Care UK Community Partnerships Ltd

Brook Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection was unannounced and took place on 28 April and 3 May 2016.

The home is registered to provide accommodation and personal care, and the treatment of disease, disorder or injury for a maximum of 67 people. There were 59 people living at the home on the day of the inspection. The home is split across three floors comprising a nursing unit, a unit for people living with dementia and a residential unit. There was a registered manager in place. 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 were cared for by staff who had a good understanding of protecting people from the risk of abuse and harm. Staff knew their responsibility to report any concerns and were confident that action would be taken.

As the occupancy levels had increased at the home people and staff told us people sometimes had to wait for support. The registered manager told us that recent changes had been made to give more support at meal times and that new team leader roles had been introduced to organise and manage staff in a more effective way.

Staff were able to demonstrate they had sufficient knowledge and skills to carry out their roles effectively and to ensure people who used the service were supported.

The assessments of people's capacity to consent had been completed. People's rights and freedoms were respected by staff. Staff understood people's individual care needs and had received training so they would be able to care for people in the best way for them.

People's nutritional needs were met. People told us they enjoyed their food and were given a choice of meals and they were supported with drinks throughout the day.

People were supported to access health care professionals and staff were responsive to the advice received in providing care. People and relatives told us people's privacy and dignity was maintained by caring staff and we made observations that supported this.

People's access to activities and support varied across the homes three units. We found improvements were needed to support people living with dementia. Relatives said they would like more dementia appropriate activities as there was little for their family members to do and our observations supported this.

Relatives told us communication could be improved. We found communication of people's changing care needs inconsistent and improvements were needed to ensure action was taken and communicated

effectively to all staff.

The management team had systems in place to check the quality of the service provided and actions were planned where improvements were required. Some improvements had been implemented, for example, resident of the day reviews but further action was required to ensure that changes were embedded and also further improvements made in a timely way. Staff said they wanted more structured supervision and staff meetings to support them to provide more effective care.

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

The service was not consistently safe.

Staffing arrangements needed to be fully implemented so that the provider was assured people received safe and effective care.

Staff spoken with knew how to keep people safe and supported people to manage any risks identified. People were supported to take their medicines when they needed them.

Is the service effective?

Good

The service was effective.

People were supported by staff who received training to enable them to provide good quality support.

People enjoyed the meals provided and menus we saw offered variety and choice. Input from other health professionals had been used when required to meet people's individual health needs.

Is the service caring?

Good

The service was caring.

People said they liked the care staff who supported them. They said staff were kind and respected their privacy and dignity.

Staff provided care that took account of people's individual needs and preferences and offered people choices.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not always receive support to engage in meaningful activities to meet their personal needs and relatives said communication could be improved.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Some improvements had been implemented but further action was required to ensure that changes were embedded and also further improvements made in a timely way.

Staff told us they would like more support through supervisions and team meetings.

Staff felt confident to raise any concerns of poor practice and felt their concerns would be addressed appropriately by their managers.

Brook Court

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.

We undertook an unannounced comprehensive inspection of Brook Court Nursing Home on 28 April and 3 May 2016. The inspection team consisted of one inspector, a special nurse advisor and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, the provider had completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to focus our inspection.

During our inspection we spoke to eight people who lived at the home and used different methods to gather experiences of what it was like to live at the home. 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 also spoke with six relatives and two friends of people living at the home during the inspection.

We spoke to the registered manager, one nurse, one unit manager, one team leader (nights), two night care assistants, three day care assistants and the head chef. We also spoke to the deputy manager and the operational support manager and regional director. We looked at records relating to the management of the service such as, care plans for five people, the incident and accident records, medicine management and three staff recruitment files, quality check records and questionnaire reports giving analysis of people's feedback.

Requires Improvement

Is the service safe?

Our findings

We heard different views from people about availability of staff when they needed support. One person said, " There's not enough staff, sometimes I have to wait for them," and another person told us, "I think they are short of staff." Although staff thought that the people they supported were safe, they acknowledged that some people occasionally experience delays in waiting for their care needs to be met. Six members of staff we spoke with were assured that people were safe, with one care worker saying, "People are absolutely safe." Another commented they felt there could be more staff to respond to people and explained that the current arrangements meant it was difficult to be focused on each person and their individual needs. Another care worker said, "People are safe but they do sometimes have to wait a little longer." This was because more people had come to live at the home over the last 12 months.

