Care Quality Commission

Kidderminster Care Limited

Brownhills Nursing Home

Inspection report

29-31 Hednesford Road
Brownhills
Walsall
West Midlands
WS8 7LS
Tel: 01543 374114
Website:

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 8 January 2015. The inspection was unannounced. At our last inspection in June 2014, the home was not meeting five of the regulations inspected. After that inspection we wrote to the provider and told them to take action to improve care planning and delivery of people's care, quality assurance audits, the environment, people's privacy and dignity and gaining consent from people. The provider sent us an action plan to tell us the improvements they were going to make. At this inspection improvements had been made in some of the required areas. However, we found the provider had not been proportionate with gaining consent from people with regard to the installation of close circuit television cameras. Nor had the provider considered the potential impact of the people who lacked capacity. We found this to be a breach in regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

Brownhills Nursing Home provides accommodation, nursing and personal care for up to 50 older people with a range of needs. There were 35 people living in the home when we visited. There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home. Systems were in place to reduce the risk of harm and potential abuse. Staff were trained on how to protect people from harm. All of the staff knew how to report any concerns they had if they saw bad practice.

Risks were identified and plans were in place for staff to follow to minimise such risks. Medicines were managed in accordance with guidance which ensured people's safety. The clinical commissioning group visit identified minor improvements were required with medicines management, this related to recording issues. The manager had begun to improve this area.

Staff had been recruited following appropriate recruitment and selection policies and procedures. This meant people had been properly vetted before they were offered employment at the home. We saw that there were sufficient numbers of staff on duty to meet the needs of the people who lived at the home.

Staff understood the needs of people that lived at the home. We saw staff treated people with kindness and compassion and were aware of each person's needs.

People's ability to make their own decisions and consent to their care had been appropriately sought which meant people's rights were protected.

The new manager had addressed some long standing staffing issues with regard to inherent culture within the staff group. Staff were clear of the expectations required of them.

The assessment and the planning of people's care was thorough and ensured staff had good information about people's individual needs and preferences. Positive engagement took place between staff and people who lived at the home. People had a variety of activities available to them.

A complaint policy was in place. Complaints were well-managed and people concerned were listening to and acted upon.

People and staff were positive about the manager. Not all staff had received support from the previous registered manager to carry out their work. However, the new manager had begun one-to-one meetings with staff to ensure they were properly supported to provide care and support to people who lived at the home.

People had access to healthcare professionals for example, their doctor who they could discuss their health needs with. People's nutrition and hydration was assessed and where somebody was at risk of malnutrition appropriate support and advice had been sought.

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?

Good

The service was safe.

People were supported appropriately that ensured their needs were met in a safe manner. Staff knew how to recognise and report abuse They had a clear understanding of how to protect people from possible harm.

People's health was monitored and reviewed as required. This included appropriate referrals to healthcare professionals.

There were enough qualified skilled and experienced staff to meet people's needs.

Medicines were managed safely. The manager had identified minor issues regarding the recording of medicines and was in the process of rectifying these.

Is the service effective?

Requires Improvement

The service was not always effective.

People's needs were assessed before they were admitted to the home. People were supported appropriately to make their own decisions.

Staff received appropriate training to support people. Not all staff had received one-to-one support or an annual development to discuss their work and development needs. However, the new manager had started to undertake these.

People were supported to eat and drink sufficient amounts to help them keep well.

Is the service caring?

Requires Improvement

The service was not always caring.

People told us that staff were kind and caring. We saw that sometimes people's dignity was not always promoted.

People were supported to maintain relationships that were important to them. There were no restrictions on visiting times.

Is the service responsive?

Good

The service was responsive.

People were involved in their assessment and care planning. They had their care and support kept under review and staff responded where changes occurred.

People's care plans included information about their preferences and wishes so that staff were aware of them.

Summary of findings

Activities were available for people to access.

Complaints were dealt with appropriately.

Is the service well-led?

Good

The service was not always well led.

The provider had not taken advice given by the local adult protection team with regard to the installation of close circuit television cameras throughout the communal areas of the home.

The manager had begun to develop an open positive culture in the home.

An audit system was in place to monitor the quality of the service which was closely monitored by the area manager. Although the manager had begun to meet and consult with relatives and staff, further work was necessary to develop ways in which people who lived at the home, their relatives, staff and other professionals who visited the home were consulted about their views on the quality of the service and how the home was managed.

