Astley Care Homes Limited

Brookfield House Care Home

Inspection report

Brookfield Park
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Cheshire
CW5 7AD

Tel: 01270624951

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This focused inspection was carried out on 12 September 2016 and was unannounced. We carried out this inspection at this time as the home was in special measures and had been rated inadequate. We needed to check that improvements had been made to the quality and safety of the service.

Brookfield House provides accommodation and personal care for up to 51 older people. Some people have dementia related needs. The inspection was completed on 12 September 2016 and there were 24 people living at the service at the time.

A manager was in post but they were not registered with the Care Quality Commission. 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. The current manager is new to the service and intends to register with the Care Quality Commission.

The last inspection on 3 and 12 February and 29 April 2016, found that the provider was not meeting the requirements of the Health and Social Care Act 2008 in relation to safe care and treatment, consent, premises and equipment, staffing and good governance. The overall rating of the provider was "inadequate" and they were placed into special measures by the Commission. We conducted this inspection to review whether sufficient improvements had been made since the last inspection. We found that improvements had been made in all of these areas, but we also identified a further breach of the relevant regulations. However, the inspection found that there was sufficient improvement to take the provider out of special measures.

During the inspection we saw that improvements had been made within the service in relation to staffing, the safety of the premises, medication, staff training, implementation of The Mental Capacity Act (MCA) 2005, planning and meeting people's care needs, maintaining contemporaneous records, quality assurance and notifying the Commission about significant events. However, there remained concern in regard to meeting people's nutritional needs. You can see what action we told the provider to take at the back of the full version of this report.

People who used the service told us that they felt safe and well cared for. There had been significant improvements to the security of the premises. A number of safety measures had been implemented to maintain the safety of people living at the service.

We found that medicines were managed and administered safely in the home and people received their medicines as prescribed.

There were sufficient number of staff deployed to meet the needs of people at the current time. The management team were seeking to identify a suitable staffing analysis tool which could help them to

determine the staffing levels required. We noted that it was important to keep this under review if the number of people living at the home increased to the maximum occupancy.

Improvement had been made to how people's mental capacity to consent to care and treatment had been assessed and documented. Staff had received training in the MCA and had an understanding of the principles of MCA and DoLS.

Significant improvements had been made to training available to staff. We saw that staff had undertaken training in dementia care and other subjects and saw that learning from this training was being put into practice.

People were positive about the food provided and choices were available. However we found that people's nutritional needs had not always been met effectively. Where the records suggested that a person had lost a significant amount of weight, staff had not taken any action. Although the records were thought to be incorrect and the person had not lost this amount of weight, this had not been identified. We noted some further concerns around the monitoring of people's nutritional needs.

People were complimentary about the staff and told us that they were kind and caring. People were treated with dignity and respect. Work was being undertaken to improve the quality of the care plans. The manager wanted to develop the service to embed a personalised approach to care. Key workers were being introduced and care was being planned with people and their relatives, to include preferences, likes, dislikes and choices.

There was a new manager in post, who intended to apply to become registered. The management team were focused upon making the necessary improvements to the service. Our records demonstrated that the registered manager notified the Commission of significant events appropriately, as legally required to do so. Some systems were in place to monitor the quality of the care. However, these needed to be developed further. We found at this inspection that a number of improvements had been made to the service. The registered provider needs to demonstrate that these improvements can be sustained over a longer period of time.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

We found that the service was not always safe.

Significant improvements had been made to the security of the premises. A number of measures had been put in place to ensure the safety of people living at the service.

There were sufficient staff to meet the needs of the people living at the service. The management team took account of people's needs and lay out of the building when determining staffing levels and were looking to source an appropriate staffing tool to ensure that this was kept under review.

Improvements had been made to the way medicines were managed.

Is the service effective?

Requires Improvement

The service was not fully effective.

People received support with eating and drinking and were positive about the food provided. However improvements were required to the monitoring of people's nutritional needs.

The capacity of people was assessed in line with the requirements of the MCA. A number of applications had been made to the supervisory body under the Deprivation of Liberty Safeguards (DoLS). Systems had been put in place to ensure that authorisations were appropriately reviewed.

Improvements had been made to staff training. Staff had undertaken a range of training and specifically being trained in dementia care. Supervisions and appraisals had been carried out.

Is the service caring?

Good

The service was caring.

We observed some positive and caring interactions with staff and

people who lived at the service.

Staff had built good relationships with people and people felt listened to.