One relative told us, "I think when you need help they don't come quickly." Another said, said, "It (the home) has changed" They continued by explaining that when there were not so many people living there, they felt that their relative got more attention when they needed it from the staff. They felt that as a result of the increased occupancy, care workers did not have the time they used to have to spend with people. We saw many examples of caring interactions between staff and people who lived at the home. However we also saw some staff that displayed a task focussed culture. For example, we saw staff supporting people into the communal areas but once there people were settled there was little further interaction.

When we spoke to the registered manager about the concerns raised, they said that staffing was based on both occupancy and people's needs. They told us that the provider had staffed the home higher than the dependency tool initially showed whilst the home built up its occupancy. They told us occupancy levels had increased over the past 12 months therefore people may have noted a difference. The registered manager had recently appointed a hostess to provide help at meal times and reviewed the opening hours of their café so this staff member could also provide support at key times of the day. They had also recruited a team leader for each unit to review how the staff were deployed across each unit on a day to day basis in an attempt to alleviate the recent concerns raised by people and their relatives. In addition to this, the registered manager told us they planned to review shift patterns again in order to provide more staffing over the late afternoon period.

People told us they enjoyed living at the home and they felt safe. One person said, "I definitely feel safe here." Another said, "I feel safer here, I have peace of mind living here." One relative told us, "I rest assured knowing (relative's name) is safe." Staff told us they had received training in safeguarding and identified the different types of abuse. All the staff members we spoke with knew what action to take if they had any concerns about people's safety. This included telling the unit manager or registered manager, so plans would be put in place to keep people safe. Staff we spoke with were confident if they raised concerns that action would be taken to protect people.

On the day of our inspection we sat in one of the handover sessions to hear how information was shared between staff leaving a shift and those coming onto a shift to ensure people were safe. We found that handover information was not consistent. For example, one person required the amount they ate and drank

to be monitored and recorded to reduce risks to their wellbeing. We found that their records had not been fully completed over the previous week therefore nutritional in take could not be fully assessed. We found that this has not been picked up during handovers over the previous week. We checked the persons care file and saw that they had lost weight. The registered manager advised that a GP appointment had been made for the person and that immediately following our inspection a new system of checks would be put in place.

We saw people supported to mobilise and saw people encouraged to walk to the communal lounges. Staff knew the support needed by people and ensured people had walking aids to hand and that they observed people as they walked and stayed within reach of the person should they need assistance.

Where a person had an accident or incident these had been recorded with details of the event and any injuries sustained. The registered manager had reviewed these on a monthly basis to see if there were any risks or patterns to people that could be prevented and referrals were made to a specialist falls clinic when a person had experienced multiple falls. Staff were aware of people's well-being and levels of anxiety. For example, when one person became anxious we saw a member of staff member took time to talk to them and offer reassurance.

We checked three staff files and saw records of employment checks completed by the provider which showed the steps the provider had taken to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

People told us they were supported with their medicines. One person said, "The nurses lock away the medication; I'd rather have it like that. They stay and see you have it, which is a good thing." Another person told us, "I am certainly happy with the medication." We observed a medicines round with a member of the nursing staff and checked the medicines records for 12 people.

We saw that medicines were managed safely. There were appropriate facilities for the storage of medicines includes examples of safe storage of controlled drugs and how they stored medicines that required refrigeration. We saw that written guidance was in place if a person needed medicines 'when required.' The registered manager checked medicine records monthly to ensure they had been administered correctly.

Good

Is the service effective?

Our findings

People we spoke with felt staff had the knowledge to support their needs. One person told us, "They (staff) get a lot of training; they had all day training yesterday." A relative also told us, "I have every confidence in the carers." All staff we spoke with told us that they received training that helped them to do their job. All staff were able to give an example of how training had impacted on the care they provided. For example, two members of the care staff told us how manual handling training had updated their knowledge and helped them to support people safely.

Staff told us they received two types of training, group training and computer based training. All five care staff we spoke to said they preferred the group training and felt it was more effective. When we spoke to the registered manager about this they told us they were reviewing training and looking to source more group training.

