Dr & Mrs A P Matthews

Brookholme Croft 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?	Requires improvement
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was unannounced and took place on the 22 July 2015.

Brookholme Croft Nursing Home provides accommodation, nursing and personal care for up to 45 older adults. This includes care for some people who may be living with dementia or receiving end of life care. At the time of our visit, there were 44 people living in the home, including 22 people receiving nursing care and some people living with dementia. There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

At our last inspection in March 2014, people were not fully protected from risks associated with unsafe or unsuitable premises. This was a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2010, which corresponds with Regulation 12, of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following that inspection, the provider told us what action they were going to take to rectify the breach and at this inspection we found that improvements were made.

People said they felt safe in the home and relatives and staff were confident that people received safe care in safe surroundings.

People were protected from the risk of harm and abuse and they were safely supported in a clean and well maintained environment. Arrangements for staff recruitment and deployment and for managing known risks to people's safety helped to protect people from harm and abuse. People's medicines were safely managed.

Emergency plans were in place for staff to follow in the event of any forseen emergencies in the home. Fire safety improvements previously required by the local fire authority were completed by the provider in May 2015.

People were happy with and regularly consulted about their care and the meals provided. People's health and nutritional needs were being met. People were supported to improve and maintain their health in a way that met with their preferences and any instructions and advice from external health professionals when required. The provider's arrangements helped to make sure that people received care based on recognised practice, which met their needs and was delivered by appropriately trained and supported staff.

People's consent was sought before they received care and where people lacked capacity to consent to their care and treatment, appropriate authorisation was sought.

People were treated with kindness and compassion by staff that maintained their dignity and privacy and mostly but not always treated people with respect. Staff understood and usually followed the provider's aims and values for people care to promote their equality, rights, safety and involvement. Related training, support and regular checks of care practice helped to promote this.

People, their relatives and staff were mostly informed and involved in understanding and agreeing people's care needs. However, they were not always fully informed or involved in relation to people's end of life care needs, which were otherwise met by kind, compassionate staff, who were appropriately trained and supported.

People received care in a timely manner when they needed assistance from staff who knew them well. Staff understood and supported people's known daily living preferences, routines and choices and their independence. Further environmental improvements were in progress to help to promote people's inclusion and independence.

The home was usually well managed and run and people, relatives and staff were confident about this. The provider's arrangements for consultation and to regularly check the quality and safety of people's care helped to make sure people received safe and effective care. Staff understood their roles and responsibilities and they were supported to raise any concerns they may have about people's care.

Records were accurately maintained and securely stored. The provider had usually notified us of important events that happened in the service.

Summary of findings

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 safe.

Improvements were made in emergency planning arrangements and to protect people from risks associated with unsafe premises.

People felt safe at the service and they were protected from the risk of harm and abuse. Arrangements for managing known risks to people's safety and the recruitment and deployment of staff were robust. People's care and safety needs were being met and people medicines were safely managed.

Good

Is the service effective?
The service was effective.

People's health and nutritional needs were being met in consultation with them. People were supported to improve and maintain their health in a way that met with their preferences and external health professionals' directives when required.

People's consent or appropriate authorisation was sought before they received care and treatment; which was based on recognised practice and delivered by appropriately trained staff.

Good

Is the service caring?
The service not always caring.

People were treated with kindness and compassion and staff maintained their dignity and privacy. Staff mostly, but not always, treated people with respect.

People, relatives and staff were mostly informed and involved in the care provided. They were not always fully informed or involved in relation to people's end of life care needs; which were otherwise met by kind compassionate and appropriately trained staff.

Requires improvement

Is the service responsive?
The service was responsive.

People received care in a timely manner from staff that knew them well and supported their preferred daily routines, choices and lifestyle preferences.

Further environmental improvements in progress helped to promote people's inclusion and independence.

Good

Is the service well-led?
The service was well led.

The home was well managed and run and staff understood their roles and responsibilities. The provider's arrangements for consultation and checking

Good

Summary of findings

the quality and safety of people's care helped to make sure it was safe and effective. The provider had usually, notified us of important events that happened in the service and they provided a reasonable explanation for a delay.

Brookholme Croft 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.

We visited the home on 22 July 2015. Our visit was unannounced and 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.

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

During our inspection we spoke with 14 people who lived at the home and 8 relatives. We spoke with four nurses, including the registered manager and four care staff, including two seniors. We also spoke with the provider's business manager. We observed how staff provided people's care and support in communal areas and we looked at 7 people's care records and other records relating to how the home was managed. For example, medicines records, meeting minutes and checks of quality and safety.

