Kentbrim Limited

Brownlands Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 6 and 7 December 2017 and was unannounced.

This was the second comprehensive inspection at Brownlands Nursing Home.

Brownlands Nursing Home is a care home with nursing. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 31 people in one adapted building. On the day of our visit, 27 people were using the service.

At the first comprehensive inspection on 10 November 2016, we rated the service 'Requires Improvement'. We served a fixed penalty notice under Section 33 of the Health and Social Care Act 2008. This was because the provider had not complied with the conditions of their registration to have a registered manager in post. The provider was also in breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. This was because sufficient arrangements were not in place to monitor and manage the quality and safety of the care and support provided for people at the service.

Since the inspection a registered manager had took up post on 8 March 2017. 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 this inspection, we found that the registered manager had taken sufficient action to meet the breach of regulation and drive improvement in all areas at the service. The registered manager and staff strived to continue to make improvements to the service by using lessons learnt from feedback received from people using the service, relatives, staff and health and social care professionals.

The registered manager promoted an open transparent culture, which involved people using the service, relatives and staff. They invited people to provide feedback about the service, which they used to analyse the quality of their care, to make positive changes to drive improvement.

Risk assessments supported people to stay safe and took into account people's rights to take risks and have their freedom respected. People received care that continuously met their assessed needs. The assessments were reviewed and updated. The registered manager took prompt action to address any concerns about people's safety.

There were enough staff deployed to meet people's assessed needs. Staff understood their roles and responsibilities to safeguard people from the risks of harm or abuse. Safe recruitment and selection

processes were followed to ensure staff were suitable to work at the service.

Staff received appropriate training and support to carry out their roles. People were provided with meals that were varied and nutritious and they were supported to eat and drink sufficient amounts to maintain their health and well-being. People were supported to access appropriate health and social care professionals as and when needed. Staff followed best practice infection control guidelines to control the risks of the spread of infection. Systems were in place to manage medicines in a safe way.

Staff understood the principles of the Mental Capacity Act, 2005 (MCA). They sought people's consent and involved people in the planning of their care so to have maximum choice and control of their lives. Staff understood the principles of the Deprivation of Liberty Safeguards (DoLS) and supported people in the least restrictive way possible.

Staff protected people's privacy and dignity. Staff, people using the service and relatives had developed positive relationships. Staff had a good understanding of people's backgrounds, needs and preferences. People's views were valued and acted on.

Information was available to people on how to make a complaint. People using the service and their relatives knew how to raise a concern or make a complaint. They were confident the registered manager would respond to any complaints appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems were in place to safeguard people from the risks of harm or abuse.

Risk assessments supported people to stay safe and took into account people's rights to take risks and have their freedom respected.

Staff followed infection control best practice guidelines.

Safe recruitment practices were followed.

The staffing numbers were sufficient to meet people's needs.

People received their medicines as prescribed.

Staff continually learnt from incidents and improvements were made when things go wrong.

Is the service effective?

Good

The service was effective.

Assessments identify people's needs to establish the service was suitable to meet their needs.

People received care from staff that had the skills and knowledge to meet their needs.

Supervision systems provided staff with on-going support.

People were supported to eat and drink enough to maintain a balanced diet.

Staff worked with external health and social care agencies to provide effective care.

People's needs were mostly met by the adaptation, design and decoration of the premises.

People received care from staff that worked to the MCA and DoLS legislation.

Is the service caring?

Good

The service was caring.

People received care from staff that they knew and happy with the care and support they received.

Staff treated people with warmth and kindness.

People were involved as much as possible in planning their care.

People's privacy and dignity was maintained and respected.

Is the service responsive?

Good

The service was responsive.

People received care that met their changing needs.

People had information on how to make complaints.

People were supported to plan and make choices about end of life care.

Is the service well-led?

Good

The service was well- led.

A registered manager was in post that understood their regulatory responsibilities and led by example.

The registered manager was committed to delivering high quality care.

Sufficient improvements had taken place to the monitoring of all aspects of the service, and involved people and staff in developing the service.

Brownlands 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 took place on 6 and 7 December 2017 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This was the second comprehensive inspection of the service. At the last inspection in November 2016, the provider was found to be in breach of Regulation 17, Good Governance and we rated the service requires improvement.

In preparation for the inspection, we reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the service including statutory notifications. A notification is information about important events, which the provider is required to send to us by law.

We received feedback from health and social care commissioners who monitor the care and support of people received at the service.

During this inspection, we spoke with seven people using the service, three relatives, six care staff, the clinical nurse lead, one qualified nurse, two activity workers, one healthcare student, the maintenance worker, the business administrator and the registered manager. We observed general care practices and interactions between people who used the service and staff.

