Mark Jonathan Gilbert and Luke William Gilbert

Brooklands Nursing Home

Inspection report

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was carried out on14 June 2016 and was unannounced.

Brooklands Nursing Home is registered to accommodate a maximum of 43 people. At the time of our inspection there were 42 people living at the home. It is owned and operated by the partnership of Mark Jonathan Gilbert and Luke William Gilbert.

Although the home is currently called Brooklands Nursing Home it does not provide nursing care. The present owners took the decision to stop providing nursing care some months ago. Since then anybody living at the home who required the support of a registered nurse has been helped to find alternative accommodation and registered nurses no longer work at the home.

The home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection we spoke with a number of people living at Brooklands and with their relatives. We also spoke to a number of staff who held different roles within the home. We looked around the home and examined records relating to the safety of the home, staff and the care people had received.

At this inspection we found breaches of regulations. This was because staff had not received the support, training and supervision they needed and people's legal rights had not always been protected as outlined in the Mental Capacity Act 2005.

You can see what action we told the provider to take at the back of the full version of the report.

Staff had not all had the training, supervision or support they needed to carry out their role effectively. This meant that staff may not have the knowledge to support people safely and well. A lack of supervision at key times in the day meant people living at the home did not receive a well organised service.

Not everybody living at the home had been assessed to see if they required a Deprivation of Liberty Safeguard (DoLS). This meant that people may be being deprived of their liberty without the legal protection of a DoLS.

The home did not have a registered manager, however a new manager had been appointed who had considerable experience of management within a care home setting.

Information given by staff on their application forms had not always been checked to ensure it was accurate.

References from the person's most recent employer had not always been obtained. This meant that recruitment procedures had not always been robust enough to ensure staff were suitable to work with vulnerable people.

People received the support they needed with their health care including monitoring their health and seeing health care professionals. Medication was managed safely and people received their medication as prescribed.

Systems were in place for reporting any potential safeguarding adults incidents that occurred and these had been followed. People living at the home said they felt safe and were confident to raise a complaint if needed.

People liked and trusted the staff team. Staff were polite and respectful towards people and responded positively to requests for support.

The building was well decorated, clean and tidy with equipment available to support people with their mobility needs. A large outside garden was furnished with chairs, tables and umbrellas so people could enjoy sitting outside.

Systems were in place for assessing and planning improvements to the quality of the service provided. These were on going and had not yet become fully embedded within the home.

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 always safe.

Recruitment procedures were always not robust enough to ensure the suitability of staff to work at the home.

People felt safe living at Brooklands. Their medication was managed safely and sufficient staff were employed to meet people's needs.

The premises were safe and systems were in place for dealing with emergencies that arose.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not receive the training, supervision and support they needed to carry out their role effectively.

Procedures for ensuring people were not unduly deprived of their liberty had not been followed.

People received the support they needed with their health and enjoyed a choice of meals that met their needs and choices.

Is the service caring?

Good

The service was caring.

People liked and trusted the staff team who supported them.

Staff were polite and respectful towards people and responded to their requests in a way the person preferred.

People were given information about how the home operated and felt their views were listed to.

Is the service responsive?

Good

The service was responsive.

Care plans were clear and up to date providing guidance for staff on the support people needed.

People felt confident to rise a concern or complaint and procedures were in place to investigate these.

A variety of activities took place at the home which people enjoyed.

Is the service well-led?

Requires Improvement 

The service was not always well led.

An experienced manager had been appointed but was not yet registered with CQC.

Systems were in place for obtaining the views of relevant people, however these had not yet been fully implemented.

Systems had been introduced for checking and improving the quality of the service. These had not yet been fully effective at ensuring the home was meeting applicable regulations.

Improvements to the environment, systems and processes had been made by the providers and senior staff.

Brooklands Nursing 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.

The inspection was carried out by two Adult Social Care (ASC) inspectors and took place unannounced on 14 June 2016.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the manager.

During the inspection we met a number of people living at Brooklands and spoke individually with seven of them. We also spoke with four of their relatives and with two health or social care professionals who were familiar with the home. In addition we spoke with 10 members of staff who held different roles within the home and with the providers of the service. We spent time in communal areas observing the daily care people received at the home.