Good

Is the service safe?

Our findings

At our last inspection in March 2014, people were not fully protected from risks associated with unsafe or unsuitable premises. This was a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2010, which corresponds with Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following that inspection, the provider told us what action they were going to take to rectify the breach and at this inspection we found that improvements had been made.

In May 2014, the local fire authority told us the provider had met the requirements of their fire safety enforcement notice, which they served to the provider in May 2013, following concerns we raised with them about fire safety in the home.

At this inspection people and their relatives were confident about the safety of the premises and people said they felt safe there. One person said, "Yes, I do feel safe here and my family are happy about this."

We saw that the premises were clean, safe and well maintained. Emergency plans were in place for staff to follow in the event of any emergency in the home. For example in the event of a fire alarm. Routine fire safety checks and staff fire drills were being regularly undertaken and recorded.

Information was displayed, which informed people about what to do if they witnessed or suspected the abuse of any person receiving care at the home. Staff knew how to recognise and report abuse and they were provided with regular training and appropriate procedures to follow in any event. This helped to protect people from the risk of harm and abuse.

Since our last inspection, the registered manager had not notified us of the alleged neglect of one person using the service until we asked them to. The registered manager was able to provide a reasonable explanation for the delay. Information we received told us that the service had liaised appropriately with the relevant local and police authorities concerned with investigating the allegation, which was not substantiated.

People's medicines were being safely managed. People we spoke with said they received their medicines when they needed them. We observed staff giving some people their medicines and saw that this was being done safely. For example, one person was prescribed medicines, which were given to them regularly and a pain relief medicine, to be given at the times they needed it. At lunchtime we observed that, staff took the person's regular medicines to them. They took time to check with the person if they needed any of their pain relief medication and the reason for this. This helped to make sure the person received their medicines safely and for the reason they were prescribed.

Staff told us about one person living with dementia who had sometimes needed their medicines to be given covertly to keep them safe. Covert medication refers to medication that is hidden in food or beverages. Staff explained that because of the person's health condition, they sometimes refused their medicines and didn't always recognise them as important for their physical health. Staff, were able to describe a consistent approach to support the person to take their medicines; in a way that helped to negate the need for the medicines to be given covertly. The person's medicines administration record (MARs) showed that this approach was working because they usually accepted their medicines when they were offered to them. However, there was no care plan protocol for staff to follow when the person's medicines needed to be given covertly. There was also no record to show multi-disciplinary agreement for this from the relevant health professionals concerned with the person's care and treatment. We discussed this with the registered manager who agreed to take this necessary action to address this. They have since confirmed this has been completed.

All nursing and care staff responsible for people's medicines told us they received training for this to an advanced level, which also included an assessment of their competency to administer people's medicines. Staff training records reflected this and showed that staff received relevant updates or refresher training when required.

People, their relatives and staff told us that staffing arrangements were sufficient for people's care needs to be met. One person told us, "There's plenty of staff around; you never have to wait long here for your buzzer (room call bell) to be answered." One senior staff member expressed pride that there were "very few injuries to people from falls at this home;" and records supported this.

Staffing arrangements were sufficient to meet people's care and safety needs. Staff described appropriate

Good

Is the service safe?

arrangements for their recruitment and deployment and related records showed this. During our inspection, we that observed that staff, were available when people needed them and they supported people safely. This included supporting people with their mobility and medicines. People's care plan records showed that known risks to people's safety were identified before they received care. Staff followed people's written care plans, which showed how those risks were being managed and reviewed. For example risks from falls, pressure sores, poor nutrition and infection. This helped to make sure that people received safe care from staff fit to work at the service.

The registered manager showed us a recognised management tool they used to help determine staffing levels and skill mix in the home, which took account of people's care, safety and dependency needs. Staffing arrangements had been more recently revised and increased where required in response to this, staffs views and people's changing needs.

Good

Is the service effective?

Our findings

People and their relatives were happy with the care provided. All felt that people's health needs were being met by staff that understood these and knew what they were doing. One person said, "Staff know how to support me; my health's steadily improving since I came here." The provider's recent survey of people and their relatives' views showed they were satisfied that people's health needs were being met.

