were completed to identify any mattresses that were damaged.
- A local authority infection control audit in February had rated the home as amber (medium compliance). Steps were being taken to action the issues identified in the audit.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded through the computer care planning system. This automatically set up care tasks on the system for staff to complete hourly checks on the person following an accident.
- All incidents and accidents were reviewed through the 'accident, incident and near miss' computer system (AINMS). AINMS detailed what the incident was, where it took place and the time. It also identified if the same person had been involved in more than one incident in the last six months. The registered manager was then able to analyse the AINMS data to identify any potential patterns and that the care plans and risk assessments had been reviewed following each incident.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the training and support to carry out their roles. Staff were positive about the training they received. A member of staff said, "The training is brilliant here. There's a list all the training you've done and what you need to do."
- New staff completed two weeks of training covering all the courses they needed before shadowing experienced staff within the home to get to know the people they would be supporting. A staff member said, "The induction was really good; we had two weeks intensive training before shadowing for three days."
- A training dashboard highlighted when training was due to be refreshed and staff were reminded to complete the relevant on-line course or booked onto a taught course.
- The provider's training manager had a rolling programme of courses arranged across the provider's homes in the area. Staff were able to book on these courses at any of the venues which reduced any delay in completing the required training.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and dietary needs were being met.
- People said they enjoyed the food and there was a choice of meals available. A relative said, "[Name] has put on weight because he's getting balanced meals at the right time." One person, who had an allergy to eggs, said, "All the staff know about it. I have an Epi-pen which I can use but I haven't had to. I feel really well looked after."
- Nutritional care plans were in place and reviewed each month. People's weights were monitored, and referrals made to dieticians and the speech and language team where people were at risk of losing weight.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's health needs were identified in their care plans, for example skin care and oral health.
- Information about people's health conditions was contained within the computer-based care planning system, for example for dementia.
- The service made appropriate referrals to other services, for example district nurses and GPs when appropriate. Both medical professionals we spoke with were positive about the home, saying staff supported the person during their visits and followed any guidelines given. Staff made notes about the visit and the outcomes and added them to the computer-based care planning system.
- When equipment was recommended by a medical professional, for example a toilet frame to reduce the risk of falls, an agreement was in place to obtain these through a local supplier.

Adapting service, design, decoration to meet people's needs

- All rooms were en-suite with a shower and shower seat if required. Accessible baths were available on each floor.
- The home was well maintained and decorated. Areas of the home had been decorated to represent an old post office and plans were in place to create a corner shop which would sell toiletries and newspapers.
- Appropriate signage was used around the home to assist people living with dementia to orientate themselves. People could choose to have their photo on their door to help them find their own room independently.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving to De Brook an initial assessment of their needs was completed by the registered manager or clinical lead. Where appropriate this included the person's views, family views and input from relevant professionals involved in the person's care and support.
- Initial care plans and risk assessments were written from this assessment and made available for the staff to read via the computerised care planning system. Staff said they also received verbal information about a person's needs when they moved to the service.

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care files included assessments of people's capacity to make specific decisions, for example consent to their care and support at De Brook Lodge. Where the assessment indicated the person lacked capacity for the decision a best interest decision was recorded. Where required a DoLS application had been made.
- A DoLS tracker was used to monitor when applications had been made and when any granted DoLS were due to expire so that a further application could be made.

# 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

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

- People and their relatives were positive and complimentary about the staff team at De Brook. We were told, "They (the care staff) have been wonderful for [name's] needs", "The staff treat them (people living at De Brook) with dignity" and "[Name] settled in so quickly and really enjoys having chats with the young staff although she's happy in her own company."
- We observed and heard positive interactions between people and members of staff throughout our inspection.
- People's likes and dislikes were recorded in their care files. A brief life history was also obtained. Staff knew people and their support needs.
- People's cultural needs were recorded. Members of the local church supported people to attend services if they wanted to and a monthly church group was held at De Brook.
- Staff received training for equality and diversity as part of their induction. This also included a film about supporting older lesbian, gay, bisexual and transgender people who had care needs.

Supporting people to express their views and be involved in making decisions about their care

- People and / or their relatives were involved in agreeing their care plans. One relative said, "I quite often see the care plan and I definitely have an input."
- People's communication needs were recorded in their care plans. Staff could explain how they provided people with day to day choices, for example for their meals and clothes.
- Relatives told us that they were kept informed of any changes for their relative. Relative's said, "I'm fully involved in [name's] care plan and always informed if they have to get the doctor in" and "They are always happy to update me on [name's] care."

