

Kidderminster Care Limited

Brownhills Nursing Home

Inspection report

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

Tel: 01543374114

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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

About the service: Brownhills Nursing Home is service that provides accommodation, nursing and personal care for up to 50 people. At the time of our inspection, 45 older people were living in the home, some of whom may have a physical disability and/or dementia.

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

Rating at last inspection: At the last inspection the service was rated Requires Improvement. The report was published 18 March 2018.

Why we inspected: This was a scheduled inspection based on the previous rating.

People's experience of using this service:

- People continued to tell us they felt safe and well supported.
- Staff had a good understanding in how they protected people from harm, and recognised different types of abuse and how to report it.
- Incident reports were not reviewed in a timely way and action taken to address this was inconsistent. Potential risks to people had been identified and people had involved with decisions in how to reduce the risk of harm.
- There were enough staff on duty to keep people safe and meet their needs.
- People's medicines were managed in a safe way. However people's prescribed creams were not stored securely.
- Safe practice required improvement to reduce the risk of infection.
- People's care continued to be assessed and reviewed with the person involved throughout.
- People were supported to have a healthy balanced diet and were given food they enjoyed.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.
- Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice.
- Staff treated people as individuals and respected the choices they made.
- People's care was delivered in a timely way, with any changes in care being communicated clearly to the staff team.
- People were not always supported to maintain their hobbies and interests. The upstairs communal area did not always meet people's social needs.
- People had access to information about how to raise a complaint, where complaints had been received

the provider had managed these in line with their policy.

- The registered manager was visible within the service, they spent their time listening to people, relatives and staff.
- The registered manager had failed to consistently notify CQC of all notifiable incidents that happened within the service.
- The registered manager did not always clearly evidence action they had taken to address shortfalls reported within the service.
- The checks the registered manager made to ensure the service was meeting people's needs focused upon people's views and experiences.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

Enforcement: Action we told provider to take (refer to end of full report)

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Brownhills Nursing Home

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Inspection team: One inspector, a specialist advisor who was a nurse and an expert-by-experience in older people and dementia care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Due to technical problems on our part, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

Service and service type: This is a nursing home. It provides accommodation, personal care and treatment of disease disorder and injury for up to 50 people. It provides a service to older adults who may have physical disability and/or dementia.

Notice of inspection: This was an unannounced inspection.

What we did;

Before inspection:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities. We also checked records held by Companies House.

During inspection:

- We spoke with 15 people who used the service and two relatives.

- We spoke with the seven care staff, the activities co-ordinator, two nurses, the deputy manager, the registered manager and the provider. We also spoke with the visiting GP, the advanced nurse practitioner, a social worker, a Quality Improvement Lead Safer Provision and Caring Excellence (SPACE) and two staff from West Midlands Care Association who were providing dementia care training to staff on the day.
- We looked at aspects of four peoples care records, medicine records, nutritional information, incidents and accidents, audits of care records, medicines policy, activities, staff meeting minutes and the complaints procedures.

Is the service safe?

Our findings

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

At our last inspection on 22 November 2017, this key question was rated "Requires Improvement" and we asked the provider to take action to make improvements to staffing levels, and this action has been completed. However, we found another area which requires improvement, therefore, the rating for this key question has remained at "Requires Improvement". A breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) was also found.

Requires Improvement - Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living in the home and staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns.
- However, where staff had recorded safeguarding incidents, the registered manager could not evidence that these were consistently reported to the Local Authority. While we found the registered manager took steps to keep people safe, we found that whilst some incidents had been reported, other incidents of a similar nature had not. The registered manager agreed that the incidents we had reviewed should have been reported to the Local Authority and notified to the CQC.

This is a breach of Regulation 13 (3) Safeguarding service users from abuse and improper treatment

Using medicines safely;

- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. However, we found that there was a lack of safe storage in people's bedrooms to store people's prescribed creams.

Assessing risk, safety monitoring and management.

- We saw that the kitchen door was propped open which was opposite the communal area. Within the entrance to the kitchen was a hot water urn, which was used by staff to make hot drinks. We discussed with the registered manager the potential risk of harm to people, who may enter the kitchen and whether this had been risk assessed to be safe. We had read in one incident that a person had been found by the external kitchen door. The registered manager advised this potential risk had not been recognised previously, but would be reviewed immediately to reduce the risk of people potentially coming to harm.
- Staff supported people in a way which kept them safe while maintaining their independence. For example, the staff were aware of who was at risk of pressure sores, and how to monitor and mitigated these and worked with external healthcare professionals where appropriate.

Staffing

- People told us there were enough staff on duty to meet their needs in a timely way.

- Staff told us there were sufficient numbers of staff on duty, and that the increase in staff numbers during busy periods was working well.
- The registered manager understood people's individual support needs and what skill mix of their staff was required to keep people safe.

