

A.G.E. Nursing Homes Limited

Brockfield House

Inspection report

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Date of inspection visit: 15 & 16 October 2015

Date of publication: 24/11/2015

Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This unannounced inspection took place on 15 & 16 October 2015. Brockfield House provides support and nursing care for up to 45 people living with dementia or a mental illness. At the time of our inspection 34 people were living at the home.

Following our inspection in April 2015 the service was rated as 'Inadequate' due to serious concerns about the safety and well-being of the people who lived there. The commission placed the service in special measures and

the provider agreed not to admit any new people until they had improved the care provided. The provider was also issued with a warning notice to ensure people received safe and proper treatment.

At the time of this inspection we found that there has been significant progress in the way that the home operated and in relation to the way in which care was being provided.

The service is required to have a registered manager. At the time of our inspection there was an appointed

Summary of findings

manager who was currently managing the home and was undertaking the process to become a registered manager. 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.

People told us that they felt safe in the home and there were clear lines of reporting safeguarding concerns to appropriate agencies; staff were knowledgeable about safeguarding adults.

Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. We observed that on the day of our inspection there were sufficient staff on duty. The recruitment practice protected people from being cared for by staff that were unsuitable to work at the home.

Care records contained risk assessments to protect people from identified risks and help to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decision about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people who lived at the home. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The registered manager was visible and accessible. Staff and people living in the home were confident that issues would be addressed and that any concerns they had would be listened to.

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.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Good



Is the service effective?

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical and mental health needs were kept under regular review. People were supported relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Good



Is the service caring?

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences and supported people in a person centred approach.

Staff promoted people's independence to ensure people were as involved as possible in the daily running of the home.

Good



Is the service responsive?

This service was responsive.

Good



Summary of findings

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

Is the service well-led?

This service was not always well-led.

The service is required to have a registered manager. At the time of our inspection there was an appointed manager who was currently managing the home and was undertaking the process to become a registered manager.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

An appointed manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People living in the home, their relatives and staff were confident in the management of the home. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Requires improvement



Brockfield House

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.

This inspection took place on 15 & 16 October 2015 and was unannounced. The inspection team comprised of three inspectors and an expert by experience, with personal experience of caring for someone who used health and care services.

In planning for our inspection we reviewed the information that we held about the service, including notifications from the service about things that happened in the home and information provided by some of the staff that worked there.

We contacted the Nene Clinical Commissioning Group (NCCG). Clinical Commissioning Groups are groups of GPs who are responsible for designing local health services in

England. They do this by commissioning or buying health and care services for Northamptonshire. We contacted Northamptonshire County Council Commissioners and the Safeguarding Team.

Many of the people living at Brockfield House were unable to recall their experiences or express their views; however we spoke with eleven of the people living there and we observed the care they received and their interactions with staff. During our inspection we spoke with sixteen staff including members of the management team, care staff, team leaders, Nurses, housekeeping staff and eight relatives.

We reviewed the care records of seven people who used the service and eight staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

We made observations about the service and the way that care was provided. We also used the Short Observational Framework Inspection (SOFI); SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our inspection in April 2015 we found that the provider was in breach of regulation 12; safe care and treatment. This was because the provider did not assess risks to the health and safety of people and medicines were not managed safely.

During this inspection we found that the provider had made significant improvement. People's medicines were safely managed. One person said "I always get my tablets on time from the nurses and the care staff put my cream on for me." The staff confirmed they had received training on managing medicines, which was refreshed annually and competency assessments were carried out. Records in relation to the administration, storage and disposal of medicines were well maintained and monthly medicines management audits took place. There was some inconsistency with signing the medication administration record for topical medicine like cream but the manager was fully aware of this and was addressing it. There were detailed one page profiles in place for each person who received medicine detailing any allergies, and how a person takes their medicine. Where medicines were administered covertly there was documentation in place to say this had been authorized by the person's GP. The nursing and care staff were knowledgeable about people's medicines and informed people what their medicine was for before offering it to them.

Risks to people's health and safety had been a priority for the service since the last inspection and we saw that they had addressed all of the concerns raised. Particular attention had been paid to our concerns about the oversight and access to people who were being cared for in their own rooms.

People had risk assessments, mental capacity assessments and best interest documentation in their care files to show how this risk had been considered and where possible consent had been gained from relatives. Relatives confirmed they had been offered a key to their loved ones bedroom. All staff had a set of keys which gained them access to every room and the manager had systems in place to ensure keys were not lost or mislaid. People had individual fire risk assessments detailing what support they would need in the event of fire and staff we spoke with knew all of the procedures.