We toured the premises and we looked at records relating to staffing levels, staff recruitment and training, health and safety, and records relating to quality assurance of the home.

We looked at how medication was managed and examined records relating to a number of people living at the home including looking in detail at four of their care plans.

Requires Improvement

Is the service safe?

Our findings

The people living at Brooklands told us that they thought it was a safe place to live and said they felt safe living there.

.Policies and procedures were in place within the home to provide guidance for staff on whistle blowing and safeguarding vulnerable adults. In addition, a notice displayed in the foyer gave people contact details for people within the organisation to whom they could report any concerns they had.

Records showed that potential safeguarding incidents had been recognised and reported by the home to the appropriate authorities. In addition the home had carried out investigations of these incidents and provided details of their findings to the appropriate authorities when requested to do so.

Some people had personal spending money in safekeeping at the home. This was used for expenses such as hairdressing. Detailed records for each individual had been maintained. All transactions had been double signed with receipts attached and a monthly audit of the money carried out to ensure it was being safely managed.

Staff had different knowledge levels regarding safeguarding adult's procedures. Senior members of staff had a good knowledge of how to recognise and report any safeguarding concerns they had. However a newer member of staff told us they had not had any training in this area and said, "I don't know what it means."

We saw that accident/incident forms were filled in and appropriate notifications made to CQC and other statutory bodies. A new accident and incident monitoring tool had been introduced which helped to identify any patterns that emerged so action could be taken.

First aid boxes were located around the home. We asked a number of staff if they knew the location of these, some staff knew how to find these and other staff were unsure. A senior member of staff told us that they included this information on staff induction and would ensure it was reiterated to all staff.

Staff were able to describe the actions they would take in the event of a fire alarm sounding. A recent fire incident within the home had been dealt with swiftly and competently by staff ensuring that nobody was harmed.

Certificates and health and safety records showed that regular checks had been carried out on the premises and equipment to ensure they were working safely. This included checks on water temperatures, the fire system, the lift and lifting equipment and the main electricity system.
Window restrictors were in place and doors that were marked as needing to be locked were locked. In addition guards had been fitted to doors to ensure they closed in the event of the fire alarm sounding. We tested several of these along with several call bells and found them to be in working order.

We looked at personnel records for four members of staff who had started working at the home within the

last six months. We saw that some checks had been carried out to confirm that they would be safe and suitable to work with vulnerable people. This included obtaining Disclosure and barring Service DBS) checks and references, however these were not always robust.
For example, one member of staff had a reference from their most recent employer that recorded concerns; however a reference had not been sought from the person's previous employer. Another person's application stated that they were 'an experienced care assistant', however their employment history did not provide any evidence that they had worked as a care assistant before

Staff told us, and rotas confirmed, that there were always two senior care staff and five care staff on duty between 8am and 8pm. At night there was one senior and three care staff. Current rotas confirmed that these numbers were maintained with the use of agency staff for one or two shifts each week.

In addition to care staff, a chef and three housekeeping staff worked each day, and an activities organiser and a maintenance person were employed during the week.
Staff had mixed views regarding staffing levels. One member of staff told us they felt there was sufficient staff, two members of staff said they felt there were sufficient staff working on the first floor but that an additional member of staff was needed on the ground floor. Other staff said they felt more staff in general were needed with one member of staff telling us "It's non-stop."

A relative told us that they did not think there were sufficient staff and said at times their relative had to wait "a little" for help. People living at the home also had mixed views about staffing levels. Some people told us they thought more staff would be beneficial others said there were enough staff to meet their needs. One person told us that at busy times such as meals people had to wait for support to go to the toilet.

Staff told us and we observed that following the lunchtime meal they did have time to sit and interact with people living at the home.

We observed that senior staff did not appear to have the time to directly supervise the care being provided. They were engaged in other tasks including writing care plans, making phone calls and managing medications. During our inspection people received the care that they needed and call bells were answered in a timely manner. However we saw that the lack of oversight meant the care people received could appear chaotic at times.

Two of the people we spoke with told us that staff managed their medication well. One person explained "They bring them to me." We observed part of the lunchtime medication round and saw that it was carried out safely.