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.

The registered manager demonstrated a good understanding of when they would need to assess capacity and the steps they would follow to make a decision in the person's best interest, for instance involving a person's family or independent advocate. All staff we spoke with understood people's right to choose or refuse treatment and we saw staff listen and responded to people's day to day decisions and choices, for example how they wanted to spend their day and where they choose to be within the home.

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 checked whether the service was working within the principles of the MCA and saw that the applications had been submitted where it was assessed that people were potentially receiving care that restricted their liberty.

The registered manager advised that although care plans were reviewed monthly, records did not show where DoL applications had been reviewed to ensure they reflected any changes. The registered manager had introduced a new form recording when the DoL was applied for, when it was authorised and when it expired. The resident of the day forms, used to review people's care, had also been amended to include a check of DoLs. Care staff knew when to refer any concerns about people's consent to choices to the registered manager. Care staff we spoke to knew that decisions were sometimes made on behalf of a person to help ensure they got the care needed. We saw records of when meetings had been held to make a decision in a person's best interest.

Staff respected people's right to refuse support. One member of staff told us, "I respect their choices. I always ask them what they want and if they are OK. It's their choice." We made observations that supported this, for example, we saw one person asked if they would like some more lunch. They said, "No I've had enough now." The member of staff responded by saying, "That's OK I was just checking." We saw staff asking for people's consent before providing care. One staff member told us where people are unable to give verbal consent they look for facial expressions and hand gestures to gain consent and enable people to communicate choices.

People told us they enjoyed their meals and they were given a choice. One person said, "We have a starter and a choice for main meal." A relative also commented, "The food is beautifully presented." Another relative commented, "It's a traditional menu which suits [relative's name]. She eats well." We saw people enjoy a lunchtime meal and saw staff offer people a choice of meals and of accompaniments. For example, we saw people offered a choice of two desserts. If they chose the hot dessert they were then asked if they would like custard with it.

Although people gave us positive feedback about the food, one person told us, "They can't make pastry." When we spoke to the head chef they told us this had been communicated back to them previously. In response alternatives had been tried and a new pastry chef had now been appointed.
We saw that meals were discussed at the most recent relatives meeting in March 2016. At the meeting it was acknowledged that recent improvements had been made.

We saw that people were supported to have drinks throughout the day. The home was trialling a new drinks maker. One person said, "We had orange juice for breakfast and then we were given squash. We tried it… but we got our orange juice back." People were given a choice of drinks and we saw staff offer alternatives if the first drink was not finished. Jugs of juice and water were also provided to people in their rooms so they could help themselves to a drink throughout the day.

We spoke to the head chef and they told us that if people didn't like what was on the menu they could have alternatives. They told us they worked together with the person and staff to ensure that people's individual needs were catered for. They told us that people's preferences and dietary requirements were recorded in care plans and updated if required when the resident of the day review was held.

The head chef told us he was supported by the registered manager and that they had recently met and agreed to order new cutlery and napkins. He also told us that he had recently attended training on puree foods.

We saw that people were supported to access healthcare professionals if required. One person told us they were supported to hospital appointments and that, "The doctor comes in. I changed over from my G.P. to the one that comes here." A relative commented, "There are no problems getting the doctors or other medical people in." Another person told us "I go to the audiology clinic at the hospital."

People told us they were happy with the actions taken by the staff in monitoring their healthcare needs. One person told us, "We are weighed once a month and there is a general health check."

Good

Is the service caring?

Our findings

People we spoke with told us staff were caring and they were well looked after. One person said, "They [staff] are very caring," and another person told us, "They [staff] are wonderful and have always got a smile." One relative commented they felt their relative was well cared for and that, "They [staff] are marvellous in how they work with them [people living in the home]." Another relative told us staff cared for their relative, they said, "They love her and care for her." One person said, "Some of the night staff make us towel animals. Sometimes I find a monkey hanging on my door. It makes me laugh and you know they care."

We heard and saw positive examples of communication throughout our inspection and people were relaxed around the staff supporting them. One person told us, "There is good banter between us [staff and me]." One relative told us that in their view staff were caring and said, "I can't fault the care. I like the atmosphere here."