At our inspection in April 2015 we found that the provider was in breach of regulation 13; safeguarding people from abuse and improper treatment. At this inspection we found that our concerns had been addressed. People looked well cared for, one relative said "[My family member] always looks clean and cared for; the home never know when I am going to visit and I have always found [my relative] clean and tidy. The home had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff said that six months ago they did have some concerns about people not being cared for appropriately and the manager took swift action in light of these concerns. Staff reported since this time they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. Staff had received training on protecting people from abuse and records we saw confirmed this. They were aware of the whistle-blowing procedure for the service and said that they were confident enough to use it if they needed to.

Peoples' individual plans of care contained detailed risk assessments to reduce and manage the risks to people's safety; for example people had movement and handling risk assessments which provided staff with instructions about how people were to be supported to change their position. Risk assessments were also in place to manage other risks within the environment including the risk of falls. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. Staff said "Risk assessments are updated with the person and their family to make sure we have covered everything and they are up to date." When accidents did occur the manager and staff took appropriate action to ensure that people received safe treatment. Training records confirmed that all staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

People thought there was sufficient staff available to provide their care and support. One person said "The staff are lovely; very caring and there are plenty of them around." Each person was individually assessed and a care

Is the service safe?

package was developed to meet their needs. Some people required two staff to support them at certain times and other people one person and we saw this happened in practice. At our previous inspection in April 2015 the provider was relying heavily on agency staff to provide the nursing and care needs to people; recruitment has now taken place and staff are in post and are now familiar with the people who lived there and their care needs. Use of agency staff was minimal and those agency staff that were used were regular staff that the service specifically requested. We saw that the staff rota's reflected people's needs and there were enough staff to meet people's needs including additional staff for example; a clinical lead, housekeepers, activity co-ordinators and a quality

monitoring senior member of staff. One relative said "The staff are fantastic, there is always someone around and they are friendly and approachable." People said they knew the staff that supported them and they received the care they needed when they needed it.

Recruitment processes ensure that staff have the rights skills, values and background to fulfil their role. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Is the service effective?

Our findings

At the last inspection in April 2015 we found that the provider was in breach of regulation 11; need for consent, this was because the provider was not acting in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). At this inspection we found that manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. People had formal Mental Capacity Assessments in place assessing their capacity to consent to care and treatment, where people were not able to consent; best interest meetings had taken place. When people needed to be deprived of their liberty for example keeping the front door locked and in certain areas of the building bedroom doors locked from the outside we saw DoLS applications had been made to the local authority and where the local authority had visited people these authorizations had been granted. We observed staff seeking people's consent when undertaking day to day tasks.

At the last inspection in April 2015 we found that the provider was in breach of regulation 12; safe care and treatment, this was because the provider did not ensure that staff had the skill and experience to care for people safely. At this inspection we saw that all staff had received awareness to dementia training and there was a programme in place to ensure all staff complete an accredited qualification on dementia. This training was provided through Northamptonshire County Council resources and ten people had already completed the course which takes approximately three months to complete with assessments undertaken by a tutor and face to face workshops. All newly recruited staff complete a dignity in dementia training day. Staff said "The training is good here now things are in place, I've been completing a qualification in health and social care and I get support from everyone with it."

The manager was a qualified 'Non-Abusive Psychological & Physical Intervention (NAPPI) trainer. This training helps to skill staff with supporting people whose behaviour may challenge the service and has an emphasis on the approaches of positive behaviour and support. The manager individualises this training to each specific person whose behaviour may challenge and delivers this training to the staff team to enable them to support people

appropriately. The whole team has also undertaken an 'observational project' where staff observe people and their interactions with staff to ascertain how meaningful these interactions are. Staff we spoke with said this enabled them to see how different interaction had different impacts on the people they were supporting and how to phrase sentences differently to have a positive impact. All of the staff were up to date with the provider's mandatory training and this was refreshed yearly.

All staff had the opportunity to develop their careers and the provider encouraged and promoted recognised care qualification through the Qualifications and Credit Framework (QCF). All of the staff had either completed, in progress or on the waiting list to complete the qualification specific to their role. The emphasis is currently on all senior members of the team completing the 'team leading' qualification. All senior staff, team leaders and Nurses have completed or in the process of completed falls prevention training and there is now falls prevention 'champion' on every shift. The future plans for the service is to have an Infection control, dignity in care and dementia champion on every shift.

At the last inspection in April 2015 we found that the provider was in breach of regulation 14; meeting nutritional and hydration needs, this was because the provider was not ensuring that all people had enough support to eat or drink. At this inspection we saw that improvements had been made. The provider employs their own dietician and nutritionist who supports the home in assessing peoples nutritional and hydration needs. A member of staff is also a dietician lead for the service. People's needs are assessed and the care plan details how a person needs to be supported. If a person requires support with eating, fluids thickened or nutritional boosters this information is all detailed in the care plan and care staff and kitchen staff have lists of the kind of foods people require. Where referrals to peoples GP is required for swallowing assessments or fortified drinks we saw this had taken place. Kitchen Staff and care staff we spoke with were knowledgeable about people's dietary needs.