We looked at records in relation to the care of three people using the service and other records relating to the quality monitoring of the service. These included three staff recruitment files, training records, and

records related to staff supervisions and appraisals. We looked at the staff rotas, complaint records, incident and accident reports and quality monitoring audits.

Good

Is the service safe?

Our findings

At the last inspection of the service in November 2016, we rated 'Safe' as 'Requires Improvement'. This was because doors leading to hazardous areas of the service did not have locks fitted to ensure only designated people had access to these areas. The provider had taken immediate action during the last inspection to have locks fitted to the doors accessing these areas.

The registered manager strived to continue to make improvements to the safety of the service by using lessons learnt from feedback received from people using the service, relatives, staff and health and social care professionals. They analysed information in relation to accidents, incidents, complaints and safeguarding concerns to understand how these had occurred. They shared the findings with staff to ensure all staff knew how to manage individual risks to people's safety.

Systems and practices were in place to safeguard people from abuse. One person said, "I'm safe and well looked after". Another person said, "I feel much safer here than I did at home, I was burgled five times at home." A relative said they regularly observed the care staff assist their spouse, who was immobile, to move position using hoist equipment. They said they thought the staff always moved them safely. Another relative said, "[Person's name] is quite safe, I have no cause for any concern about their safety." Staff told us, and records showed they had received training on the safety processes and practices.

Risk assessments evidenced how risks to people's safety were to be reduced For example risks involving, moving and handling, falls, malnutrition, pressure area care. Regular reviews and updates took place to ensure the risk assessments and corresponding care plans were updated as people's needs had changed. Risk assessments were in place for people that required the use of bed rails to prevent falls out of bed. They took into account people's preferences and any hazards faced due to their use.

Emergency contingency plans were in place in the event of an evacuation of the building. Each person had a personal emergency evacuation plan (PEEP) that gave information to emergency services in the event of the home requiring evacuation. We noted one couple sharing a bedroom had recently moved to another room in the home and the PEEP's had not been updated to reflect the change of room. We brought this to the attention of the registered manager who immediately rectified this oversight. Staff were aware of the fire procedure and records showed fire drills and tests to the fire system, emergency lighting and firefighting equipment routinely took place.

Equipment used by the provider to support people was appropriately maintained, so that it was safe to use. Records showed qualified engineers regularly visited the service to test the fire, electrical, water and heating systems, the lift, portable and fixed bath hoists. Records also showed the maintenance worker also checked these areas in between the service visits, and had contacted the maintenance companies in response to any problems identified.

Systems were in place to ensure sufficient numbers of suitable staff were deployed to keep people safe and meet their assessed needs. One person said, "They have lots of staff." Another said, "I have a call bell next to

me. They [staff] always come quickly." A third person said, "They come in quickly when I ring." One relative said, "Sometimes the staff swap and change but [Name of person] gets the care he needs." Some people using the service did not have the physical or cognitive ability to use or understand how to use the call bells. In such circumstances staff said they visited people in their rooms and checked to ensure, they were safe and /or required any assistance. The registered manager confirmed following the inspection that a new call bell system was soon to be installed, which would also have the facility for staff to record when they had carried out checks to people in their rooms.

The staff recruitment procedures protected people against the risks associated with the appointment of new staff. They took into account previous experience and employment histories and references. Records showed that all new staff underwent screening for their suitability to work at the service through the government body Disclosure and Barring Service (DBS).

Appropriate arrangements were in place for the management of medicines. One person said, "I have three tablets every day, staff bring them in the morning, they see me take them." Another person said, "They give me my medication, it seems on time." Qualified nursing staff took on the responsibility of administering people's medicines. The staff told us and records confirmed they received medicines training and competency assessments of their practice. The medicines administration records (MAR) were appropriately completed by staff. We observed people receiving their medicines, the nurse administering the medicines respected people's choice as to whether they required any medicines prescribed to be given 'when required' for example, pain relieving medicines.

Infection control procedures were in place. One person said, "They clean my room every day." Relatives told us they always found the home was clean. Staff told us they had received infection control training, also evidenced in the staff training records. We observed staff followed procedures to prevent infections such as washing their hands and using personal protective equipment, gloves and aprons. Infection control audits also took place to check that staff were consistently following the procedures.

Good

Is the service effective?

Our findings

Each person had a pre-admission assessment, to identify their needs and establish that the service was suitable to meet their needs.

People received care from staff that had the skills and knowledge to meet their needs. One person said, "They [staff] seem to be well trained; they have a lot of training days." All new staff had a comprehensive induction where they received training in core areas such as health and safety, moving and handling, infection control, nutrition, end of life care and dementia awareness.

All new staff worked alongside experienced staff and were assessed for their suitability and competency during their probation period.

