

Kidderminster Care Limited

Brownhills Nursing Home

Inspection report

29-31 Hednesford Road
Brownhills
Walsall
West Midlands
WS8 7LS

Tel: 01543374114

Date of inspection visit:
09 March 2020

Date of publication:
16 April 2020

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?

Good ●

Summary of findings

Overall summary

About the service

Brownhills Nursing home is a residential care home providing accommodation, nursing and personal care to 45 people at the time of the inspection. The service can support up to 48 people. The accommodation is provided in one adapted building with bedrooms on the ground and first floor.

People's experience of using this service and what we found

Systems and processes for safeguarding and whistleblowing to keep people safe were effective. When things went wrong the provider had learned lessons and developed improved systems. People had person-centred risk assessments in place and told us they felt safe in the service. We found people's needs and preferences were met by a sufficient number of staff. People's medicines were safely managed. Staff understood and followed infection control measures.

The registered manager had improved processes to monitor all records and improve oversight of the service. The service was led by a visible registered manager who developed the staff team to meet the needs of people. The registered manager provided a good level of care through robust quality assurance and audit programs.

Staff gained the skills and knowledge necessary to meet people's care and nutritional needs. People were supported to access healthcare as needed through positive links the registered manager had established with external professionals.

We found the registered manager and staff to be caring which ensured a person-centred approach to the people living in the service. People's views were sought with equality, privacy and dignity being promoted.

People had the choice of a varied range of activities available to ensure isolation was minimised and they could live full lives. People's wellbeing was promoted through links with the community and family involvement. The provider had a complaints procedure in place to manage and respond to any complaints they received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 16 November 2019) there were breaches of regulation regarding safeguarding people who use services and consistently reporting to the

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

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Brownhills 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The Inspection was carried out by one Inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Brownhills Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We looked to see whether statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We reviewed information that had been sent to us by commissioners from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

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

During the inspection

We spoke with seven people who used the service, four relatives and two healthcare professionals about their experience of the care provided. We spoke with eight members of staff including the registered manager, two nurses, one senior care worker, three care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to establish systems and processes to investigate, immediately upon becoming aware of, any allegation or evidence of abuse. The registered manager did not have a consistent approach to responding to allegations of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding safeguarding people who use services.

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

- People and their relatives told us they felt safe living in Brownhills Nursing Home. One person told us, "I feel safe because there are always people around." A relative told us, "I come in at different times; I have never seen anyone mistreated or ignored. They [staff] are patient, even with the residents who keep on asking for the same thing."
- The provider's systems and procedures to keep people safe had been reviewed and updated with additional processes to ensure allegations of abuse were investigated immediately. A consistent approach to respond to allegations of abuse had been implemented.
- The registered manager was aware of their responsibilities to report any safeguarding concerns to the local authority safeguarding team and to the Care Quality Commission (CQC).
- Staff understood their responsibilities to raise and report concerns. One staff member told us, "If something is not right I will report to the senior or nurse or the manager, I've never had to do this." Another told us, "I would whistle-blow and report it to the manager."
- We found all identified safeguarding incidents had been reported and investigated appropriately.

Learning lessons when things go wrong

- Lessons had been learnt since our last inspection. A new procedure was in place to thoroughly review accident and incident records for reportable incidents as well as identify any trends so action could be taken to reduce the risk of avoidable harm.
- Staff told us any implemented actions were communicated to them through handover, team meetings and updates to risk assessment.

Assessing risk, safety monitoring and management

- Risks from both people and the environment were identified by the registered manager and clear person-centred assessments of how these risks affected people were recorded.

- Individual risk assessments were regularly reviewed and met the specific needs of people to keep them safe. For example, we saw assessments to manage the risk of falls, use of medication and diagnosed conditions such as epilepsy and diabetes.
- Staff we spoke with were able to describe the identified risks and how to safely manage them in line with the individual risk assessments in place.
- The home had a programme of daily, weekly and monthly checks in place to keep the premises, people, visitors and staff safe. This included fire safety checks, water checks, servicing and maintenance of all equipment.

Staffing and recruitment

- People told us there was a sufficient number of staff to meet their needs and keep them safe. One person told us, "There is always someone here and if I use the buzzer in my room they come." Another person said, "I think there are enough staff certainly for what I need."
- The provider continued to recruit staff safely through the requirement of references and application to the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's criminal history to ensure they were suitable for employment.

Using medicines safely

- People told us they received their medicines when they needed them. One person told us, "I take paracetamol and I have my inhaler. They give everything to me." Another person said, "They give me my medication morning and night and painkillers if I need them."
- People's care plans detailed how they preferred to take their medicines including clear protocols for medicines given 'as and when' needed.
- The provider had robust procedures to ensure medicines were stored and managed appropriately and people received their medicines as prescribed. All staff trained in medicines were aware of and demonstrated they understood the procedures in place.
- Staff who administered medicines had been specifically trained to do so and the registered manager completed regular competency checks to ensure procedures were followed.
- Medicine Administration Records (MAR) noted all medicines were administered correctly and medicine count records accurately recorded the total of each medicine in stock.