During our conversations, staff we spoke with had a good knowledge of people's individual needs. Staff were knowledgeable about the support people required and gave choices in a way that people could understand. For example, at lunchtime we saw staff show people two plates of food to enable people to make a choice. We saw that staff understood the different ways that people expressed how they felt. We saw staff responded to the body language of one person and offered support in a timely way and in a way that maintained their dignity. For example, when one person needed care support, the member of staff said, "Can we have a walk down to your room together? You can then come back for a coffee."

Two people told us that staff supported them to retain their own level of independence. One person told us they could shower themselves but a member of staff was on hand to ensure their safety. Another person told us, "I am pretty independent. I have been asked if I need more assistance and I don't as yet." We saw that at meals times some people were encouraged to eat their meals themselves before being offered assistance if required.

People's friends and relatives visited when they chose. Relatives we spoke to said they felt welcomed at all times and could visit freely. One relative told us, "I can come in at any time - always welcome. I come every day." We also saw one relative making themselves and the person they were visiting a drink in the kitchen area of the unit. People could meet with any visitors in the individual units or in the communal café area, where we saw people enjoying coffee and chatting together.

Relatives said they felt their family members were respected by the staff and they said staff treated them with dignity. We saw staff knock on bedroom doors and wait for a response before they entered. Staff we spoke with were able to describe the actions they took to ensure that people's privacy and dignity was maintained whilst care was provided. We spoke to one relative who told us that their appearance was important to their family member. When we commented they looked nice they said, "That's the staff. They do that for her." We also saw other people with jewellery that matched their clothes. When we commented on this to two people they smiled in acknowledgement.

We saw that staff were respectful when they were talking with people or to other members of staff about people's care needs. For example, we saw that when staff spoke to each other regarding care they stepped out of the communal lounge area to maintain confidentiality

Requires Improvement

Is the service responsive?

Our findings

We spoke with people and observed how staff supported them with their hobbies and interests. People's experience of how they were supported varied dependent on which area of the home they lived. There were some activities where people across all three units of the home could attend. For example, we saw people enjoying a group activity and people told us they attended film showings in the cinema room. However, during the inspection we observed that on the Wilton unit for people living with dementia, had limited access to dementia appropriate activities. We observed three people and saw they received little or no encouragement from staff to engage in activities. For example, one person was looking to talk to and engage with other people. They came and spoke to the inspection team and then looked to engage with a relative who was visiting another person at the home. The visitor got a member of staff to help, the did not engage them in any activity. One relative told us their family member did not receive the support they had anticipated they would to pursue interests.

When we spoke to the registered manager, they acknowledged improvement was required on the unit for people living with dementia to best respond to the care people needed. They told us they were looking for staff to attend further dementia training and that they had considered ways to make a more inclusive environment for people living with dementia. The provider had agreed to change the activity room on the first floor into a reminiscence shop and the registered manager had also had tactile wall decorations produced which were due to be fitted and also planned to source and introduce personalised boxes to reflect people's life history and memories. On the day of the inspection we were unable to determine how effective these improvements would be as they were not yet in place.

We saw people enjoying various activities in the Brockway residential unit. We saw people reading papers, listening to music and enjoying knitting. People on this unit told us they enjoyed the activities. One person told us, "I go out quite a lot in the minibus." Another person told us, "I do exercises in the cinema room."

The registered manager had introduced a new review system called, 'resident of the day'. These reviews enabled people and their relatives to meet with the unit manager and review the care they received. They also provided opportunity for people to meet individually with the chef and provided feedback on food and their preferences. One resident told us, "They come once a month and ask if we are happy and if we want anything." We also saw records of three reviews where relatives had added comments giving their feedback on care provided. The registered manager told us the reviews enabled a more individual approach to people's care needs. One relative told us, "They (staff) review the care and I am involved." They went on to say they felt staff knew their relative well, like the things that were important to them and how they wanted their care.

Three relatives told us they felt communication with families could be improved. For example, one relative told us they had not been notified of a change at the home, "I wasn't happy they didn't tell me." Another relative said, "It's always down to us to chase them." Two relatives gave example of when they had not been communicated with and had received apologies from the registered manager.