The nursing staff received training and updates to refresh nursing practice that followed best practice nursing guidelines. For example, nursing guidelines related to the practices of urinary catheterisation, taking blood samples, wound management, pressure area care and tissue viability.

Supervision systems provided staff with on-going support. All staff confirmed they received regular one to one 'formal' supervision from their line managers to discuss their performance and any further training and support needs. They told us the registered manager was supportive and always available to provide advice and guidance. One staff member said, "[Name of registered manager] always has time for you, she has an open door and is very supportive"

People were supported to eat and drink enough to maintain a balanced diet. All people confirmed they were pleased with the meals provided at the service. One person said, "The food is very nice, they [staff] give me a choice." Another person said, "The food is pretty good on the whole." A relative said, "[Name of person] eats very well here, the food always looks appetizing." They also said, "There seems enough staff at lunchtime. Those who need it, receive assistance." We observed people receiving their lunch; staff offered people a small glass of wine with their meal and sensitively supported people that required help to eat their meals.

Observations of staff supporting people to eat and drink confirmed they followed the advice. For example, people at risk of choking had their meals pureed to the right consistency and staff followed the guidance when preparing drinks using prescribed thickener powder. Where people could not speak for themselves, staff followed the information within their care plans to ensure they received the food and drinks they preferred.

On admission, nutritional assessments took place to identify any food intolerances, allergies, likes and dislikes. People assessed as at risk of malnutrition, swallowing difficulties (that increased the risk of choking), were referred to health professionals, such as their GP, dietitian and Speech and Language Therapist (SALT) for further assessment and advice.

Staff worked with external health and social care agencies to provide effective care. To ensure people's

needs were continually met staff shared key information with emergency services, in the event of requiring hospital treatment or admission into hospital. People had access to healthcare services and received on-going healthcare support. The nursing staff carried out clinical observations and referred people for medical care and attention promptly.

Staff supported people to attend health screening and specialist appointments. One person said, "They [staff] organise the doctor when needed and the chiropodist and optician. They took me to the dentist; I'm waiting for new dentures." Another person said, "If they think I need to see a doctor they send for doctor. The chiropodist and an optician come to see me." A third person said, "The doctor comes here, so does the chiropodist the optician and the dentist." A relative said, "I have taken [Name of person] to the dentist twice. The chiropodist and optician both come here. They [staff] tell me of any changes to his medication." Staff told us they always received a full handover, which included any changes in people's care at the start of their shift.

People's rooms were spacious and corridors were clear of obstructions for ease of access. There was a rolling programme of repairs and refurbishments to ensure the building was well maintained.
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 less restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff told us and records confirmed they had received training on the principles of working with the MCA and DoLS legislation. We observed that people were encouraged to make decisions about their care and treatment, their day-to-day routines and preferences. The registered manager and staff understood their roles in assessing people's capacity to make decisions. Capacity assessments were completed and best interests' decisions were agreed whenever people did not have the capacity to consent to their care and treatment. A relative said, "[Name of person] is always nice and clean. Sometimes he won't let them [staff] shave him but that's his choice." Another relative said, "[Name of person] won't do anything he doesn't want to do, the staff respect his wishes."

Good

Is the service caring?

Our findings

People received care from staff that they knew and happy with the care and support they received. One person said, "They [staff] are a good lot, look after me fine." Another person said, "I have no concerns, all the staff are good."

Relatives were also pleased with how staff cared for their family members. One relative said, ""They [staff] are quite pleasant, I see them chatting with the residents sometimes." Another relative said, "They [staff] appear to be nice and caring, I have not had any reason to think otherwise."

The registered manager told us that people were encouraged to maintain relationships that were important to them. Staff had received training in equality and diversity; staff respected people's wishes in accordance with the protected characteristics of the Equality Act. They were knowledgeable about the needs of the people using the service. They supported family and visitors to keep in contact and respected their individual preferences and routines. One relative said, "We visit at different times of the day and we have always been made to feel welcome, the staff always have time for us. They keep us informed about any changes in [Name of person's] health, they are excellent."

We observed staff treated people with warmth and kindness. They spent time with people, engaging in conversations and spoke to people with respect. Personal care was carried out in a way that preserved people's dignity and independence and always in private. One person said, "I always wash and dress myself, I'm quite independent."

People had personalised their rooms, for example, with photographs and small items of furniture.

Information on advocacy services was available for people to access if they needed support to make decisions or felt discriminated against under the Equality Act. There was a policy on confidentiality and staff received training on maintaining confidentiality. The sharing of information regarding people's care was only made available to people that had the right to access such information.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. The care plans gave sufficient information on the individual needs of people.