People's health needs were being met and they were supported to improve and maintain their health in a way that met with their preferences and choices. People received care from a multi-disciplinary team at the service, which included registered nurses, care support staff, an occupational therapist and a physiotherapist. One staff member said, "We give choice and explanations; we know people' care needs, but try to step back and be mindful not to impose what's best."

People were supported to access external health professionals for specialist and routine health screening and advice. Staff followed their instructions for people's care and treatment when required. For example, relating to their nutritional needs or wound care needs.

Nurses were appointed and trained in lead roles to promote the development and delivery of recognised care practice at the service. For example, dementia, continence, tissue viability, nutritional and end of life care. People's needs assessments and care plans, determined their health needs and were reflective of recognised practice. They also provided staff with clear, up to date information to follow, about people's related care requirements and their general and mental health conditions. For example, one person living with dementia had a care plan, which showed they could become frustrated and aggressive. This was because of their difficulty in sometimes understanding what was happening to them. We saw that staff followed the person's care plan when they became anxious and provided support and reassurance to the person in a way that was helpful to them.

Staff told us they received the training, support and supervision they needed to provide people's care and to help the nurses employed to meet their professional development requirements. Records reflected this and showed that staff received regular training updates and bespoke training when the need arose. For example, nursing staff had recently undertaken bespoke training in relation to one person's specialist wound care needs. Nurses employed at the service were also supported to undertake extended role training such as urinary catheterisation or venepuncture training for taking blood samples.

Care staff, were supported and most had achieved a recognised vocational care qualification. Arrangements were in place to introduce the Care Certificate for all care staff working at the service. The Certificate builds on existing induction and training standards. It is a recognised attempt to set a minimum level of training for all care workers and health care assistants. It aims to make sure that non-regulated care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support

This helped to make sure people received care based on recognised practice, which met their needs and was delivered by staff that were appropriately trained and supported.

People and their relatives told us that sufficient nutritious meals were provided. Overall they were positive about the quality and choice meals and were regularly consulted about this. A few described the menus as 'old fashioned,' but said that their dietary preferences and requests were met. Minutes of recent meetings held with people showed they were regularly consulted about their meals and menu choices and were pleased about improvements made from this. All said they were provided with a snacks and drinks at regular intervals, as we observed.

Many people had difficulties eating and drinking because of their health conditions. This included some people who had swallowing difficulties, which meant they may be at risk of choking. We observed that staff gave people the support they needed to eat and drink. They served different types and consistencies of foods to people, that met with their dietary requirements and related instructions from relevant health professionals. People were also provided with adapted eating utensils to help them to eat and drink independently when required.

Lunchtime was served in two dining rooms or in people's own rooms if they chose this. Staff knew people's food preferences and dietary requirements. There was a marked difference in the organisation and atmosphere between the

Good

Is the service effective?

two dining rooms. One provided a relaxed and calm atmosphere, where tables were appropriately set but the other was disorganised and not set ready for lunch. However, people and staff said this was not the 'norm' and we found there was a reasonable explanation for this delay.

People's consent was sought before they received care. Where people lacked capacity to consent to their care appropriate authorisation was sought.

Staff had received training and they were aware of the key principles of the Mental Capacity Act 2005 (MCA) and followed this. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves to their care, or make specific decisions about this.

Some people were not always able to consent to their care because of their health conditions, such as dementia. People's care plans showed an appropriate assessment of their mental capacity and a record of any decisions about their care and support, made in their best interests.

Staff told us about one person who freedom was being restricted in a way that was necessary to keep them safe, known as a Deprivation of Liberty Safeguard (DoLS). Records showed that the DoLS was formally authorised as required by the relevant local authority, which the provider notified us about. Another person had an electronic devise in their room to alert staff to their movement because they were at risk of falls. The person was pleased that this was helping to keep them safe. However, there was no record to show their consent to this. We discussed this with the registered manager who agreed to take the action required to address this. They have since advised that this has been completed.

Requires improvement

Is the service caring?

Our findings

We received mostly positive comments from people and their relatives who usually found staff to be kind, caring and respectful. For example, one person told us, "Staff are kind, they are lovely, everything is quite satisfactory." A relative said, "Staff, are great; all the family are happy with the caring attitude of staff." However, a few people said that staff, were not always respectful. One person said, "A few staff are a bit patronising and use the 'talking down to old people voice' when they speak to you."