Brownhills 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 had received concerns before the inspection. These related to staff not using appropriate moving and handling equipment, people being got up very early in the morning and poor staffing levels. We did not identify any concerns relating to these issues at this inspection.

The inspection took place on 8 January 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the home and looked at the information the provider had sent us. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from the local authority about the quality of the service provided. We used this information to help us plan our inspection of the home.

During our inspection we spoke with five people who were living at the home. We also spoke with one visiting relative, four care staff, the manager, area manager and the provider. We looked in detail at the care two people received, carried out observations across the home and reviewed records relating to people's care. We also looked at medicine records, a sample of policies and procedures and records relating to the management of the home.

During our inspection we used the Short Observational Framework for Inspection (SOFI) observation. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At our last inspection in June 2014 we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the registered person had not taken proper steps to ensure that each person was protected against the risks of receiving care or treatment that was inappropriate or unsafe. We saw the provider had ensured care was planned and delivered safely through regular monitoring of people's care plans.

At our previous inspection we had also found the provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. had not taken proper steps to ensure people's care was planned and delivered appropriately We saw that the provider had carried out risk assessments and taken action in two areas of the home that were considered unsafe for people who lived at the home to access at the last inspection.

Five people we spoke with told us they felt safe living at the home. One visiting relative told us, "I have no concerns [person's name] is safe here".

Staff we spoke with were able to give us examples of what they believed was bad practice and what they would report to the manager. Another care worker told us, "I haven't ever seen any bad practice but I would report it if I did". A relative told us, "There are always enough staff when I visit. You've only got to ask and it's done. All of the staff are helpful". Staff demonstrated they had a clear understanding of procedures to follow if they witnessed or had an allegation of potential abuse reported to them. The provider had a policy which enabled staff to report bad practice and staff knew they had a responsibility to do this .

One person who lived at the home we spoke with told us, "I make my own decisions about everything I do. I wouldn't like staff telling me what I can do and when I can do it". Another person who lived at the home said, "Everything is a risk, we wouldn't do anything if we thought about it. I do what I want here". We looked at how the home managed risks in relation to people's care. People's choices and decisions were recorded in their care plan. We saw care plans included how staff were to manage risk specific to people's needs. For example, nutrition where someone was assessed at high risk of malnutrition, and moving and handling risk assessment for someone who had poor mobility. Care staff we spoke with told us, "The care plans tell us how to manage specific behaviours".

Incident forms were completed following any accidents, incidents or near misses. Following an incident the manager would review the information to see if any learning could be taken from these and implemented to avoid any future reoccurrences. We saw pressure management reviews were undertaken as part of a regular review of people's care plan reviews. This ensured people's skin was monitored when they had been identified of a possible breakdown to their skin.

People who lived at the home and a visitor told us there were enough staff working at the home. One person told us, "They are at our beck and call". Another person told us, "There are always enough staff around". People who required constant supervision were monitored closely and staff assisted where required. However, sometimes staff did not interact with people and chatted amongst themselves. We spoke to the manager to make them aware of our observations and they acknowledged our observations. In addition to care staff the home employed an activities coordinator, catering staff and cleaning staff who were responsible for keeping the home clean and in good repair.

We found the recruitment of staff was thorough because the provider ensured everyone completed an application form and carried the provider carried out pre-employment checks. This was to make sure people were eligible to work with adults and in the United Kingdom. This was completed before an individual started work at the home. This ensured people who were employed at the home had the right knowledge and skills to fulfil their role and responsibilities. We saw a varied skill mix of staff during our inspection. Some staff had been employed from a hospital background, others from previous care homes and other staff had been employed at the home for a number of years and had gained their experience and training through the current provider.

One person who lived at the home told us, "I always get my tablets on time". Another person told us, "They are never late with my tablets". The local clinical commissioning group had recently carried out a medicines management audit. This was a follow-up visit from a previous visit undertaken in September 2014 which identified some shortfalls in medicines record-keeping. Although the recent

Good

Is the service safe?

audit identified some shortfalls in record keeping, the visiting pharmacist was reassured that the manager was in the process of implementing procedures for improving medicines administration in the home. We saw medicines were given by a nurse who followed the prescriber's directions. We saw where medicines were refused the reason for refusal was documented and the medicine disposed of appropriately. We saw weekly medicines audits were carried out to ensure medicines were being managed safely and that the providers own audits had identified some shortfalls in medicines recording .