We observed during lunchtime that meals were a sociable event. One relative said "The food is very good and [my relative] has plenty to eat and drink. There are quite a few relatives that have lunch and tea here." People who required support to eat received this support and interactions with staff were positive and conversations

Is the service effective?

were light hearted and stimulating. On the first day of our inspection when we arrived some people were eating a cooked breakfast; at lunchtime these people were offered to have lunch at the beginning of the lunchtime period or toward the end, most people chose towards the end due to the cooked breakfast they had eaten earlier. One person said “I enjoy a cooked breakfast every day; I have no complaints.” Where people required their food and fluid intakes to be monitored we saw this was in place. There was some inconsistency with recording fluids in the evening; when we brought this to the manager’s attention this was acted on straight away.

At the last inspection in April 2015 we found that the provider was in breach of regulation 12; safe care and treatment. The provider did not ensure that the premises or equipment was safe for use by service users. At this inspection we saw that the environment was pleasant and free from any unpleasant odours. We visited people who were being cared for in bed or who chose to spend time in their bedroom and we found all bedrooms were clean, nicely decorated with people’s items around them and carpets had been replaced. Beds, mattresses and moving and handling equipment were clean and fit for purpose. The provider had recently refurbished a large area of the building to make the environment more ‘dementia friendly’; this included an area called the bus stop where

there was a bench for people to sit on and a ‘bus stop’ sign with pictures of buses and bus timetables; sensory and tactile objects for people which can help to keep people’s hands and minds active and to encourage stimulation.

People’s needs were met by staff that received regular supervision and received an annual appraisal. We saw that supervision meetings were available to all staff employed at the service, including permanent and ‘bank’ members of staff. The meetings were used to assess staff performance and identify on-going support and training needs. One care staff said “We have unannounced supervision where a supervisor or the quality lead spot checks our work and gives us feedback; we also have other supervision where we talk about training and how things are going.”

People’s healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. One relative said “They don’t hesitate to call a Doctor out if [my relative] needs one; any health concerns are acted upon really quickly and they always let us know what is happening.” Care Records showed that people had access to GP’s, psychiatrists, chiropodists and dentists and were referred to specialist services when required. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Is the service caring?

Our findings

At the last inspection in April 2015 we found that the provider was in breach of regulation 10; Dignity and respect. The provider did not ensure that service users were treated with dignity and respect and did not always support the autonomy and independence of the service user.

At this inspection we found that people and their relatives were happy with the care and support they received. They told us they liked the staff and said they were really kind and they were well looked after. Comments included “What a fantastic staff team, they are kind and willing and helpful.” Relatives said they were very happy with the care and support provided and felt there had been a big improvement in the last six months and said staff looked after people well. One family member said “It is so lovely we couldn’t ask for anything better.”

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. Observations showed staff had a caring attitude towards people and a commitment to providing a good standard of care.

People were involved in personalising their own bedroom so that they had items around them that they treasured and had meaning to them. One person showed us their bedroom and said “I’ve got pictures of my family everywhere; I enjoy looking at them all and smiling at the good times.” Another person said “the staff know every name of my family in the pictures and I tell them stories about things that have happened.”

Care plans included people’s preferences and choices about how they wanted their care to be given and we saw this was respected. Care staff we spoke with confirmed they knew people’s preferences. Staff understood the importance of respecting people’s rights and people were supported to dress in their personal style.

Staff understood the need to respect people’s confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a staff communication book which was a confidential document or discussed at staff handovers which were conducted in private.

People’s privacy and dignity were respected by the care staff. One person said “They are very good, they always ask if I need help but they never intrude.”; Care staff made sure bedroom and toilet doors were kept closed when they attended to people’s personal care needs. People were assisted to their room whenever they needed support that was inappropriate in a communal area.

There was information on advocacy services which was available for people and their relatives to view. One person currently living at the home used an independent advocate and staff were knowledgeable about how to support other people to have access to one if they wished to do so.

Visitors, such as relatives and people’s friends, were encouraged and made welcome. People told us that their families could visit when they want and they could speak with them in the lounge area, the garden or their bedrooms. One relative told us “I’m always made to feel welcome and it always feels so relaxed and cheerful when I come in.”

Is the service responsive?

Our findings

At the last inspection in April 2015 we found that the provider was in breach of regulation 9; person-centred care. People were not always involved in making decisions and choices about how their needs were met.