We saw that people were treated with dignity and respect. Staff understood how to respect people's privacy and treat people in a dignified manner.

Is the service responsive?

Requires Improvement

The service was not fully responsive.

People were positive about the support they received and told us that they were supported in a way that they wanted to be.

Improvements were being made to involve people and their relatives in the development of care plans. All care plans were being reviewed and re-written. Staff were working with people who lived at the service and their relatives to develop these. A management audit had identified areas for further improvement which were being implemented.

Relatives were made to feel welcome and told us that they were kept well informed by the staff.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a new manager in post, who in intended to register with the Commission. The manager was focused upon on-going improvements.

Staff were positive about the management, they told us that they felt well supported and able to raise any concerns.

There was a quality assurance system in place. Areas for improvement had been identified through various audits. However other areas had not been identified. Further improvements were required to ensure that quality assurance

systems were robust. The registered provider would need to demonstrate that on-going improvements could be sustained a over a longer period of time.

Brookfield House Care Home

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 12 September 2016 and was unannounced. The inspection was carried out by one adult social care inspector and one adult social care inspection manager.

We reviewed the information the Care Quality Commission already held about the home. We looked at any notifications received and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law. We contacted the local authority contracts and quality assurance team before the inspection and they shared their current knowledge about the home. We checked to see whether a Health watch visit had taken place. Health watch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of the care. A recent visit had not taken place.

We used a number of different methods to help us understand the experience of people who used the service. During the inspection we spoke with five people who lived at the home and two relatives/visitors, to seek their views. We spoke with eight members of staff including four members of the care staff team, the home manager, area manager, the cook and the maintenance person.

We looked at the care records of four people who lived at the home and inspected other documentation related to the day to day management of the service. These records included, staff rotas, quality audits, training and induction records, supervision records and maintenance records. We toured the building, including bathrooms, store rooms and with permission spoke with some people in their bedrooms.

Throughout the inspection we made observations of care and support provided to people in the communal areas and during lunchtime.

Requires Improvement

Is the service safe?

Our findings

We asked people whether they felt safe living at Brookfield house. They told us "I feel safe as safe" and "Staff treat me very well." A relative commented that their relative felt "Safe and settled."

At our last inspection on 3 and 12 February and 29 April 2016, we found that the service was not safe because we found serious concerns about the security of the premises. The provider had not done all that was reasonably practicable to mitigate risks to service users and had failed to safeguard service user's from harm. We found that the provider was not compliant with Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities 2014) Safe care and treatment, Regulation13 Safeguarding service users from abuse and improper treatment, and Regulation 15 Premises and equipment.

During this inspection the area manager told us that since the last inspection a number of measures had been implemented to improve the security of the premises. We toured the building, including the garden and checked external doors We also spoke with staff and reviewed records. We found that the service had made significant improvements to the security of the premises to maintain the safety of people.

At the last inspection the inspector activated the alarm to a perimeter door to test the staff response and found the response to be unsatisfactory. On this inspection we activated the alarm to one of the exit doors and found that the staff responded immediately. We saw a member of staff quickly checking to identify where the alarm had been activated and directed staff to the correct door to check the security, the response was quick and appropriate.

We saw that the locks to the patio doors in the "cats" lounge had been replaced and further work had been carried out to ensure that all exits were secure. CCTV had been installed, which monitored the outside of the building including the exits. Other measures had also been put in place, for example the manager's office had been relocated to the front entrance and the manager could view people entering and exiting the building through the office window. The front entrance had been adapted and a porch created with a second door. The front door would only open when the second door was closed, which added an extra security measure. We spoke with staff who were very aware of safety issues. They were clear about people living at the service who needed specific support, such as regular safety checks due to the risk of falls or wandering. We saw from the records that charts which recorded safety checks were completed appropriately during our inspection.

We spoke with the maintenance person. He informed us that twice daily checks were carried out on the perimeter to ensure that it was secure, as well as to all doors and alarms. We observed him carrying out checks of the building during the afternoon. Other maintenance checks were carried out routinely to ensure the building and the grounds were safe. Records were provided which demonstrated that gas installation and electrical equipment were regularly checked and maintained. Water temperature checks were regularly carried out as well as other checks.

There were also in place a number of fire records which showed weekly tests of the fire alarm being carried

out. People had personal emergency evacuation plans (PEEPs). The PEEPs described to staff how to evacuate people from the building in the event of an emergency and what they needed as reassurance to support them. These had been recently reviewed.

