A.G.E. Nursing Homes Limited

Brockfield House

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out our inspection on 18 September 2017. The inspection was unannounced.

At the last Care Quality Commission (CQC) inspection in October 2015, the service was rated Good in all domains and overall with Requires Improvement in Well-led because the service did not have a registered manager. Since that inspection a registered manager had been appointed and we have rated Well-led as Good.

Brockfield House is a residential nursing home for up to 45 people older people some of who are living with dementia or have issues with mental health. It is located in Stanwick, a village near Wellingborough. Accommodation is on two floors. There are four communal lounges and a dining area. People have access to an enclosed courtyard garden. At the time of our inspection 43 people were using the service.

The service was managed by 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 and associated Regulations about how the service is run. The registered manager understood the responsibilities associated with their registration.

Staff understood and put into practice the provider's procedures for safeguarding people from abuse and avoidable harm. Only staff that were assessed as suited to work at the service were recruited. There were enough suitably skilled staff to meet the needs of people using the service.

Suitably trained staff supported people to take their medicines. The management of medicines including administration, storage and recording were safe.

People using the service were supported by staff who had received relevant and appropriate training. Staff were supported through effective supervision and training. Staff understood the relevance to their work of the Mental Capacity Act 2005. They sought people's consent before they provided care and support. 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 understood people's dietary requirements and supported people to eat a balanced diet and promote healthy eating. Where required, people's food and fluid intake was recorded and monitored. People were supported to access the relevant health services when they needed to.

We saw several interactions between people and staff and it was evident that staff were considerate and caring. People were able to participate in a variety of meaningful activities that reflected their hobbies and interests. People received care that reflected their preferences.

People were involved as far as they could be in the assessments of their needs and in regular reviews of their plan of care. They were provided with information about their care and support options and were involved as far as they could be in decisions about their care and support. Relatives told us they felt involved.

Staff respected people's privacy and dignity.

People knew how to raise concerns if they had any. The provider acted on concerns people had raised.

Social activities helped people at Brockfield House become an integral part of the local village community.

There were effective procedures for monitoring and assessing the quality of service that promoted continuous improvement.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Not all care records provided assurance that people received the care and support they should have received.

People were supported to participate in activities.

The service had a complaints procedure people and relatives could use to raise concerns.

Is the service well-led?

Good

The service was well led.

The service was managed by a registered manager.

People's views and experience were used to improve the service.

The were effective procedures for monitoring and assessing the quality of the service.

Brockfield House

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 unannounced on 18 September 2017.

The inspection team consisted of two inspectors 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 service. The expert by experience for this inspection had experience of caring for and supporting older people living with dementia and mental health.

Before our visit we reviewed notifications the provider had sent to the Care Quality Commission about incidents that had occurred at Brockfield House. Notifications are events a provider has to tell us about, for example incidents that occur between people using the service or incidents where a person is threatened or harmed.

On the day of our site visit we spoke with seven people, four relatives and a life-long friend of a person. We observed how staff interacted with people. We spoke with the registered manager, two nurses, five care workers, an activities co-ordinator and the cook.

We looked at five people's care plans and associated records. We reviewed information about the training and support staff received. We looked at two staff recruitment files to see how the provider operated their recruitment procedures. We reviewed records associated with the provider's monitoring of the quality of the service. These included surveys and audits.

We contacted Healthwatch Northamptonshire, the local consumer champion for people using adult social care services, to see if they had feedback about the service.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. A person told us, "I do feel safe [because] they look after us well." Another person told us when we asked whether they felt safe, "Oh crumbs, yes I'm safe." Their relative told us, "Oh yes, he is safe. The place is so lovely, it's clean and tidy and the staff are so friendly." Another relative said, "It is definitely the safest place for [person]."

Staff continued to support people to be safe. They were knowledgeable about people's behaviours and recognised when people showed signs of anxiety and behaviours that could upset other people. A person told us, "It's a bit worrying sometimes, people shouting and throwing things." They added that staff support them when this happened and said, "They [staff] do very well" at those times. Staff used safe non-physical intervention techniques they had been trained to use when people presented behaviour that others found challenging. A relative told us, "The carers [staff] are very aware about people's behaviours. Some people can be difficult, but the carers are really good with them." We saw staff supporting people safely when they presented behaviours that challenged other people. Staff supported people in a calm manner, explained that their behaviour may upset other people and ensured every person in the vicinity was safe.