At this inspection we found that people and their relatives were involved in the care planning process. The manager sent out a care plan to every person's family to gain their feedback on the care, support, interests and life history of their relatives. The response for returning this information was not as effective as the manager had hoped so now the team leaders capture this information from visiting family members. The manager has a plan in place that for new people accessing the service a full care plan will be given to relatives for them to contribute as much as possible to the information about the persons care and support needs.

Individual plans of care had been developed specific to each person; these contained information about their life history and lifestyle so that their values and interests could be supported. Care plans contained detailed information for staff about how people liked to be supported and how to meet people's assessed needs. Where families wished to be part of the care planning process we saw detailed life histories and photographs to support the person centred care that was being given to people. Care plans were updated on a regular basis or as people's needs changed. People also had reviews of the service they received by the funding authority and this was documented in their personal files.

The risk of people becoming withdrawn and lonely within the home was minimised by encouraging them to join in with the activities that were regularly organised. Some people had struck up friendships with others they had met in the communal rooms and had chosen to sit with each other at meal times. Activity co-ordinators supported people with activities of their choice and also themed activities. On the day of our inspection we saw people painting papier mache 'head' which they had been supported to make a few days before, this was for the upcoming Halloween event that had been planned. People who were cared for in their bedrooms engaged in daily one to one activities with the activity staff, one person was having their hands massaged when we visited them in their bedroom and told us "This is lovely, I have it every day."

People were supported by a service that was flexible and responsive to people's needs. One person told us "If I want to stay in bed in the mornings for a bit longer I can do that." One family member told us that they often took their relative out on trips and outings and the home made sure the person was dressed appropriately for the occasion. Families also told us that children were encouraged to visit and this always had a positive effect on their families and other people's emotional wellbeing. We saw that call bells were answered in a timely manner and the provider and invested in new technology to be able to electronically monitor care, support and other activities.

People participated in a range of activities in the home and in the community. We saw people visiting the local post office and other shops, families told us about people being supported with growing vegetables in the summer. One person told us "I love to go out in the garden in the summer; it's a bit cold now but I do sit out there a lot when it is sunny." The dietician suggested incorporating food into activities to support people with their nutritional and hydration needs; the manager told us this had been very effective and we saw an activity taking place which was proving to be very successful for someone who needed a lot of encouragement with eating and drinking. It was clear that there was a range of activities on offer to meet everyone's needs and people enjoyed how they spent their time.

When people started using the service they and their representatives, were provided with the information they needed about what to do if they had a complaint. One family member said "I have complained before about certain things and they have put it right." There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. Staff we spoke with knew how to respond to a complaint and knew where and how to escalate the concerns raised with them. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to.

Is the service well-led?

Our findings

At the last inspection in April 2015 we found that the provider was in breach of regulation 17, good governance; The provider did not have systems in place to assess, monitor and improve the quality of the service. At this inspection the saw that the provider had addressed the concerns.

The service is required to have a registered manager. At the time of our inspection there was an appointed manager who was currently managing the home and was undertaking the process to become a registered manager.

The manager had created an open and transparent culture with the staff team, staff told us they felt confident going to the manager with any concerns or ideas and they felt that the manager would listen and take action. One staff member told us "I raised concerns about an issue a while ago and it was addressed straight away, the support we get is very good."

Communication between people, families and staff was encouraged in an open way. Relative's feedback told us that the staff worked well with people and there was good open communication with staff and management. One family member said "I know the home will telephone me if they have any concerns with [my relative] and I am always given an update on their general health when I visit." The manager told us they had an open management style and wanted to involve people, relatives and staff in the day to day running of the service as much as possible. A number of relative's meetings had been held in the previous months to discuss the improvements the home was making and relatives feedback was listened to and acted upon. Staff said the manager was very approachable and proactive and gave us examples of changes that have been made from their feedback.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Feedback included "Thank you for everything you [manager] and staff do and all the extra's." and "We have good relationships with all the carers." Regular audits and surveys were undertaken and these specifically sought

people's views on the quality of the service they received. People were generally happy and content and we feedback from relatives that complimented the standard of care that had been provided.

The manager spoke about the vision for the service which was 'for residents to live in a clean, comfortable and safe environment and be treated with respect and sensitivity to their individual needs and abilities'. It was clear from our observations and talking to people that this vision was in the process of being achieved and it was an on-going objective, responding to people's needs and reflecting on feedback received.

Staff worked well together and as a team, shared information and were focused on ensuring that each person's needs were met. Staff clearly enjoyed their work and told us that they received regular support from their manager. One staff member said "The manager is very approachable, she gives us feedback and lets us know if we need to improve things" Staff meetings took place and minutes of these meetings were kept. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and the rest of the staff team. The manager and quality lead regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour.

Quality assurance audits were completed by the manager to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment, and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training or were taking a qualification in care work. Where care staff had received training prior to working at the home they were required to provide certificated evidence of this.