We noted two issues with regards to the maintenance of the building. During the inspection a wooden radiator cover in the dining room became dislodged from the wall and fell over. The maintenance person repaired this immediately and the manager ensured that checks were carried out on all of the other radiator covers in the building. We also found that there were some toilets where the locks had been removed. We were told that these had been removed previously for safety reasons. We discussed this with the manager and noted that this may have an impact on people's privacy should they wish to lock the door. The manager assured us that safe and appropriate locks would be fitted to these toilet doors.

Following our last inspection in February and April 2016 we found that there were insufficient staff to ensure the well-being of people at the home. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulations 2014) Staffing. Since the last inspection there have been no new admissions to the home. On the day of the inspection, there were 24 people living at the home, with three people in hospital. We found that there were sufficient numbers of staff deployed to meet the needs of the people living at the home.

We viewed staff rotas, spoke with people and their relatives and staff. People told us that there seemed to be enough staff to meet their needs. On the day of the inspection there were four care staff, one senior carer and a team leader on duty between the hours of 8am and 8pm. Work rotas demonstrated that there was always one senior and one team leader on shift and care staff would alter between four or five staff. Despite there being a number a bed vacancies at the home, the manager told us that staffing levels had not been reduced. This had provided staff with the opportunity to spend time focusing on training and the development of care plans. Staff spoken with confirmed that they felt there were enough staff and told us "There's enough staff at the moment." They explained that a meeting was held every morning with staff to share information. Staff were allocated people to support so they were clear about their roles and responsibilities. One staff member commented "Things are getting better."

We saw that people had individual dependency assessments completed and these were used to help determine staffing levels. The area management informed us that they had been seeking suitable tools to enable them to analyse and determine the staffing numbers required. The home had a large and complex layout, with a number of wings and separate lounges. The area manager acknowledged this needed to be taken into account, along the needs of the people as the majority of people supported were living with dementia. We noted the importance of keeping the staffing levels under review, particularly when the numbers of people living at the home increased to the maximum occupancy. The area manager assured us that this was a priority.

At our inspection in February and April 2016 we found that there were shortfalls in the administration of medicines. These included some anomalies regarding the administration of medication given on an "as and when required" basis (known as PRN) and the stock of medication. This was a breach of Regulation 12 of The health and Social Care Act 2008 (Regulations 2014). Safe care and treatment, the proper and safe management of medicines. During this inspection we found that improvements had been made.

At this inspection we found that medicines were managed and administered safely in the service and people received their medicines as prescribed. A review of medication had been carried out by the new manager who told us that she had met very recently with a local pharmacist to address and improve the procedures in place. We were informed that medication reviews had commenced for all the people living at the service,

with the doctor's involvement.

Staff who administered medication had all completed re-fresher training in the administration of medicines. We saw that all except one member of staff, had been assessed as competent to give people their medicines. We reviewed three people's medicines administration records (MAR) and found that effective recording systems were in place. The MARs were clear, up to date and completed appropriately. We saw that people's medicines were appropriately stored in lockable cupboards.

During this inspection the manager informed us that a part of the care plan review process, they were implementing the Abbey Pain Scale assessment for some people. This is an assessment tool which helps to identify and measure pain in people with dementia, when they are unable to verbalise this. The manager explained that this would support staff to make appropriate decisions about administering PRN medicines for pain management and link into PRN protocols.

Requires Improvement

Is the service effective?

Our findings

People living at the service told us "They treat me very well, "and "The people are nice". A relative commented, "Yes, it's alright here."

At our last inspection in February and April 2016, we asked the registered provider to take action to ensure that people's rights were adhered to under the Mental Capacity Act (MCA) 2005 and to improve the training of staff to meet the needs of people with dementia.

Previously, we had found that the registered provider had failed to protect the rights of people who lacked capacity to make their own decisions. Staff had failed to act in accordance with the MCA and this was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities 2014). We found on this inspection that improvements had been made. However, we also found a further concern about people's nutritional needs

People were positive about the food provided. We spoke with one of the home's cooks, who was knowledgeable about the needs of people living at the home. She told us that the menus were being reviewed and she had been talking with people about their likes and dislikes to be included in the new menus. We observed lunch and saw that staff offered appropriate support to people. People were given choices and were enjoying their meals.