Preventing and controlling infection

- People told us their rooms and communal areas were cleaned daily. We found the home was clean and odour free, however we saw some people's chairs were stained and dirty.
- People who required a hoist to mobilise did not always have their individual slings, we saw one sling being used to support different people to the toilet, which was labelled for a person who no longer lived in the home. Staff were unable to evidence how they kept the slings clean in-between each use of different people. The registered manager said that the chairs were cleaned daily, and that all people should have their individual slings. They told us they would complete a check of all slings to ensure they were assigned to the right person.
- We saw staff wearing gloves and aprons where required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated "Requires Improvement". At this inspection we found this had improved to "Good".

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they were involved in the assessment of their care from the beginning.
- Staff had good methods of communication and nurses reviewed people's care plans to ensure people received the most up to date care and support.

Staff support: induction, training, skills and experience

- People told us permanent staff were confident in their approach and had the knowledge and abilities to meet their needs. Agency and new staff worked alongside more experienced staff who knew people well. One person told us, "Yes, the new and agency staff get help from the staff who have been here longer."
- Relatives told us they were happy with the way their family members were cared for and were confident in the staff's abilities to care for their family member.
- The provider had a comprehensive induction for new staff, and training ran throughout the year, to keep staff up-to-date with best practice. Staff had access to a wide range of external training, from oral care, to how to check for early signs of health deterioration to prevent hospital admissions. There was a good skill mix of staff on duty at the time of our inspection.
- Regular spot checks and competency assessments were carried out to ensure staff were applying their skills and knowledge in the right way.
- Staff were confident in the care and support they provided. They told us they had received training and support from visiting healthcare professionals to refresh their knowledge and keep up to date with new practices.

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

- People, relatives and staff told us the quality and variety of food offered had improved.
- People told us staff knew of their dietary requirements and their likes and dislikes. They told us they were given a choice of food to eat during the day and had access to fresh fruit and snacks if they wanted.
- Staff monitored people's weight to ensure this remained stable and actions were taken when people's weight changed unexpectedly. All people had their fluids monitored to ensure they were drinking enough to keep them healthy.
- People who had percutaneous endoscopic gastrostomy (PEG) were supported by the nurses who knew how to care for them. A PEG is a special tube which goes into the stomach through the abdomen wall so that nutrition and fluids can be placed directly into the stomach.

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

- Staff supported people to attend health appointments, opticians and dental appointments, so they would remain well. The GP visited weekly, but people told us they could also see their GP if they became unwell.
- Staff understood people's health needs and gave us examples of advice they had followed from the external healthcare professional who was involved in their care, so people would enjoy the best health outcomes possible.
- Two visiting healthcare professionals told us the staff contacted them at the appropriate times and followed their guidance and advice.

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

- The home had been adapted and extended over the years, which meant hallways were difficult to navigate. The registered manager had put signage up, to help people recognise where they were going.
- People had the right equipment in place to meet their needs, such as specialised beds, baths and hoists.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them.
- Staff applied the Mental Capacity Act principles in the way they supported people.
- The registered manager worked with healthcare professionals to understand whether people had capacity to make decisions about their care and treatment, and best interest meetings were held where applicable.
- Where people had DOLS in place, the registered manager ensured any conditions within these were being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection, on 22 November 2017 this key question was rated "Requires Improvement". We asked the provider to take action to make improvements to promote people's dignity, and this action has been completed. At this inspection we found the rating had improved to "Good".

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt the staff who supported them were kind and helpful. One person said, "They are very good to me here." A relative told us, "The staff are very attentive."
- We saw staff supported people in a respectful way, taking the time to explain what was happening, for example, when they were being supported with the hoist.

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

- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence. One person told us how they were returning to their home they lived in before moving into Brownhills. They told us, "The staff have been really nice, and they don't want me to go."
- Relatives told us staff supported their family member well. One relative said, "The permanent staff are spot on with the care they give."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated in a dignified and respectful way and we saw staff were respectful towards them at all times.
- Relatives told us their family members were treated well by staff and their privacy was maintained.
- Staff told us they respected the person's privacy by ensuring information about their care and support was protected and only shared with their consent.
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated "Requires Improvement". This was because not all care staff were aware of people's needs. At this inspection we found the rating remained "Requires Improvement".

Requires Improvement - People's social care needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff respected their wishes, such as when they would like to get up in the morning. Staff spoken with were able to describe people's preferences and how they liked to be supported.
- People enjoyed the activities that were held, such as bingo and crafts. They looked forward to theme days organised at home, such 'the seaside' or 'the pub'. People spoke highly of the activities co-ordinator and said they appreciated the effort they made to visit them every morning to see how they were.
- There were two large communal areas within the home, however, the communal area upstairs was not designed to meet people's needs. Chairs were placed along the walls of the lounge, with four small dining tables in the centre. Over the two days of our inspection we saw people remained in their armchairs to eat their meals, play bingo, watch television and listen to music. We saw that people remained in the chairs for most of the day, only moving to go to the bathroom. People told us it was difficult to talk to each other, as the chairs were not in groups and with the television or music always on, made it noisy in the room. Some people told us that they would appreciate a quieter area, with more reading books being available to them, or knitting for example. We found there was a third communal room within the home, this was unfurnished. The registered manager told us this was used for the themed events and some staff used it for training.
- People and staff told us that they made good use of the garden during the warm weather, but other than this, staff did not take people out regularly to any local places such as the shops, parks, church or the pubs. Staff told us they would be happy to volunteer their time to enable people to go out more, but this did not happen.
- Staff confirmed and we saw they were kept up to date with people's changing needs. We saw how staff worked together to make positive changes to people's lives, such as supporting a person to spend more time out of their bed, with the use of a specialised chair. Staff also said they felt it was important to listen to people as this was the best way to learn.
- People's care needs were continually reviewed and assessed to ensure the care provided was in-line with the person's support needs and wishes.