Requires Improvement

Is the service effective?

Our findings

At our last inspection in June 2014 we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The registered person had not made suitable arrangements for obtaining and acting in accordance with, the consent of people in relation to do not attempt resuscitation (DNAR). We saw the provider had reviewed the arrangements and fully addressed the shortfalls we identified at our last inspection.

Concerns had been raised by the management of the home with regard to the provider not fully considering the impact of the installation of close-circuit television cameras (CCTV) at the home. The provider had installed a number of CCTV throughout the premises in corridors and the manager's office. We were told no cameras had been installed in people's rooms. The matter was referred by the area manager to the local authority safeguarding of adults process.

During our inspection we spoke with the local authority safeguarding manager who informed us advice and guidance had been given to the provider to follow. This was to ensure the process of gaining consent from people in addition to completing a privacy impact assessment was completed. This would ensure that suitable arrangements were in place for obtaining, and acting in accordance with, the consent of people who used the service in relation to the installation of the cameras.

At this inspection we found that the cameras were in use without the guidance of the local authority safeguarding manager being fully implemented. The area manager and manager could not provide us with assurances that the provider had been proportionate with gaining consent. Nor had the provider considered the potential impact of the people who lacked capacity. We discussed this with the local authority safeguarding manager at the inspection and with the provider. The provider was told by the safeguarding manager that the cameras must be switched off until evidence was provided that the guidance had been followed. When we spoke with the provider we sign posted them to CQC's information for providers of health and social care on using surveillance to monitor services (December 2014) available on our website.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One person told us, "I think the staff know me well". Another person said, "Staff know how to provide good care here". When new staff began working at the home they received an introduction to their work. This consisted of working closely and shadowing experienced members of care workers. We spoke with a new member of staff who told us their introduction to working at the home was good. Staff were aware and told us there was a framework to follow if people could not make decisions for themselves. Staff told us families or people holding powers of attorney had been involved along with health care professionals where decisions had to made on behalf of a person. This was to make decisions in their 'best interest' as required by the Mental Capacity Act 2005.

Individual training records showed staff had attended essential training. This ensured staff had the right knowledge to provide care and support to people who lived at the home. One care worker told us, "I have done all my mandatory training". Training is good, we complete safeguarding training here". The manager told us that training had been booked in the topics of first aid, safeguarding, accident reporting, food hygiene and infection control. In addition to this they also provided training in end of life care and dementia training.

One member of care staff we spoke with told us they had recently had an annual review of their work and personal development. Another care staff said, "I've not had a one-to-one meeting recently with the manager". The manager told us that they were attending the home the following day to carry out an unannounced visit early in the morning. This was to monitor the night staff and carry out one-to-one meetings with them. This meant staff were supported by the manager to carry out their role.

One person told us, "The meals they give us are good". Another person said, "I like the food here. I am always satisfied". Someone with a cultural dietary need told us that their needs were catered for. We observed the lunchtime meal in the downstairs dining area. The atmosphere was relaxed. We observed positive engagement between staff and people who chose to eat their lunch in the dining area. People were given a choice of refreshments. People's meals were pre-ordered and they were provided with various choices. Meals were presented and looked appetising. People who required assistance to

Requires Improvement

Is the service effective?

eat their lunch were encouraged by staff. We heard staff say to one person, “Are you okay? Try a little bit more”. One visiting relative told us, “[person's name] has to have a puréed diet because they cannot swallow well”. They continued to tell us their relative was always given a choice of meal and staff ensured their meal was pureed.

The provider had arrangements in place that ensured people received good nutrition and hydration. Care records showed risk assessments had been used to identify specific risks associated with people’s nutrition. People identified as being at risk had their diet and fluid intake monitored closely. We saw records of this which demonstrated care staff closely monitored individuals. Care staff told us if they felt someone had not had enough to eat or drink they would not hesitate to report this to the nurse in charge or the manager.