However, when we reviewed care records we saw one record which suggested that a person had lost 5.4kgs of weight over the period of one month. There was no further information available to demonstrate whether the staff had reviewed this significant weight loss or taken any action as a result. We discussed this with staff during the inspection, they said that the record was possibly an error and the person had not lost that amount of weight. However this had not been reviewed to clarify the situation. During the inspection we asked staff to confirm the person's current weight and saw there was a smaller loss of 1.6kg. However, we were concerned that staff had not initially identified the potential weight loss or reviewed this further.

We also saw that the person had been reviewed on 12 July 2016 by a dietician. The dietician had made a recommendation that the person should commence on a new dietary supplement as an alternative to the current prescribed supplement, which the person did not like. The dietician told staff that they would write the GP. We could not see that staff were currently administering the recommended supplement. The staff had not received further instruction from the GP, but had not sought to follow this up to confirm the appropriate supplement and ensure that the person's nutritional needs were being met. The manager provided information following the inspection to confirm they had since contacted the GP to discuss the dietician's recommendations and appropriate action has been taken. The manager informed us that she would be monitoring people's weights more closely in future.

Care records included information about people's nutritional needs. However, we identified an issue around the use of the Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool which can be used to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also

includes management guidelines which can be used to develop a care plan. We saw that staff had completed the tool for people living at the home, but we saw one example where the information included was incorrect and incomplete. This meant that the outcome of the assessment may have been ineffective. We discussed this with the manager who agreed that further training would be undertaken with staff in this area.

These issues were a breach of Regulation 14 of the health and Social Care Act 2008 (Regulated Activities 2014) as the registered provider had not addressed the nutritional needs of people who used the service.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that the management team had taken action to ensure that staff understood and worked within the principles of the MCA. Training records indicated that 95% of staff had undertaken training in MCA and DoLS. Staff spoken with confirmed that they had undertaken this training and were knowledgeable about MCA. For example, one staff member explained that people should be supported to make their own decisions where possible. Discussions with the area manager and manager indicated that they understood the requirements of the MCA. Care records reviewed demonstrated that MCA assessments were being completed. We also saw where staff had made decisions in a people's best interests. For example, where a person required the use of bed rails to maintain their safety, there was a record of the best interest meeting which had taken place.

Where people had been deprived of their liberty the manager had made appropriate applications to the supervisory body (local authority) for a DoLS authorisation. There were10 people with a current DoLS authorisation in place and a further 15 where applications had been made. The area manager had implemented a system to record all applications with their renewal dates, so that staff knew when these authorisations were due for renewal. When we spoke with staff, they were clear about the people living at the service who were subject to a DoLS authorisations and what this meant. Staff explained that the support needed to be as least restrictive as possible and described how they supported a person to have regular walks in the garden.

At our last inspection in February and April 2016, we found that staff lacked skills when supporting people with dementia and had not been provided with appropriate training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found on this inspection that significant improvements had been made.

We saw that there had been a focus on staff training since the last inspection. We reviewed the training records and spoke with staff. Every member of staff had undertaken some form of dementia training appropriate to their role. Staff spoken with told us that there had been a recent emphasis on training and that they had found this to be beneficial. They told us "We've had loads of training" and "The dementia friends training has been of benefit."

Training undertaken had been carried out through face to face sessions with staff. We saw that sessions had

been arranged to support staff in particular with their understanding of dementia, including sessions carried out by the Alzheimer's society and an Admiral Nurse. (Admiral nurses are experts in dementia). Further training had also been planned to focus on communication with people living with dementia. Staff had gained knowledge from the training and demonstrated that they were putting this knowledge into practice. One staff member explained about the importance of communicating with people living with dementia by "getting into their world with them."

We saw from training records that other areas of training were also being undertaken. For example three members of staff were about to undertake a two and a half day course in end of life and dementia care. Other training that had been completed including medication and basic life support. A thorough induction was in place which met the requirements of the Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers must adhere to in their daily work. The management team were supporting staff development through supervision meetings and appraisals. All but two of the staff group had received an annual appraisal. The management team acknowledged that the training and mentoring of staff was on-going and needed to continue to encourage continuous improvement.

Good

Is the service caring?

Our findings

People spoke positively about the way that they were treated and told us that they were well cared for. People told us "They're awfully nice here" and "The staff are genuine." A visiting relative commented "I've got to know a lot of the staff and they have caring natures."

We found in February and April 2016 that people were involved in planning their care. However failures to consistently plan and deliver, care and supervision in accordance with people's assessed needs put their safety and well-being at risk. At this inspection we found that improvements had been made.