Preventing and controlling infection

- Staff told us they received regular training in infection control and prevention and had access to personal protective equipment (PPE) to help them reduce risk of infection.
- The home had hand sanitiser at points in the building; we saw staff wash their hands regularly and support people living in the home to do the same.
- Staff used PPE in the course of their duties, for example when preparing to support people with personal care.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- People told us staff sought their consent before providing care. One person told us, "Permission, oh yes of course they ask."
- The registered manager understood their responsibilities under the Act and had submitted DoLS applications as required. There were no specific conditions attached to any of the granted DoLS.
- The registered manager completed capacity assessments when required and best interest decisions were accurately recorded.
- Staff had received training in MCA and the associated code of practice. We did not identify any decisions that had not been made in line with the principles of the Act. However, some staff were not able to describe how they would apply the principles effectively in their work. The registered manager told us they would address any training gaps as a priority.

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

- The registered manager completed an initial assessment of people's needs before the service began to provide support. The assessment included people's physical, mental health and social care needs and lifestyle preferences to enable the service to best meet people's diverse individual needs.
- The outcome of the initial assessment informed people's care plans and risk assessments to ensure their needs and protected characteristics, as required by the Equality Act 2010 were met as soon as they began receiving the service.
- People's preferences and choices were promoted by staff on a daily basis. One person told us, "My room is

downstairs, but I choose to come up here [communal lounge] all day, my choice."

Staff support: induction, training, skills and experience

- People told us they had consistent staff supporting them who knew their needs. One person told us, "Yes, the same faces, they [staff] know what they're doing."
- Staff told us they received an induction to the service prior to commencing work. One staff member told us, "I had training and shadowed a more experienced staff member." Another staff member told us the induction was sufficient to give them confidence in their role.
- The provider had a system in place to record the training staff had completed and identify when training needed to be refreshed. Staff were required to complete a range of training which the provider considered mandatory, this included infection control, safeguarding and moving and handling. Staff completed additional courses related to people's specific needs, such as, dementia awareness.

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

- People told us they enjoyed the food and were able to choose the meals they wanted. One person told us, "The food isn't too bad, there is a choice given to you the day before. They come around with drinks as well."
- We observed lunch and found it to be relaxed and calm. Staff encouraged people to eat nutritionally balanced meals which they enjoyed. For example, we saw staff supported people with co-ordination difficulties who needed guidance or assistance to eat their meals.
- We found the cook and care staff understood people's needs in relation to texture modified diets and meals were prepared and served in line with people's needs and preferences.
- The registered manager told us they supported people with dementia to be as independent as possible at meal times. Staff enabled people to enjoy their meals and identify food items by serving their meals on coloured plates. The use of coloured plates supports people with dementia to recognise the food on their plate they would otherwise have difficulty doing.

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

- Staff worked closely with the GP and district nurses. Advice and input from healthcare professionals was included in people's care plans. One healthcare professional told us, "The manager keeps us informed; they will seek advice and will follow that advice."
- The registered manager had arranged healthcare professionals, including dentists and opticians, to visit people in the service at regular intervals. One person told us, "The optician comes in every 12 months and the doctor if you need him."
- When necessary staff made appointments for people to visit healthcare professionals and supported them to do so. One person told us, "I have an operation tomorrow as there has been a cancellation, a carer from here will go with me."

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

- The design and decoration of the premises was suitably adapted for the people who lived there. We saw appropriate dementia friendly signs to promote orientation and independence for those living with dementia were used throughout the home. For example, signs to individual bedrooms, toilets and bathrooms.
- People were encouraged to personalise their bedrooms with photographs, furniture and other personal possessions. One person told us, "My room is first class you should see it."

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

- People told us they were treated with kindness and compassion and made to feel they matter. One person told us, "The staff are very good they really check you're okay." Another person said, "Everyone is so good here, the staff are lovely they will do anything for you. Well, they know how I like my cup of tea and they bring me one in early every morning, it's great."
- We observed positive interactions between staff and people. For example, we saw staff getting down on the same level as people they were interacting with and saw people smiling and laughing with staff.
- We observed staff promote empathy and ensure people's wellbeing in the course of their day to day duties. For example, one person was pushing their quilt off them and appeared to be too hot. The staff member asked them if they would like the quilt replaced with a blanket, so the person would be cooler. The person agreed and was made more comfortable.
- People were treated with respect and the importance of their personal histories and family was promoted. For example, one person's bed was positioned so they could see the many family photographs of them and their family on the wall

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

- People told us they were supported to express their views and make decisions about their care. We observed staff asking people if they would like to join the activities available and what they would like to eat and drink.
- Wherever possible, people and their relatives were involved in planning their care. A relative told us, "[Person's name] is involved in the decisions about their care and is able to make their needs and wishes known." Another relative told us, "I am involved in any decisions and changes."