We observed throughout our inspection that staff, were usually kind and caring and mostly treated people with respect. Staff, were aware of the provider's aims and values for people's care, which focused on promoting people's rights. For example, their rights to dignity, choice and respect. Staff also received equality, diversity and human rights training. However, we observed that this was not always being put into practice.

At lunchtime we observed that one person who needed full assistance to eat and drink, was not treated respectfully by the staff that supported them in this way. The person's meal was interrupted by a senior staff member, who instructed the care staff assisting the person, to complete a task elsewhere. The care staff member promptly got up and left the table. Neither the nurse giving the instruction or the care staff made any eye contact or attempted to speak with the person; who was completely ignored throughout and left for a time with a half-eaten meal. Shortly afterwards, a replacement care staff sat down beside the person and assisted them in the same way, with no acknowledgment or introduction.

At all other times we saw that staff supported people in a caring and timely manner when they needed assistance. For example, supporting people with their mobility, medicines, meals and drinks. Many people needed special equipment and staff support to help them because of their health conditions. We saw that staff took time to provide this and supported people at their own pace when they provided care. Staff also knew people well and supported their known daily living preferences, routines and choices, which were recorded in their care plans. This helped to promote people's independence, as staff encouraged them to do as much as they were able and wished to do for themselves

People and their relatives said they were mostly informed and involved in agreeing people's needs. However they were not always fully informed in relation to people's end of life care needs

Before our inspection, the provider told us they provided end of life care (EOLC) for people. EOLC is experienced by people who have an incurable illness and are approaching death. At this inspection, the registered manager told us they worked closely with local health commissioners and external health professionals, to inform their delivery of EOLC at the service. All staff received training in the principles of palliative and EOLC care and role specific training was also provided. For example, to enhance the role of care support staff. Nursing staff were trained to use special equipment, to support people's treatment needs for their EOLC. For example, syringe driver equipment to deliver controlled pain relief to help keep people comfortable and pain free. Most staff had also completed EOLC training related to people living with dementia.

The provider's policy statement had been revised and updated during 2015 and reflected many but not all of the recognised guidance principles relating to EOLC. For example, it did not cover urgent care, care in last days and workforce training arrangements. People and their families were not routinely provided with any written information about this or EOLC care they should expect to receive. They were also not provided with written information or advice about bereavement support after death. Consequently, the assessment, planning and review arrangements for people receiving end of life care, did not fully ensure that their end of life care would meet with recognised best practice standards for this.

Generally, people's care plans showed how they were involved in agreeing and reviewing their care plans, as they were able to do so. However, people's written care plans did not show much information about people's EOLC wishes and preferences, including their family involvement. This may result in them receiving care in a way that may not be in line with their wishes and preferences.

Staff responsible, were able to describe good practice principles for people's EOLC, including last days. A supportive care register was accessed to help staff anticipate people's end of life care needs. Anticipatory medicines were prescribed subject to people's assessed needs. Anticipatory medicines are prescribed to enable prompt relief at whatever time a person develops

Requires improvement

Is the service caring?

distressing symptoms associated with end of life care. This meant they could be given to the person at any time they needed them because of significant distress or discomfort. This also helped to avoid unnecessary hospital admission and enabled them to remain comfortable in the home.

Staff acted discreetly and with compassion and empathy following the death of one person receiving end of life care during our inspection. The person's relatives said that staff were caring and compassionate and took time with the person when they provide care. They told us, "They kept him comfortable and pain free; nothing was too much trouble. They sorted a specialist chair, so he could be comfortable and spend some time out of his room, in the main lounge with others when he felt up." They explained that this had been particularly important to the person to be supported to do this. They were also pleased that senior staff spent time with them and the person before their admission, to get to know them and to discuss the person's end of life care. They told us that the registered manager spoke with them following the person's death to gain their views about the EOLC provided, including their last days.

Good

Is the service responsive?

Our findings

We received many positive comments from people and their relatives, who told us that staff were helpful and usually prompt to provide people with assistance and support when they needed it. One person said, "It's not usually long before staff respond." Another person told us, "There had been some delays a while back, but that seems to have changed lately." The registered manager explained that staffing arrangements had recently been revised; partly in response to peoples expressed views about this.

People said they were supported to maintain their contact with family and friends People's relatives described the home as, "inclusive" and "friendly" and they felt informed and involved. One person's relative said, "I come often and have my lunch; the manager is supportive of this – it's lovely."