Two members of staff told us if they had any concerns they could report them to the manager. One of the staff gave an example of a concern they had raised and said they felt listened to. Two other staff said that if they had concerns they would go straight to their unit manager.

People told us they could raise any concerns with staff. For example, one person told us when the choice of starter at lunch was stopped they complained to the registered manager. They told us they discussed their concerns with the registered manager and the choice was re-instated.

We asked people living at the home and their relatives how they would complain about the care if they needed to. Two relative's told us they had made complaints and they had received a response. We saw that the registered manager had a complaints folder in place. All complaints had been logged, investigated and responded to. The information showed actions taken by the provider.

Requires Improvement

Is the service well-led?

Our findings

Since our last inspection there had been changes in the management of the home. A new registered manager had been appointed in August 2015. We saw that they had introduced new some new initiatives, for example 'resident of the day' reviews. One relative we spoke to told us the reviews were a, "Good improvement." The registered manager said this was new to the home and appeared to be working well but would need more time to fully embed.

The registered manager commented that they had taken time to assess the service and identify any areas within the home that needed to be improved, for example improved activities and environment in the in the dementia unit. They advised an action plan of priorities was planned but not yet completed. On the day of the inspection we were unable to determine how effective the plan was as it as it was not yet in place.

We raised the with issue of inconsistent communication we noted in staff handovers and gaps in care recordings with the registered manager. They advised checks should have been made daily and action taken by the unit manager to address this with care staff, however there was no evidence that this had been done. They said that following our inspection the deputy manager would also be spending time on each unit each day to observe care and provide 'hands on' management.

We asked staff about the support they received. Staff told us there had been a period of change and some improvements, however, four members of staff said they would like more structured and frequent supervision. One member of staff said, "I've only had one supervision. Wish I could have more to discuss solutions."

Four members of staff also told us that they staff meetings were infrequent. One member of staff said, "It would be good to have more meetings to work on any issues and support staff." Another said, "I am confident to raise questions but I feel some staff would do better with meetings." When we asked the registered manager about this they said they had restarted staff meetings in January 2016 and we saw minutes from the three unit meetings that had taken place. One member of staff said, although this was an improvement, regular meetings needed to be maintained.

Staff told us they generally felt supported by the management team and there was always someone available to speak with them if they had a concern, for example their unit manager. However some staff were frustrated by the lack of action in some key area's such as staffing levels and supervisions and team meetings. The registered manager had taken some action, for example recruiting a hostess and team leader posts; however staff were unable to determine how effective these changes were as they had not been fully embedded.

Relatives spoke well of the staff team and were able to approach to share ideas or concerns. One relative said, "If I have any questions I can always speak to one of the carers – they are very good". Two relatives said they would usually speak to care staff as they found them approachable. One relative told us they spoke to the registered manager who was, "Always happy to talk".

We saw that a relatives' meeting had been held in December 2015 and March 2016 when subjects discussed included staffing levels and food. Relatives had also asked for a notice board in the café area to share information. On the day of our inspection we saw a notice board was now in place and was showing weekly menus.

We looked at the governance systems within the home because we wanted to see how regular checks and audits led to improvements in the home. The provider representative told us they visited regularly to review the service. They told us any areas identified for improvement were listed in a service improvement plan, which was an on-going document that was assessed and updated on the outcome of each visit. We saw that the provider visit in April 2016 which checked medication, care plans and staff training. The visit report noted the unit for people living with dementia 'looked tired' and that the registered manager had already raised this and taken action. The report also stated, "Staff seemed happy to work at the home." We spoke to the operational support manager they told us their visits had not identified staff concerns, they advised they would look to speak to staff and address this following our inspection.

The registered manager said that any actions identified by external agencies such as the local authority or CQC would also be added to the service improvement plan which was an ongoing document. We saw that where areas for improvement had been identified, actions had been taken. For example, two unit managers had recently attended MCA training to improve knowledge and recording of actions.

The provider had sent a questionnaire to all relatives in 2015, responses showed that people were happy living at the home and all respondents said their privacy was respected and they could have visitors whenever they wanted. The registered manager advised that the 2016 questionnaire was currently out with residents and their families. The advised they would use the responses to help inform their action plan for the home.