We looked at the arrangements for ordering, storage, administration and disposal of medicines.
At the time of our inspection the home had just changed to a new pharmaceutical supplier which meant that they were going through a period of transition. A senior member of staff told us that the new pharmacy had a system in place that meant that people got any new medicines without delay.

Medication was stored safely and at the correct temperature. Appropriate storage was provided for controlled drugs but there were no controlled drugs in use at the time of our visit.

Medication was only administered by senior care staff. We looked at a sample of medication administration records these had been well completed with no missed signatures. A sheet in the front of the medication sheet folder recorded which member of staff had responsibility for medicines on each shift. This meant that if there were any discrepancies, the member of staff could easily be identified and asked to account for the

discrepancy.

Overall we found that medicines were managed safely and records suggested that people always received the items prescribed for them. We identified some minor areas for improvement which we discussed with a senior member of staff. This included eye drops not dated when opened and stocks of paracetamol not always added to the total shown on the medication sheet.

Requires Improvement

Is the service effective?

Our findings

People told us that they liked the meals provided at Brooklands. One person described them as "decent" and said that they had always been offered a choice of meals. Another person said they had found meals "very good".

A visiting health professional told us that in their opinion the support people received at Brooklands with their health was very good. This was reiterated by the people living there who told us they had received the support they had needed to look after their health care needs.

Fifteen members of the care staff team had commenced working at the home within the past six months. Newer members of staff told us that when they had started working at the home they had spent the first few days as extra staff on the rota shadowing more experienced staff. This had given them the opportunity to get to know people living there and how the home operated.

Personnel records showed that new staff had a basic induction to the home which provided them with information about the home; however we did not see records of new care staff having a full induction and probation process to determine their suitability for the role.

Newer staff also told us that they had received little training whilst working at Brooklands. For example one member of staff said they had undertaken training in moving and handling people but "nothing else".

Training records showed that staff had undertaken a programme of training in March 2015 comprising health and safety, control of substances hazardous to health, safeguarding, food hygiene, fire safety, moving and handling, and infection control. Moving and handling training had been provided for eight staff in March 2016, but apart from this records showed that little training had taken place. This meant that new staff had not received the training they may need to support people safely and effectively. We saw no evidence that staff had received training in important subjects such as first aid, person centred care, mental capacity, nutrition and dementia.

We asked the manager whether staff had individual supervision and appraisal meetings. He told us that from records he had seen, some staff had attended supervision meetings but others had not. He had put a programme in place to ensure that all staff would have a meeting with their supervisor and had started the process. He had completed two supervisions with senior staff and other dates were arranged.

During the lunchtime meal people living on the first floor were being supported by four members of staff, all of whom had worked at the home three months or less. We saw that there was a lack of a system or supervision of staff which led to the meal time being chaotic, people received meals at different times or the wrong meal and one person had a health emergency that was not immediately noted by staff. We felt that this was due to a lack of overall supervision of newer members of staff and a lack of support to put a system into place to ensure staff had the time and skills to support people safely and well.

These are breaches of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because staff had not received appropriate support, supervision and training.

A member of staff told us that senior staff had discussed their training with them and that they had been enrolled to undertake a national qualification in care. They told us they were very pleased with the support they had received to enrol on this course. A second member of staff told us they had asked senior staff about training and were aware, "They are looking into it." The manager confirmed that care staff had been enrolled onto the Health and Social Care Diploma levels 2 and 3, depending on their previous experience and qualifications.

Information provided by the manager showed that ten members of staff had a national vocational qualification in care (NVQ) level 3 and eleven had level 2.

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 checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. We found that they were not.
Senior staff were unsure who if anybody living at the home had a DoLS in place and it took some time to find this information. A DoLS file within the home showed that DoLS applications had been made for six people living there and the manager told us that he intended to assess everybody living at the home to see if they required the protection of a DoLS.

We looked at two people's files and saw that one person had had an urgent DoLS in place in January 2016 but this had expired. Although we saw that an application had since been made no explanation or assessment was on the person's file as to why a second urgent application had not been applied for. A second person had had three previous DoLS agreed but these had expired and we did not see any information within their care plan as to how this would affect the support provided to the person. The lack of information within individual care files and the lack of assessments for people to see if they would benefit from a DoLS application meant that people's legal rights may not be being protected.