Staff we spoke with had a comprehensive understanding of the provider's safeguarding procedures. They knew how to recognise signs of abuse or potential abuse and report it. They had used the provider's procedures for reporting safeguarding concerns and events such as incidents between people and when people were injured as a result of a fall. Their reports were acted upon by the registered manager and actions were taken to reduce the risk of similar events occurring again. Staff told us they were confident about raising any concerns because it was their experience that the registered manager listened to them and acted.

People's care plans included detailed assessments of risks associated with people's care routines and patterns of behaviour. The risk assessments were reviewed after incidents, for example if a person had a fall. Action was taken to reduce the risk of people from experiencing falls or injuries from falls in the future; for example installing sensor mats that alerted staff that a person had got out of bed at night and should be supported or fall mats to protect people from an impact injury.

The service had plans about how to support people in the event of an emergency, for example a fire. There were regular fire drills to ensure staff knew how to protect people. The registered manager had reviewed the fire safety arrangements following reports about fires in public buildings and at the request of CQC.

The registered manager had effective procedures for ensuring that enough suitably skilled and experienced staff were available to meet people's needs. Staffing levels were based on people's assessed needs and levels of dependency. This meant that as people's dependency levels increased, staffing levels were increased. At least eight care workers were on duty during the day in addition to two nurses. We compared staff training records with rotas and we found that enough suitably trained staff were on duty. Care workers were able to focus on supporting people because the service employed domestic staff to perform duties such as cleaning and cooking. People told us that staff responded quickly when they used their call alarms.

Staff we spoke with told us they felt enough staff were on duty.

The provider had effective recruitment procedures that ensured that only suitably skilled and qualified staff were employed to work at the service. All the necessary pre-employment checks were carried out before someone started working at Brockfield House. These included a Disclosure Barring Service (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using care services out of the workforce.

People were supported to have their medicines as prescribed by their doctor. Two people we spoke with were able to tell us that they had their medicines at the right time. Records we looked at confirmed this. Only nurses and staff who were trained in medicines administration supported people with their medicines. Their competence to continue to do so was assessed annually. Arrangements for the storage of medicines were safe as were arrangements for disposing of medicines that were no longer required.

Good

Is the service effective?

Our findings

People were supported by staff that had the appropriate skills and knowledge to be able to meet their needs. A person told us, "The staff are all excellent."

The staff we spoke with had worked at Brockfield House from between two months to over four years. They all told us they had received good training that equipped them with the skills they needed to support people. One told us, "My induction training was really good. I learnt all about the policies and procedures at the home and about the people who live here; what they like or dislike and how they should be supported." Care workers received training about how to effectively communicate with and support people when they presented behaviour that challenged. We saw care workers apply that training when people raised voices or spoke in ways that distracted other people. Care workers told us that training had been helpful because it gave them the confidence to support people in those situations. Two relatives, referring to an incident where staff supported people told us, "There is an example of staff doing a good job. It is very hard for them to keep an eye on so many people doing different things."

Care workers told us that they felt very well supported through training. One told us, "The training has been really good. It was enough to help me to care for the people here. We can also request additional training which is good." The training including 'shadowing' an experienced colleague to learn how people liked to be supported. Carer workers told us they found that most helpful. A care worker told us, "That was a really good way to get to know people." They supplemented their knowledge about people's needs by reading their care plans during their induction period. A care worker told us, "The training was helpful because it helped me understand about people's needs, it gave me confidence and means I really enjoy my work."

Staff were also supported through regular supervision meetings where their performance and training needs were discussed. A care worker told us, "The supervisions are helpful. We get feedback about our performance. When I've asked for additional training the manager arranged it." Care workers told us they were supported to study for further qualifications relevant to working in adult social care or as a 'springboard' to further their career.

Communication between staff was effective. They shared information about people and their daily needs in writing in 'handover' meetings which ensured that people received continuous and consistent support from staff arriving for their shifts.

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.

A small number of people were subject to a DoLS authorisation. Those people lacked mental capacity to make decisions about their care and support. Decisions were made in people's best interests to ensure they receive the care and support they required. For example, a person had bed-rails on their bed, which though a restriction, protected them from falling from their bed and injuring themselves. Staff we spoke with understood their responsibilities under the MCA. They sought people's consent before providing care and support.