Staff ensured that people received the support they needed to mobilise safely. There was sufficient moving and handling equipment available to meet the needs of people using the service. People at risk of developing pressure sores, due to immobility and poor health, had pressure, relieving equipment in use and staff regularly checked the mattresses were working effectively.

The care plans contained information about people's histories, occupations, hobbies, interests and things that were important to them. The information helped the staff to get to know people better and assisted with opening up discussions with people, based on their interests. People or their legal representatives were involved with their care planning. One person said, "They [staff] sit and chat with me, we talk about my care." A relative said, "We discuss [Name of person's] care plan with the manager and we have a review meeting today." Another relative said, "As a family we all feel very involved in [Name of person's] care, we attend [Name of person's] care reviews, our views are always listened to." Records showed that care reviews took place regularly.

Activity staff employed at the service played a key role in provided a variety of individual and group activities for people if they wanted to participate. Representatives from local church groups visited the service to enable people to practice their chosen faiths. Community groups, musical entertainers and children from local schools visited to sing and entertain people. One person said, "I like doing crochet."

During the inspection, we observed a group of people took part in a game of carpet bowls and another group in bingo. One person went out with a member of staff to visit a local coffee shop and to do some personal shopping. People told us they enjoyed the activities at the service. Relatives said they were pleased with the activities provided at the service. One relative said, "[Name of person] joins in with some of the activities, particularly the bingo."

People were consulted about the activities provided at the service and had the opportunity to plan seasonal events and celebrations. At the time of the inspection the home was attractively decorated to celebrate Christmas, people told us they had been involved in decorating the home as much as possible. Some people told us that with the help of the activity staff they had made small Christmas cakes to give as presents to friends and family.

Some people using the service could not communicate their needs verbally. We observed that staff were aware of the communication methods used by individuals and quickly responded to their requests for assistance.

Concerns and complaints were listened and responded to and used to improve the quality of care. People felt confident that they could make a complaint. One person said, "I'm so happy with what they [staff] do, I

have never had to make a complaint, if I did I would talk to one of the nurses." Another person said, "I have no reason to complain, it's nice and caring here." A relative said, "I would just speak to the manager about any problems. One time [Name of person] was unshaven and I complained. The staff said [Name of person] wouldn't let them shave him." The relative said they were pleased that the staff respected the person's wishes.

Information was given to people on admission on how to raise any concerns or complaints. The provider had procedures in place to respond to people's concerns. Records showed complaints were responded to in line with the complaints policy.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. As and when people made their preferences known about how they wanted their end of life care provided. Their wishes were recorded in their care plans and kept under review. Staff told us, and records showed they had received training on end of life care, so they could fully support the physical and emotional needs of people when nearing end of life.

Good

Is the service well-led?

Our findings

At the last comprehensive inspection on 10 November 2016, we rated ''Well-led' as 'Requires Improvement'. The provider was also in breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. The manager had left the service in September 2013 and the provider had not appointed another registered manager. Sufficient arrangements were not in place to monitor and manage the quality and safety of the care and support provided in the service. At this inspection, we found the provider had taken the necessary actions to meet the breach in regulation.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager had developed and worked through effective action plans to develop the standard of care provided. People using the service, relatives, staff and health and social care professionals spoke highly of the registered manager. Staff said they had confidence in the registered manager's ability to manage the service. Health and social care professional said they had seen improvements at the service. The registered manager and senior staff had driven improvements in the care that people received by constantly assessing, monitoring and evaluating the quality of people's care. They had carried out thorough investigations into incidents and accidents and had made changes where necessary to reduce incidents.

The registered manager was aware of their responsibilities and their approach to management was 'hands on'. They had a good insight into the needs of people using the service and had good relationships with families. Relatives said the registered manager was very approachable. One relative said, "[Registered manager] always has an open door, you can speak with them at any time."

The service had an open culture, people using the service, relatives and staff had opportunities to influence the development of the service. Meetings with people using the service and relatives encouraged open discussion. One person said, "We have a residents meeting once or twice a year. I have also done a survey." Another person said, "We have meetings now and again. The owner [Provider] comes round and asks you if you are happy." Another person said, "I would rate the home 10/10, I am very content, I would move if I wasn't. There is nothing to improve." A relative told us they attended resident meetings. They said, "At the last meeting, the lack of staff presence during the handover period was discussed; [Name of registered manager] has taken action to address this."

Staff meetings encouraged staff to make suggestions and talk through ideas to improve care. Records of the meetings showed that feedback received from people using the service and relatives was communicated with staff.

Quality monitoring audits on all areas of the service were taking place. The registered manager was in the process of reviewing the provider policies and procedures, which was work in progress.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The registered manager had put the rating on display within the front entrance of the building. The provider did not have a website to display the rating.