These were breaches of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured service users were not being deprived of their liberty without lawful authority.

A visiting health care professional told us the care they had seen was "brilliant" and said staff always followed their advice and had made appropriate referrals regarding people's health. They told us they had no concerns regarding the health care support provided to people at the home.
One of the people living at the home told us that they had recently seen a number of health professionals regarding a health condition they had. They explained the support they needed from staff. Staff we spoke with were aware of this and able to explain the support they provided for this person. Another person told us that staff had recently made arrangements for them to see a dentist.

Care plans contained information about people's health care needs along with guidance for staff to follow on how to meet these. Care records showed that people had been supported to monitor their health via appointments with health professionals and via monitoring records maintained by staff.

We asked a member of staff what supervision or system was in place for staff to follow at mealtimes and they told us there was no set system, "We do it together." Another member of staff told us, "It's hard to find the time to encourage people to eat." Our observations found that the lunchtime meal was chaotic with a lack of a system in place to ensure people had a relaxed dining experience.

The home use outside caters to provide meals for people. We observed that meals looked appetising and people told us they enjoyed them. A choice of meals was provided and special diets including soft diets, blended diets and any cultural diets were catered for. Breakfast was made at the home and we saw people enjoying a breakfast of their choice including cooked food if they chose. Tables were nicely laid for meals and we saw that people were served with drinks throughout the day. Care plans contained guidance about any support people needed with their diet or meal

Accommodation is divided over two floors with a passenger lift leading to the first floor. Both floors have single bedrooms, bathroom facilities and lounge and dining facilities. The top floor also contained a smaller seating area on the corridor which we saw people enjoying. Parking is available at the front of the home and an enclosed back garden provided plenty of seating areas shaded with umbrellas for people to use.

Good

Is the service caring?

Our findings

The people living at Brooklands were generally positive about the home and the support they received from staff. We asked two people what they would say about the home. One person responded "I would say come and live here." The second person told us "It's like any other home."

People told us that they liked the staff team and said they had always found staff polite and helpful. Their comments included "Very polite, I haven't come across one that isn't." and "I like them all they look after me. We have a good laugh."

We spoke with one person and their relative and they told us they were "starting to trust" staff to help them with their personal care and that this was important to them. We some with another person who said "Staff are very helpful. I tell them what help I need and they do it."

People told us that staff checked on them to ask if they needed anything and responded positively to requests for support. One person explained "Staff do what I want, if I want to go to bed they help." And another person said "They come and see if I am all right."

A visiting social care professional told us staff listened to their advice and met people's needs. They also said staff were "Very nice, they know people. I have had no complaints from my clients."

Noticeboards around the home provided information for people who lived at the home and their visitors. This included information about activities, hairdressing, complaints and concerns and fire alarm tests.

A series of meetings to obtain the views of people living at the home and their relatives had been arranged. A notice in the foyer advertised a 'Residents and Relatives meeting' taking place the evening after our inspection. The manager told us that these meetings would take place quarterly

Throughout the day we observed that staff were friendly and polite with people living at the home. Prior to entering a bedroom they knocked on the door to obtain the person's permission. We saw that staff took time to sit with people when they could and engage them in conversation. We also saw that when people were upset staff took time to sit with them and offer support.

Good

Is the service responsive?

Our findings

People living at Brooklands told us that when they had used their call bell they had received a quick response. During our inspection we observed that any call bells were responded to quickly. People also told us that they received the help they needed with their personal care.

We looked in detail at care plans for four of the people living at Brooklands. We found that prior to anyone moving into the home an assessment of their needs had been carried out to ensure it would be a suitable place for them to live. We spoke with a relative who confirmed that prior to their relative moving into Brooklands a senior member of staff had visited them, carried out this assessment and explained a little to them about how the home worked.
We found that care plans were clear, up to date and contained sufficient information to provide guidance for staff on the areas the person needed support with and how to meet this safely and in a way the person preferred. Plans were nicely written in a way which reflected the person they were written about.