People were supported to have a healthy and balanced diet. They were offered a choice of a variety of meals. People who required support with eating or who had special dietary requirements, such as food supplements, received that support. For example, people who were diabetic or who required pureed or soft food diets were supported to have food that met their nutritional needs. Where required, people's food and drink intake was recorded so that it could be monitored. Where monitoring identified that people had unplanned weight loss or who were eating less than was recommended referrals were made to a dietitian. However, the quality of record keeping was not consistent. We saw food and fluid charts that were properly completed but others that had gaps in information, for example people's recommended fluid intake was not shown. This meant that some records were of less value in terms of monitoring people's nutritional needs. We recommend the provider introduces guidance for staff about how to complete food and fluid charts.

People told us they enjoyed their meals. A person told us, "I like the food. It's very good indeed. I have enough." People's food preferences, which were detailed in their care plans, were respected and people had meals of their choice. A person told us, "They know what we like, I enjoy my food it's always well cooked." We saw at a meal time that people were supported to eat and drink in a way they preferred. When people were supported with a drink or with their meal, the staff sat by them and supported in a discreet manner, they talked to them throughout and made sure they were comfortable and happy.

Staff supported people to receive support from health services such as podiatrists, dentists and opticians when they needed them.

Good

Is the service caring?

Our findings

People told us they were cared for with "kindness" and "respect." A person told us, "I like it here. The staff are nice, they make time to sit and talk with me." Their relative said, "The staff are very friendly, very caring. I like coming here." Another person's relative said, "I have never seen anything to concern me and I have never seen the staff treating people with disrespect." We saw several written compliments from relatives about how kind staff were. Comments included, 'We cannot thank you enough for your help and kindness' and 'Thank you for the kindness you showed to us.'

Staff were knowledgeable about people's preferences, likes and dislikes and what was important to them. People told us that staff spoke with them about things that interested them. A person told us, "The staff talk to me about railways", another person told us staff spoke to them about their home-town. The registered manager promoted that type of interaction because it meant people and staff had positive and meaningful interactions.

Staff had developed caring relationships with people. They were supported to do so during their induction training and subsequently through reading people's care plans and talking with people and their relatives. A care worker told us, "Our training included getting to know how people communicated and how to interpret their body language. That helped me get to know them." Throughout our inspection we saw staff and people engage with each other in a friendly manner. Staff were always attentive to people's needs. At lunch time, staff ensured people were comfortable. When a person became anxious because another person had taken their handbag, staff dealt sensitively with this and supported both people to be calm and relaxed. This showed that staff had applied their training and put it into practice.

Staff involved people in decisions about their everyday care and support. A person told us, "Staff talk with me and ask me how I want to spend my time and where I want to be." That person enjoyed spending time in a quiet room at Brockfield House and staff supported the person in that room. They had their drinks and meals there. Staff told us they offered people choices about where to spend their time and what to wear. Staff used 'objects of reference', for example clothes and pictures, to communicate choice to people who had limited verbal communication skills. Relatives told us they felt involved and well informed about their parents. One told us, "I've been involved. I've made suggestions about what [person] likes and staff have taken these on-board."

The provider promoted people's dignity, respect and privacy through staff training and support and policies and procedures. We saw staff treating people with dignity, for example when they checked with people whether they required support with personal care. They spoke discreetly and with communication people understood. We saw this happen when staff recognised that a person appeared in discomfort during a meal time. Staff very quickly went to their aid, maintaining their dignity and supporting them out of the room, limiting upset to the person and others in the vicinity.

A care worker told us, "We try to make people feel that they matter to us and to encourage them to do as much as they can for themselves." We saw that in practice when a care worker asked a person if they wanted

to try to stand from the seat unsupported. The person did so whilst a care worker stood alongside them offering encouragement and praise. Staff did this to give people a sense of independence.

Staff respected people's privacy. They stayed in the background and did not intrude into peoples' space unless they were invited to or to check whether people required support. For example, a person who liked to sit apart from other people was not interrupted apart from when staff asked them if they wanted a drink or to check they were comfortable. The person told us, "I like being in this room because it's peaceful. They [staff] check every so often to make sure I'm alright."

People were able to receive visits from relatives and friends when they wanted because the provider did not unduly restrict visiting hours.

Requires Improvement

Is the service responsive?

Our findings

Some care records did not consistently provide assurance that people always received their care as planned. A person's care plan stated that a person should be repositioned every two hours to reduce the risk of them developing a pressure ulcer. Staff we spoke with told us the person required repositioning every three to four hours. However, records for 16 and 17 September 2017 showed one interval of five hours and two of six hours in between repositioning. This meant there was a risk that people who required support with repositioning did not always receive the support when it was required. As a consequence they could develop pressure ulcers.