We found that the provider and management team cared about the quality of the service. They demonstrated that they were determined to make the necessary improvements. Indeed, we saw that there had been significant investment in both money and time to the development of the service.

The home had a relaxed and friendly atmosphere. We spent time with people using the service and made observations during our inspection. We found that interactions between staff and people were positive, responsive to need and caring. We saw staff chatted with people in a friendly manner, they were patient and gave people time to respond. Staff had time to talk with people and supported them in an unrushed manner. Indeed, we saw that staff had a good rapport with people and observed people laughing and joking with the staff. Staffing levels were adequate and it was evident that staff had the appropriate time to meet people's care needs in a timely way.

We found that people were supported to be involved in making decision about their care and support. The management team had been focused on the development of people's care plans and sought to actively include people and their relatives in the planning of their care. The manager told us that following an audit of the care plans, staff were working to support people to express their views about their preferences. She explained that recent staff training in dementia had helped with communication in this area. One relative confirmed that "They (staff) spoke to us about the care plan." People confirmed that they were respected and their views were listened to. One person told us how the staff listened to him and commented "You really feel they are attending to your needs." Staff explained that changes had been made to ensure that information and choices were given to people in a way they could understand. Indeed, they told us that at meals times various meals were shown to people to demonstrate the choices available.

The staff we spoke with understood the importance of providing support in a compassionate manner. One member of staff explained about the best approach to take with people who have dementia, she had a good understanding following training she had recently received and demonstrated empathy because she explained how the person might be feeling.

The staff ensured that people's dignity and privacy were maintained. People were treated with respect. We observed that staff knocked on people's bedroom doors before entering and ensured that doors were closed when carrying out personal care, to maintain people's dignity. People spoken with told us that they were treated in a manner that maintained their dignity. We found that people's care plans also highlighted

how people's privacy needs should be met. For example it was recorded that staff should "Ensure curtains are closed to maintain privacy and dignity." We saw an example where a member of staff took a drink to a person in their room, we saw that she knocked and then chatted to the person in a friendly and caring manner. We also observed a member of staff supporting a person in the lounge area who was a little distressed, we noted that she spoke quietly and sensitively to the person, providing reassurance and appropriate support.

Requires Improvement

Is the service responsive?

Our findings

People who used the service and relatives told us "I like it a lot living here, I don't want to leave," and "They know what I need". A relative explained "Staff are always responsive, they explain to us what's going on. They are open and don't gloss over anything "

At the last inspection in February and April 2016 we asked the registered provider to make improvements to the care and treatment of people, to reflect their needs and preferences. Assessments had not always been carried out collaboratively with the involvement of the relevant person or their advocates. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities 2014). We told the provider to make improvements. At this inspection we saw that improvements had been made but further improvements were needed.

People were complimentary about the support that they received. At the last inspection we found that people had opportunities to engage in activities which were made available every day, this was also evident during this inspection. Music was playing in the lounges during the afternoon and the atmosphere was bright and sociable." Relatives were made to feel welcome and told us that they were kept well informed by the staff. A visiting relative confirmed that staff communicated well and told us that "We have no complaints whatsoever. They communicate well and keep us informed. "

The management team explained that they were focused upon the development of people's care plans. An audit had been completed by the managers, which identified that further work was required to ensure that care plans were person centred and reflected people's needs and personal preferences. The new manager explained that care plans were being reviewed and re-written in collaboration with people using the service, their relatives and staff members. Care staff told us that recently they had been more involved and were now contributing to the development of the care plans. They told us that they were kept updated about any changes to people's needs through a daily handover meeting. A new form had been implemented to record the handover meetings more accurately and effectively.

The manager explained that the review of all care plans had been discussed with people and their relatives during a resident/relatives' meeting. They were developing a key worker system, whereby staff would be allocated specific people living at the home, to enable them to build closer relationships. The manager hoped that this would also support the development of the care plans for these people and their relatives. The manager was clear about the need to provide people with personalised care and told us that she was encouraging this approach within the service.

People spoken with told us that they were given choices about the way their care was provided. We spoke with one person who told us that they preferred to go to bed at "6pm due to aches and pains" and the staff respected this. Another person commented "You've got quite a lot of freedom, you can choose." We saw that staff maintained daily records to evidence that support had been provided to people. For example staff recorded when people had been supported with a wash or other personal care. People looked well cared for and well presented. However, we found charts completed in two cases which indicated that people had

received support with their oral hygiene on the morning of the inspection. On closer inspection we found that it was unlikely that these people had received this care, as their toothbrushes were very dry and appeared to not have been recently used. We discussed this with the area manager who assured us that she would address this issue with the staff.