Care records also contained regular reviews of people's weight, moving and handling needs and risks such as the risk of falling. This helped to make sure that any changes to the person's health or wellbeing could be quickly noted and acted upon.

A garden party had been held at the home the weekend prior to our visit and we saw that the garden had been decorated with a marquee and bunting. Several people told us they had enjoyed this event very much. One person told us "We had games.", another person said the party had been"great" and they had particularly enjoyed dancing.

The home employed an activity coordinator and we saw a timetable of weekly activities advertised in the foyer. On the day of the inspection several people were going on an outing led by the activities coordinator. The home had a small hairdressing salon and the hairdresser was visiting during our inspection. We briefly visited and saw that people were enjoying their time at the hairdresser with a lot of social interaction taking place.

People living at the home and their relatives told us that they would feel confident to raise a concern or complaint with staff. One person explained "I would go and see the manager."

The home had a complaints procedure and a summary of this was displayed on noticeboards. This informed people of who they could address any complaints to, including contact details for CQC and the local authority. The complaints procedure stated that people could report complaints to the 'home manager, senior home manager or owners' but did not provide names or contact details for any of these people.

We looked at a file containing information on complaints received within the past five years. This was not well organised and records from the last five years were mixed up together. We saw that four complaints had been logged in 2016. There were good records to show how two of these complaints had been addressed,

however records for the other two complaints had not been retained within the file.

Requires Improvement

Is the service well-led?

Our findings

Brooklands was registered under new ownership in November 2014. A member of staff told us they had worked at the home for several years. They considered that the service was "much better" since it changed ownership. They said that there was more money available, for example for food, and whatever people needed was provided.

At the time of our inspection Brooklands did not have a registered manager in post. A manager had been appointed and had been in post for five weeks. He had considerable previous experience of managing care services and held a management qualification. The deputy manager also had considerable previous experience as a care home manager.

The organisation employed regional managers to provided support and advice to the home manager and to carry out audits and checks on the quality of the service provided. An 'on call' rota of senior managers was available for staff to use if needed. A recent incident in the home had resulted in senior managers and the provider responding quickly and attending the home to offer practical and management support.

Staff were complimentary about the manager with one member of staff commenting "He's listening, he's fair." Another member of staff commented, "He's really nice – he does listen."

A meeting had been arranged to obtain the views of people living at the home and their relatives.
A staff meeting had been held on 26 May 2016. The manager told us that he intended to have a monthly meeting for senior staff and a monthly meeting for the whole staff group, and a schedule of these meetings was in place. This was intended to provide staff with a forum for raising any concerns or questions they may have and to ensure they received information regarding the running of the home.

We looked at a folder containing satisfaction questionnaires that had been completed at some time in 2015, although the exact date was not clear. The responses were mainly positive; however there was little useful information about the actions taken following this survey. For example some people had expressed dissatisfaction with their chairs but what if any action taken as a response was not recorded. The forms completed for people living at the home appeared to have been written with the assistance of staff, however this was not stated.

We looked at a quality monitoring file which contained a series of auditing tools. These included audits of care plans, medicines, staff files, training, maintenance, mattresses, kitchen, cleaning, and meals service. Most of these had been completed up to the end of 2015. A sample of care files had also been audited in January and April 2016, and there was a medication audit dated 27 April 2016.

We were told that these had now been replaced by a full manager audit that would be carried out six monthly. We have previously seen the documents devised for these audits and found that they were comprehensive and should provide a clear overview of the home and identify areas for future improvements.

At the time of the inspection the auditing tools had not yet had a positive impact on the areas we noted as needing improvement, including staff recruitment, training and supervision and assessing people living at the home to see if they required the protection of a DoLS.

During the inspection we met with the partners who owned Brooklands and with a senior manager for the organisation. We found that they had a clear understanding of the service provided at Brooklands including where further improvements were needed. They explained that since buying the home they had decided that it should no longer provide nursing care and had worked with the people living there and their social workers to offer alternative placements for people who required nursing support. They had also carried out extensive redecoration of the premises and recruited new care and management staff. They explained that this work had now been completed and they anticipated the home further improving as the manager and staff settled into their new roles.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not ensured service users were not being deprived of their liberty without lawful authority.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate support, supervision and training.