Respecting and promoting people's privacy, dignity and independence

- Staff described how they maintained people's privacy and dignity when providing personal support, including explaining to people what they were doing throughout the support.
- People and their relatives felt that the staff team were respectful.
- Staff encouraged people to complete the things they could do for themselves, for example during personal care. Details of what people were able to do for themselves was contained within their care plans.
- Relatives were able to visit people at any time. Relatives said that they were made welcome by the staff when they visited people.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- De Brook used a computer-based care planning system. Each person had a person-centred plan in place which detailed their support needs and how staff should meet these identified needs. Care staff used hand held devices to record the support they had given for each person.
- Care plans were reviewed each month. The computer-based system alerted staff when they were due to be reviewed.
- Each person had a summary page of their needs, which was easily accessible for the care staff via the hand held devices. The whole care plan could also be accessed through these devices if required.
- Staff told us they were able to read the initial care plans for people moving to the service and were given a verbal handover of their needs before they moved to the service.
- We received positive feedback from people and their relatives about the activities organised at De Brook. Relatives said, "This place is brilliant. They stimulate them so much here. It's taken the strain off us all", "[Name] really enjoys the entertainment put on – films, singers and things" and "[Name] is not one to join in but she loves to watch others and they let her do that."
- A regular programme of events within the home was arranged, including entertainers and a monthly 'pop up' restaurant with different themed menus. Trips out were also arranged for example to Knowsley safari park and to a local sensory centre.
- The lifestyle manager organised 'make a wish' days for people. A person was asked what they wished for and this was arranged where possible. Recent make a wish activities had included a dog show, a shopping trip to the Trafford Centre and a visit to the area of Manchester where the person had grown up. The make a wish activities were funded by De Brook.
- Links had been made with three local schools, both primary and secondary. The lifestyle manager was aiming to develop these links further, including supporting volunteers who were doing a health and social care course at school.
- Technology was used, for example pressure mats and door sensors, to alert staff when someone got up, where it had been assessed as reducing the risks people may face. Staff were prompted to set up and test any sensors via the hand held devices.

Improving care quality in response to complaints or concerns

- A formal complaints policy was in place. Records showed the complaints that had been received had been responded to appropriately.
- People and relatives told us they would speak directly to members of staff or the registered manager if they wanted to raise anything. These were always responded to with relatives saying, "[Name] had an issue with a plaster on her leg which kept coming off. As soon as I mentioned it, it was sorted" and "Any little niggle has been sorted out."

#### End of life care and support

- Information about people's wishes at the end of their lives was recorded, for example preferences for any religious involvement or funeral arrangements. We also saw that it was noted where families had not wanted to discuss their relatives end of life support.
- Other health professionals, for example district nurses, were involved in the person's end of life care and anticipatory medicines were prescribed to make people comfortable at the end of their life.

## 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

Service management and leadership was inconsistent. Some regulations may or may not have been met.

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

- A new registered manager was at De Brook. This followed a ten-month period where the care manager had been managing the home. De Brook has had a series of managers over the last three years, which had caused some instability within the staff team.
- The staff we spoke with were complimentary about the management team now in place and said that the staff team was now stable, with no agency care staff currently being used.
- The quality assurance system had been embedded within the service, with a range of audits being completed each month, including health and safety, maintenance, catering, care plans and medicines. The audits were currently completed by the head of the department being audited. We discussed this with the registered manager who had recognised this may lead to the audits not being as rigorous as they could be. They were in the process of arranging for head of departments to audit each other's areas so they could be more objective.
- Management information was available via a quality monitoring tool. This included information about incidents, safeguarding referrals, monthly checks on mattresses and equipment, staff supervisions and training.
- However as stated in the safe domain there was a long standing issue with out of stock medicines that had not been escalated to external agencies such as the clinical commissioning group or local authority safeguarding.
- Medicines audits had noted the issue of missing signatures on the medicines administration records, however the action taken had not resolved this issue. The audits had not identified that the guidelines for administering medicines covertly, at the correct time before food or with a sufficient gap between doses eg of paracetamol were not robust.

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

- Relatives and staff said that the management team were approachable and they could raise any concerns with them if they needed to.
- Relatives meetings were regularly arranged as well as a monthly residents meeting to discuss activities, trips and the menu. A 'you said, we did' notice board recorded what had been done following residents requests at these meetings
- Short monthly surveys were used to gather feedback on a range of topics. In the two months prior to our inspection these covered the cleanliness of the home, food, activities and a professional visitors survey. The results of these four surveys were positive.
- Staff meetings were held every two months and minutes made available for staff who were unable to

attend. Staff told us they were able to contribute to these meetings.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff said they enjoyed working at De Brook and felt supported in their roles. Staff told us, "If I had any issues on shift, I'd go to the senior, if they weren't around I'd be happy to go to [registered manager] or [care manager]" and "They are good with the training here, I've asked to go on an end of life course and they said they would arrange it."
- The registered manager notified the CQC appropriately of any accidents and incidents at the service.

Continuous learning and improving care; Working in partnership with others

- The service worked with medical professionals, community services and local authority social workers. Information was shared appropriately where required.
- Medical professionals said staff were knowledgeable about the people living at the home and would support the person during their visit.
- A range of information was analysed each month, for example incidents and accidents, falls, people's weights, pressure area care to assess if there were any patterns identifiable and ensure appropriate actions had been taken to reduce the risk of a re-occurrence.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Prescribed medicines was regularly out of stock. De Book had tried to source the medicines but had not raised this ongoing issue with the CCG or local authority safeguarding.</p> <p>There was a lack of robust guidance for the administration of medicines covertly, at the correct time before food or with a sufficient gap between doses.</p>