We saw that people’s care plans were reviewed regularly and where someone’s condition changed referrals to health care professionals were made. For example a relative told us when [relatives name] needed to go to hospital for urgent medical treatment they were kept fully involved. They went on to tell us, “They know [person’s name] better than me”. They gave an example where their relative had been unwell and that staff had monitored the person’s condition and healthcare professionals had been involved in a timely manner. This showed that staff monitored people’s health and contacted appropriate professionals when required.

Requires Improvement

Is the service caring?

Our findings

One person told us, “I am always treated respectfully”. We observed staff assisting people to transfer using hoists during our inspection. We saw staff reassured people and explained the procedure and checked people being transferred were comfortable and safe. We also observed people were addressed by their preferred name. However, people’s privacy and dignity was not always promoted in a positive way. For example, we saw some people had not had all aspects of their personal care attended to for example, some people had not had their facial hair attended to and some people had not had their hair combed. We also heard a member of care staff call across to someone who lived at the home, “Do you want the toilet?” in front of other people in the lounge. These were fundamental issues that were important to people to promote their dignity. We also saw the provider had installed close circuit televisions in communal areas throughout the home. The provider had not considered the impact on people’s privacy and dignity in a planned way or demonstrated if consideration had been given to monitoring the safety of the building or people’s belongings in any other way. Inconsistencies in these aspects of people’s care potentially led to people’s privacy and dignity being compromised.

One person said, “The staff are kind, caring, friendly and take time to chat to me”. One person told us, “I am happy here, It’s pretty good here”. Everyone we spoke with told us they were happy with the care they received. A visitor said, “You can't fault them”. A new member of care staff told us, “All the staff do everything possible people get really good care”. During our inspection we observed people were supported by staff when they became restless or distressed. Staff knew people well, and there was a calm atmosphere throughout our inspection.

People who were able to had contributed to planning their care. We saw care plans had been signed by the person they related to. However, we found some documents had not been dated or signed by the assessor. This meant that it would not be possible to know when the next review was due. We brought this to the attention of the manager so that this could be addressed. During our inspection we observed people being offered choices and staff respecting people’s wishes. For example, we saw people were given the choice of where they preferred to eat their lunch. We saw a person was offered to take a rest on their bed after lunch. Staff respected the person’s choice to do this and supported the person to transfer safely into their bedroom in their wheel chair. One person who lived at the home told us, “They ask me what clothes I want to wear”. Another person said, “I get up and go to bed when I want to”. One person told us, “The girls treat me with respect”. Another person said, “The staff knock the door and wait to be called in”.

We saw a relative was welcomed into the home by the care staff and the area manager. The visitor told us they visited regularly at different times of the day. Another family called into the home without an appointment. They were looking for a place for their relative to move to. They were welcomed by the staff and provided with the information that they needed to make an informed choice about the suitability of the home.

Good

Is the service responsive?

Our findings

One relative told us, “They came to assess [person’s name] in hospital before they were admitted to the home. I was involved in the assessment because [person’s name] cannot speak very well. I was fully involved in the meeting”. One person told us that they met with a manager from the home before they were admitted. They said, “I was asked a lot of questions about my health and how I managed. I told them how difficult I found things”. The manager told us they were planning to assess somebody who was due to return to the home. They said, “I reassess everyone to protect the residents and our service. Residents are my priority”. We looked at two people’s assessment of needs. They gave an overall picture of the individual for care staff to see how people were managing before they were admitted to the home. Care plans were designed taking into account people's needs and any associated risks involved. One member of staff told us, “We are encouraged to read the care plan, it tells you everything about the person we are looking after”. Another member of staff said, “I find them really helpful and informative”. Care plans and risk assessments we saw had been reviewed regularly by staff. We saw in one care plan, that where the person’s condition had not improved, their doctor had been called. Details of their visit had been recorded so that staff followed the guidance of the doctor. One relative told us, “I am always kept informed of any changes to [person’s name] when the doctor has visited them”.

We saw some people took part in a baking session. They told us they enjoyed doing this because they got to eat the cake they had made. Another person told us, “There are lots of bits and pieces going on here. I like the bingo”. A relative told us, “ [person’s name] likes to watch their television in their room. Staff always make sure it is on for them when they are in their room”. Planned entertainment and activities progammes were displayed in the reception area. A newsletter was also produced by a member of staff which was available to visitors and people who lived at the home, this informed people about events that had taken place at the home and updates on future activities. Staff told us that visiting clergy attended the home when people requested. One member of staff told us they thought the home provided a variety of activities. However, they thought that more trips out should be provided for people.