People were informed and supported to engage in a range of social and recreational activities and people's families and friends were appropriately involved and engaged in people's lives. Photographs were also displayed in the home showing this. For example, themed tea parties were popular and a recent Alice in Wonderland Tea Party had been a particular success with friends and families invited. After our inspection we spoke with the relative of one person who had previously lived at the home. They told us they were pleased that staff invited them back to the summer fete there, after the person's death. They told us, "It was really kind of staff to invite us; they made us feel so welcome and a part of things; It was a lovely day and it gave us some closure and a happy final memory."

People told us about some of the ways staff supported their preferred daily living routines and choices. For example, bathing and showering and helping people to choose their clothing for the day. One person said that staff supported their stated preference for female care staff members to provide their intimate personal care

People said they were regularly asked for their views about their care and told us about some of the changes that were made as a result. Minutes of meetings held with them reflected this, showing that people were regularly consulted about their daily living arrangements and lifestyle preferences. For example, meals, social, recreational activities and entertainments, spiritual worship arrangements, seasonal celebrations and the environment. Examples of changes included, providing parasol umbrellas and also lollies and iced creams as an alternative to biscuits on hot afternoons in the garden. Improvements had also been made following a review of personal laundry arrangements, which people were pleased about. One person told us, "The laundry service is good, I get my own things back; Just once, I got someone else's jumper, but they soon sorted it out." People were also pleased that improvements were being made in relation to food menus and the arrangements for their personal worship and social and recreational activities.

Some people were not able to communicate information about themselves and their life histories because of their health conditions. However, staff knew people well and they were provided with key information about people's life histories in a recognised way. This helped them to know and understand people in relation to their personal, social, familial and occupational and lifestyle histories. Improvements had been made to the environment since our last inspection, through the provision of appropriate aids and adaptations, to help people living with dementia to recognise their surroundings. Further Improvements were planned to help people to recognise their own rooms. This helped to promote people's inclusion and independence.

Information about how to make a complaint was displayed. People and their relatives were confident to raise any concerns they may have about the care provided. One person said, "The manager and nurses are easy to talk to; I wouldn't hesitate to go to them if I was worried about anything." Although two people said they were unsure about how to make a formal complaint. We spoke with the registered manager who told us they would take the action required to check that people knew how to make a complaint.

We spoke with the registered manager about complaints received in the previous 12 months and looked at the provider's complaints record. This told us there had been four complaints, which were thoroughly investigated, recorded and responded to.

Good

Is the service well-led?

Our findings

People and their relatives were very positive about the management and running of the home. They knew and understood the roles of staff that led and provided their care and a staff photograph board was displayed, which helped them with this. People and their relatives told us that the registered manager and providers were accessible and approachable and that the registered providers regularly visited the service. One person said of the registered manager, "She is always around and clearly knows everyone well; she always has a word for everybody."

The registered manager told us that regular checks were carried out of the quality and safety of people's care. This included checks of people's health status and clinical needs, checks of medicines arrangements and checks of the environment and equipment. They also included checks of care practices, staffing arrangements and nursing staffs' professional registration status. Checks of accidents, incidents and complaints were monitored and analysed to help to identify any trends or patterns and used to inform any changes that may be needed to improve people's care.

This helped to make sure that people received safe, effective care which met their needs.

Staff understood and usually followed the provider's aims and values for people's care, which focused on seeking to promote their involvement, rights, equality and safety. Related training, support and regular checks of care practice helped to promote this. The views people receiving care, their relatives and staff were also regularly sought and used to inform service improvements. Since our last inspection some improvements had been made to the quality and safety of people's care. This included environmental, fire safety and staffing improvements. Other environmental improvements and adaptations were being progressed to further and enhance people's independence and choice in care. This showed that people, their relatives and staff were actively involved in developing the service.

Staff understood their roles and responsibilities for people's care and senior management and nursing staff were visible and available to them. Staff received regular supervision and support through regular meetings that the registered manager or senior staff held with them.

Communication and reporting procedures were in place to help staff raise concerns or communicate any changes in people's needs. For example, procedures to be followed when accidents occurred or when there were any changes in people's health conditions or safety needs. The provider's procedures also included a whistle blowing procedure. Whistle blowing is formally known as making a disclosure in the public interest. This supported and informed staff about their responsibilities and rights to raise concerns about people's care if they needed to.

Records were accurately maintained and securely stored. The provider usually sent us written notifications about important events that happened in the service when required. The registered manager was able to provide a reasonable explanation for their delay in reporting a notification of alleged abuse to us.