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their dignity and always respected their privacy. One person said, "It is private here, they close the curtains and door when helping me change."
- People were supported and encouraged to be as independent as possible in all aspects of their care from personal care to eating and drinking. For example, people who required them had plate guards to enable them to eat independently.
- We found staff were very protective of people's records. Staff had received training in data protection and all records relating to people were kept safely locked away. Records could only be accessed by those who had permission to.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- People and relatives were involved in the planning of their care and staff took the time to get to know and understand people to identify what was important to them.
- Care plans were developed in a person-centred way so they met the needs of every person as they required. A relative told us, "They involve my [family member] and us in all aspects of [person's] care and what [person] wants."
- Care plans were reviewed regularly to ensure they remained person-centred and people's preferences remained current.

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 registered manager and staff had a clear understanding of AIS and knew how to provide people with information in a format they could understand. This ensured people could make decisions where possible to maintain their independence.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us family relationships and friendships were promoted by the registered manager and staff team. One person told us, "My daughter visits every day and I have company in here." A relative said, "I am here six days a week."
- We saw the staff provided a varied programme of activities each day led by the activities co-ordinator. One person told us, "I love doing my word searches and there is a singer on Wednesdays. We play bingo with [staff member] and you can win chocolate bars; I save them to give to my grandchildren."
- People told us they enjoyed visiting the hairdressing salon in the home as it was very social. One person said, "I pop to the hairdresser for a trim or blow dry."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain should they need to. One person told us, "I know how to complain but I don't see any reason to complain about anything." A relative told us, "I can honestly say there is nothing I am concerned about at all."

- The provider had a clear complaints and concerns procedure in place.
- There had been only one formal complaint in the last six months prior to our inspection visit which the provider had actioned accordingly and resolved following investigation in line with their policy.

End of life care and support

- At the time of inspection, staff were supporting end of life care. The plans for this care placed the person at the centre of their care, ensuring their wishes, and family's wishes, were at the forefront of the service provided.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had not consistently notified the CQC of incidents in relation to allegations of abuse. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notifications of other incidents.

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

- At this inspection we found the provider had developed new systems and processes to monitor incidents and the registered manager had reported all notifiable incidents to the CQC and other authorities as required.
- Staff and managers were clear about their roles in recording and reporting incidents. The registered manager told us of new procedures to monitor all records to ensure they had full oversight of the service provided. For example, all incidents and daily reports were monitored by the registered manager on both a daily and monthly basis. This ensured appropriate action had been taken to minimise any potential risk to people living at the service.
- The registered manager completed regular reviews of people's care and spot checks on staff to review their working practices and competency when undertaking their duties. This was to ensure staff understanding of quality performance, risks and regulatory requirements.
- There was a clear management structure within the home. The registered manager ensured all staff received one to one supervision regularly and promoted a culture of continuous learning in the service.
- The registered manager had implemented a champions initiative. Staff had been allocated the role of champion for an area such as oral care and end of life care. Their role was to audit and promote development in these areas.

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

- The registered manager and staff were passionate about always providing good quality person-centred care to people. An open, inclusive and empowering culture was promoted through the management team being visible in the home and we saw people knew who they were and had a positive relationship with them.

- The registered manager promoted family involvement to support the achievement of good outcomes for people. A relative told us, "[Registered manager] is very good and keeps in touch with me. Everyone is really good."
- We found a very positive atmosphere in the home and observed staff working together to support people in the way they wanted. One staff member told us, "Morale is really good and positive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal obligation to submit statutory notifications relating to key events when they occurred at the service. Since our last inspection the provider and registered manager continued to act in an open and transparent way with people in relation to the care and treatment they received.

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

- People told us they were involved in sharing their experience of the service. One person told us, "We have residents' meetings in here every three months, I think they [management] do listen, yes."
- The registered manager maintained a clear audit schedule and evidenced action taken to develop or change the service to continually meet people's needs.
- People and relatives completed questionnaires seeking their views on the service provided to people. We saw the responses were almost all positive and identified areas where the quality of care had improved such as around food and catering.

Continuous learning and improving care

- The registered manager was invested in continuous learning and improving care. A staff member told us, "I find that with [registered manager] things are done properly, [person] is the best manager we have had here for a long time." Another staff member said, "Since I started I can see they are trying to improve and get better and better."
- The registered manager told us they were moving to an electronic medicine system in the next month to add additional safeguards and more robust recording of people's medicines.

Working in partnership with others

- The registered manager and staff team worked closely with other organisations including the local authority to improve outcomes for people. A professional told us, "They [registered manager] speaks to us regularly and we have a good multi-disciplinary team relationship."