We spoke to staff about the needs of the people and they were able to provide detailed information. A carer was able to tell us about people who had specific dietary requirements. Another carer was well informed about the support that people who were at risk of falling required. Following the inspection the manager provided information and told us that staff had been spending time talking with people about their wishes, preference and likes. For example whether they preferred a bath or shower, or whether they prefer a male or female carer. These improvements were on-going at the current time.

Regular relatives and residents meetings had been held. Relatives told us that they were sent a copy of the minutes if they were unable to attend.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in February and April 2016 we told the registered provider to take action to improve the way that they assessed the quality and safety of the service and to ensure that records were written contemporaneously. They also needed to ensure that the Commission was notified appropriately about significant events. We found at this inspection that some improvements had been made.

At this inspection, a newly appointed manager had taken up post on 30 August 2016. They were not yet registered with The Care Quality Commission. The manager told us that she intended to make an application to register as soon as possible. The area manager had been providing day to day support to the service in the absence of a registered manager over the past few weeks. The area manager explained that she would continue to be based at Brookfield House whist the new manager completed her induction and would then continue to provide ongoing support. The management team explained that they had worked collaboratively with the local authority quality assurance and contracts team to make required improvements. They had been working against an action plan and had addressed the majority of the required actions.

The new manager told us that she was focused upon the development of the service and was very visible around the home, as was the area manager. She explained that she was getting to know the people who lived at the service and was working to support staff and ensure they knew what was expected of them. Staff told us that they felt supported and found the manager very approachable. Staff said that they felt able to raise any concerns with either the manager or area manager. Work had been carried out to ensure that all staff had received an appraisal and a supervision planner had been put in place. They said "We're a happy team", "(area manager) has been fantastic" and "(Manager) has said her door's always open."

During our last inspection we found that the quality audits in place had not been expanded to cover vital safety measures and were ineffective. At this inspection we found that improvements had been made but that further improvements were required. The registered provider also needed to demonstrate that these improvements could be sustained.

We saw that a numbers of audits and checks were undertaken. Records reviewed demonstrated that a care plan audit had been carried out which was thorough and effective. We saw that the audit appropriately questioned information, made further recommendations and ensured that the correct details were contained with the care plans. Medication audits had been completed monthly, as well as other audits and checks.

However, we found that there were some areas where quality assurance systems had not identified areas for improvements. For example we saw shortfalls in the monitoring of weight changes, as a person's weight loss had not been identified. We also queried the effectiveness of checks to confirm that people had received personal care, as we found that two people had not received support with their oral hygiene despite the records indicating that they had. The new manager told us that following her induction she intended to focus on these areas and quality assurance systems. For example she planned to audit and monitor

people's weights, to ensure that any required action had been taken.

We previously found that records which should have been written contemporaneously were written up in advance or retrospectively rendering them of little or no use in the protection of vulnerable people. This was a breach of Regulation 17 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made, although further improvements were still required.

Charts were kept to demonstrate that people had received support with for example, positional turns or food and fluid intake. We saw that staff were completing these charts at the time that the care had been provided. The majority of these had been completed accurately but we found that there was one record that had not been completed at the time that the care was given. A person required support with positional turns, we saw that the charts had not been signed to evidence that this support had been given at lunchtime. When we checked later in the day we saw that the charts had been signed retrospectively to say the care had been given. We saw that the care had been provided to the person, but the member of staff had forgotten to sign the charts at the time.

Staff spoken with were clear about the expectations to complete records at the time that the care is provided, to ensure that the information is as accurate as possible. Staff told us "We should write it down as soon as the care has been provided." We discussed this with the manager, who told us that they were currently focused on the accurate completion of records and charts and would address this.

Previously, the Commission had not been notified consistently about matters relating to people who lived at the home. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 and thereby the registered person's conditions of registration. On this inspection we found that the Commission had been notified about key matters such as safeguarding incidents, police incidents or serious injuries. We crossed checked the records held at the home with the records held by the Commission and saw that appropriate notifications had been made.

We saw that the area manager had ensured the latest inspection report and rating was displayed in the main entrance. Copies of the summary report had also been sent out to relatives and were made available to people in their bedrooms.

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	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs Changes to people's nutritional needs had not been responded to in good time.