End of life care and support

- Staff had received training in how to support people with their end of life care. Conversations were had with people and where appropriate their relatives to ensure their wishes and requests were known and carried out. The registered manager told us that these conversations were held in a sensitive way, but where possible, before the person was at their end of life, so that people had time to consider their wishes.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint.
- People and the relative told us they knew how to raise a complaint if they needed to but were very happy with the service provided. People felt comfortable to approach staff and the registered manager, and told us that any concerns were addressed immediately. One person said, "Yes, I complained about the bed. Two nights ago, they put a new mattress on; I sleep much better now".
- Where the provider had received complaints these had been investigated and responded to in line with the providers complaints policy.

Is the service well-led?

Our findings

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

At our last inspection, on 22 November 2017 this key question was rated "Requires Improvement" and we asked the provider to take action to make improvements to staffing and training, and this action has been completed. However, we found another area which required improving, therefore, the rating for this key question has remained as "Requires Improvement".

Requires Improvement - Service management and leadership was inconsistent.

This is the sixth time the location has been rated Requires Improvement. However, it should be noted that there are more aspects of "Good" within all key questions of the report and previous breaches in Regulation have been met. We can see that since the last inspection, the culture within the home has improved, all staff we spoke with were passionate about their roles, and how each staff member was involved in making improvements to the service.

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

- We found that the checks the registered manager did were not always consistently applied. For example, the registered manager had reported some notifications of allegations of abuse to the CQC, but we found six incidents that met the threshold to be reported, but found these had not been.

This was a breach of Regulation 18 of the Registration Regulations 2009, Notifications of other incidents.

- Incident forms were not consistently reviewed in a timely way. For example, we found some incident forms were reviewed at the end of each month. This meant there were potential delays in determining if the correct action had been taken to address the concern.
- Incident forms were not always fully completed, for example, where a person had missed their medicine, it could not be evidenced that the person's doctor had been contacted or whether they had come to harm. The registered manager had reviewed these incident reports and had satisfied themselves that no harm had occurred, but could not demonstrate that this missing information had been addressed with the staff member, nor evidence whether the staff member may need additional training or competency checks in the administration of medicines.

Continuous learning and improving care; Working in partnership with others

- People, relatives, staff and the management team felt the service had greatly improved since the last inspection. The registered manager said, "We weren't in a brilliant place last November [2017], but we've had a big recruitment drive and we have some lovely staff working here."
- Staff told us how they felt listened to, as their requests for additional staffing, training and supervisions had been responded to and were now in place. Staff told us they had good communication, and felt that

they were a good staff team who supported each other.

- People and relatives could not think of anything they wanted to improve about the running of the service and were happy with the way things were.
- One staff member said, "The repetition in the care plans is a problem." We saw the care files were large, and not always clearly presented. For example, where there were changes in people's care, these were updated on a 'pre-assessment form' which had been initially completed before the person moved into the home. We also found that where a risk had been identified when a person's care had been planned, these were not aligned to people's care plans to clearly demonstrate how staff were to mitigate the risk.
- The registered manager had recognised this and had begun working with staff to improve the care records. They had already started making positive changes, such as more detailed fluid charts and adding additional information on the handover sheet for staff to use as prompts. They told us, "We audit the care records, but maybe we'll hold a care planning workshop to review the paperwork."
- We spoke with Quality Improvement Lead (SPACE), and received information from them following the inspection. They told us, "The management team are well represented at the Clinical Commissioning Group quality forum and make valuable contributions. Training and development for staff is seen as a priority. The management team are actively involved in supporting improvements and staff at all levels are empowered to suggest ideas." We saw that staff understood and applied the principles of best practice which had been gained from the SPACE initiative.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People knew the provider, registered manager and deputy manager well. People felt they listened and were responsive to their requests. The registered manager knew people well and understood their care and support needs in order to ensure the staff were supporting them in the right way.
- Relatives felt the service was well run, by a management team who cared. They told us management were always visible within the home and approachable to talk to. Relatives told us that where appropriate they were informed of incidents in a timely manner.
- Staff said they worked well as a team and felt supported by management in their role. Staff told us that the provider and registered manager was visible within the service and were approachable and responsive to their requests. For example, where new wheelchairs were required, these were ordered promptly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.</p> <p>The registered manager did not have a consistent approach to responding to allegations of abuse.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not consistently notified CQC of incidents in relation to allegations of abuse.

The enforcement action we took:

We issued the provider with a fixed penalty notice.