We recommended that the registered manager introduce support for staff on how to complete repositioning charts. A week after our inspection they confirmed they had done this .

People using the service participated in the planning of their care as far as they were able to do so. They were involved in the assessments of their needs. Their participation and involvement was effective because it helped the service to develop plans of care that were centred on people's needs and preferences. A person told us, "They [staff] do everything I want and they never seem to mind."

People's care plans included detailed information about their needs and how staff should support people. Staff told us they read the care plans and found them to be helpful. The plans included guidance for staff about how to support people with their needs. The care plans also included information about people's past lives and their interests.

An activities co-ordinator used that information to develop a range of activities that were stimulating and meaningful. Those activities catered for people's health, social and spiritual needs. For example, activities included physical exercises people could do whilst seated; throwing games to help people maintain hand and eye co-ordination and walks into the local village. Some activities were associated with people's past working lives. For example, a person who once ran a restaurant liked to tidy tables. Another person preferred to sleep in the day and be more active at night.

People's care plans were reviewed by every month by nurses. They involved people but most people were not able to make a meaningful contribution. Relatives were invited to the reviews. A relative told us they felt both involved and well informed about their parent's care. Care plans were also reviewed every six or 12 months with people's social workers if they had one.

Social activities included picnics in the local village, visits to a local café and post office which was a social hub in the village. People were preparing to participate in a village 'scare-crow weekend' the weekend after our inspection. That and other activities were aimed at making Brockfield House an active participant in the local community. They also brought people together which reduced the risk of people feeling isolated. The activities co-ordinator had contacted faith leaders to find ways of supporting people to attend religious services. Some social events celebrated people's diversity, for example Chinese New Year. Staff worked with people's relatives to support people to have home-made meals that reflected their culture. Staff had

conversations with people about their hobbies and interests and supported people with those. A person told us they knitted in their room. The activities co-ordinator kept records of who participated in activities. This enabled them to monitor which activities were successful and identifying other activities for people who did not participate.

People's views were sought through every day conversation and from relatives when they visited.

People and relatives were provided with the information they needed about how to make a complaint. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. We saw that complaints were investigated by the registered manager and responded to in detail. Changes to people's care were made as a result of learning from complaints. For example, information about a person's preferences that emerged from a complaint was used to ensure that care workers provided care and support in a particular way that a person preferred.

Good

Is the service well-led?

Our findings

At our last inspection in October 2015 the service did not have a registered manager. We rated the service as requiring improvement. A registered manager was in place from December 2016. 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 and associated Regulations about how the service is run.

The registered manager understood their responsibilities. They ensured there were arrangements to keep CQC informed of events at the service. 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. We found the provider had conspicuously displayed their rating in the reception area.

Relatives we spoke with told us they felt the service was well run. Staff unanimously told us the service was well managed and that the registered manager and nurses, who made up the management team, supported them to provide good quality care. A care worker told us, "The training by the manager was really good, very practical. She brought in specialists for some training, for example about moving and handling." Good care practice was promoted through observation, supervision and guidance by the registered manager and nurses. A care worker told us, "A lot of the training was about getting to know the people who live here and making them feel they matter." Staff felt they felt motivated because of the support they had. A care worker told us, "The nurses and manager are really good. I feel well supported and motivated; it is a very good team." The registered manager operated is a system of staff memos to remind staff about best practice and refer them to guidance.

The service and the provider had an open and transparent culture. When complaints were made the registered manager provided complainants with frank and open explanations of what had gone wrong. A system of staff memos was used to provide feedback and guidance to staff to support them to avoid similar events happening again.

The service had become an integral part of the local community through social events that were organised for people using the service and local residents. These activities enabled people to socialise with people in their local village helping them to be an integral part of the local community. We saw compliments from local residents saying how much they enjoyed the barbeque.

The service had effective arrangements for monitoring and assessing the quality of service. These included a schedule of audits that were carried out by the registered manager and nurses. The audits included checks of record keeping by staff. Whilst incomplete records were identified action had not been taken to address this. The registered manager acted on our recommendation to support staff to be more consistent with their record keeping.

The registered manager was committed to improving the service. They had acted on recommendations in

an audit by the Northamptonshire Clinical Commission Group. The views of people using the service, their relatives, staff and health professionals who visited the service were sought through an annual survey. The most recent survey results were positive. The surveys provided people with an opportunity to give feedback about their experience of the service and the quality of care provided. This meant that the registered manager was able to come to an informed view about the quality of the service.