One person told us, “I have nothing to grumble about and I would speak to the staff if I weren't happy”. Another person said, “I’ve never had to raise a complaint. I would speak to staff”. The complaint policy was available. Records showed that one complaint had been received since our last inspection. We looked at how this had been managed. We found the complaint had been fully investigated by the previous registered manager and a response had been provided to the complainant. The complaint had been responded to in accordance with the complaints policy. It contained contact details of relevant outside agencies. Staff we spoke with were aware of the complaints policy. The manager told us one relative had mentioned about having a member of staff visible in the downstairs lounge area at all times. The manager told us they had spoken with staff and had put a notice in the staff room reminding people that this was to be followed. We saw this notice and observed that staff were following this on the day of our inspection. The lounge was staffed with a care worker at all times. This showed the manager had listened to and acted on the relative’s request. One care worker told us, “I would report any complaints to the manager straightaway”.

Good

Is the service well-led?

Our findings

At the inspection in June 2014 we found the provider to be in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the registered person did not have systems in place to audit the quality of the service. We saw the provider had monitored the quality of the service. For example we were provided with evidence that audits of mattresses and environment had been undertaken. We saw the mattress audit completed in December 2014 had identified two mattresses that had failed the checks carried out by staff. New mattresses had been purchased to replace these. This showed the provider had taken action as a result of the audit.

We found the provider had not responded promptly to guidance given by the local authority adult safeguarding team in relation to the process to follow when considering the installation of CCTV cameras at the home. Not following their guidance meant the provider had not taken the advice and worked in a way that considered everyone who lived at the home.

The manager told us they had been in post for approximately six weeks. Only one person out of the five people we spoke with who lived at the home knew who the new manager was. The relative we spoke with said they had been introduced to the new manager and that they had spoken with them each time they had visited. They told us that they liked the manager and found them were very welcoming. The manager told us they had planned to hold a coffee evening to meet with relatives this month. We saw this was advertised on the home's noticeboard in reception.

The manager told us they had been addressing staffing issues that had developed over a long period of time that affected the culture of the home. For example, lateness had become common practice and the use of mobile phones by staff in the workplace. Staff told us the manager had addressed these issues and staff had been made fully aware of the manager's expectations of them.

The manager told us they were aware of our last inspection and the breaches of regulation following the visit. They were able to talk with us about improvements that had taken place since the last inspection. For example, environmental health officers had visited the home and the food hygiene rating had improved from a score of one to four. This showed good improvements had been made in this area. There had been major refurbishment of the home internally which had improved people's living environment.

The manager and area manager discussed accidents and incidents. Monthly audits were carried out, they did this to establish if there were any patterns or trends. They told us that all accidents and incidents were investigated and any risk factors identified were put into place if any issues had been identified. An example of managing a risk factor for someone that had been experiencing falls was that the home had purchased an alarm mat to alert staff when the person had got up out of bed.

The manager had an informal action plan that they were addressing with the support of the area manager, who visited the home twice a week. We met with the area manager during our inspection who was able to confirm with us the progress the new manager had made in the short time they had been at the home. Feedback was gained through informal discussions with people who lived at the home and their relatives. Both the manager and area manager recognised there were still areas of improvement required in the management of the home. For example, although the manager had begun to introduce ways of gaining feedback about the service this required further development with capturing people's views. They explained they intended to hold meetings for people who lived at the home and relatives, carry out annual surveys and individual reviews.

Care staff we spoke with told us they had not had regular meetings with the previous registered manager. Our discussions with care staff found that they were supportive of the new manager. They told us they had access to the manager and area manager. One care staff told us, "The manager is very approachable". Another care staff told us, "We have had some meetings with the manager already and they seem to be good". Most of the staff team had worked at the home for many years and told us it was a good place to work. One care staff told us, "I am very happy here I love my job".

The manager was aware of their requirements to apply for registration with CQC and informed us they would be completing their application following their probationary period. The area manager confirmed this.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services The registered person must, so far as reasonably practicable, make suitable arrangements to ensure – (a) the dignity, privacy and independence of service users; and that service users are able to make, or participate in making, decisions relating to their care or treatment.