

Sure Care (UK) Limited

Brocklehurst Nursing Home

Inspection report

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Date of inspection visit:
24 January 2017
25 January 2017
27 January 2017

Date of publication:
05 April 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection of Brocklehurst Nursing Home (Brocklehurst) took place on the 24, 25 and 27 January 2017. The first day was unannounced. The service was previously inspected in December 2015 when it was found to be in breach of regulatory requirements relating to need for consent, safe care and treatment and good governance.

Brocklehurst provides residential and nursing care for up to 41 people. The home had 35 people living there at the time of this inspection and is a large two storey detached building set in its own grounds. The home consists of four units across two floors. Each unit has its own kitchenette used for making drinks and snacks. Each unit accommodates people needing both residential and nursing support. Both floors are accessible by two staircases, at each end of the building, and one central lift and staircase. There is a large lounge and dining room on the ground floor but we found this area was infrequently used as most people preferred the communal area on their respective units. The kitchen and laundry facilities were situated on the ground floor as was the hairdresser's salon that could be used weekly.

There was a manager responsible for the day to day operation of the service. However they had yet to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

During the inspection the home manager was on annual leave and our inspection was supported by one of the provider's area managers and a registered manager from one of the provider's other services.

We made recommendations that the provider updates policy documents in relation to medication to reflect current legislation and that the provider and home manager should review how information regarding people's care and support is communicated to staff without compromising people's privacy, confidentiality and dignity.

We found breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we have told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

People and relatives told us Brocklehurst Nursing home provided a safe environment in which to live. We noted that staff recruitment processes needed to be more robust to help ensure staff employed were suitable to work with vulnerable people.

Three out of four care records we reviewed contained relevant risk assessments which were reviewed and updated as an individual's circumstances changed. We found these documents provided clear guidance and sufficient information for staff to support people safely and manage risk appropriately.

Medications were administered and stored safely. We pointed out that the top floor treatment room where medication was stored had a temperature over the recommended national guidance.

The service did not always demonstrate that it was working within the principles of the Mental Capacity Act 2005 (MCA) to ensure they sought the consent of people or their legally appointed representative before providing care and support. Applications under the Deprivation of Liberty Safeguards had been made. However there was no systematic way to track which applications had been made and when each required review.

Records demonstrated that people living at Brocklehurst had good access to healthcare professionals such as GPs and speech and language therapists when required. This meant that people's healthcare needs were being met in line with their individual needs.

People and their relatives told us that the staff were pleasant and caring, and that in general people's dignity and privacy were treated respectfully.

We observed that there was a good rapport and friendly interactions between residents at the home and staff caring for them.

People and their relatives gave us examples of how they were involved in making decisions about the care provided.

Care plans we reviewed did not always contain sufficient information to help care staff support people safely and responsively. There was little evidence that meaningful activities and recreation were being undertaken to provide people living at Brocklehurst Nursing Home with adequate mental stimulation.

Not all people living at the home and their relatives knew who the home manager was.

Audit and improvement processes in place needed to be strengthened to help ensure the provider and registered manager effectively monitored the quality of care provided.

There were policies and procedures in place to help ensure staff were supported to undertake their role effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Recruitment processes were not robust and did not provide strong assurances that appropriate care staff were employed.

Medicines were administered safely. We pointed out that room temperatures on the first floor treatment room exceeded the nationally recognised limit.

The premises were kept clean and tidy. Staff wore appropriate protective equipment and were able to demonstrate their understanding and knowledge of good infection control practice.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People and their relatives told us the care staff had the right skills and knowledge to do their job.

In some care records, there was no evidence to confirm people or where appropriate their representative had consented to the care and support.

Staff told us they had received appropriate induction and training. However we could not confirm this information as documents requested had not been provided to us.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Most people and their relatives told us that staff were kind and that they were well treated by the staff and management.

We were told and we observed that people living at the care home were treated with dignity and respect. We made a recommendation about how the service should manage confidential information about a person's care and support

There was a familial atmosphere at the home and we witnessed

several friendly interactions between people and care staff.

Is the service responsive?

The service was not always responsive.

Not all care plans we looked at contained complete information to guide staff in the safe delivery of people's care.

During our inspection we found there was little in the way of activities and recreation taking place. The service no longer employed a dedicated activities coordinator but we were told the service was actively seeking to recruit into the role.

People and relatives told us they knew how to raise a complaint or concern with the service. We saw the provider's complaints procedure was displayed at the service.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Since the last inspection, the service had made improvements in some areas and these were either fully or partially completed. However, in other areas, improvements were not made; this was evidenced by on-going breaches of the regulations identified within the report.

There was a system of quality checks and audits in place. These needed to be strengthened to effectively monitor the safety and quality of care and support provided.

There was a manager in place and we saw they were in the process of registering with the Care Quality Commission.

Requires Improvement ●

Brocklehurst 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.

This inspection took place on 24, 25 and 27 January 2017 and was unannounced. On the first day the inspection team comprised of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for an older person.

Prior to our site visit, we asked the local authority commissioning and safeguarding teams, and Healthwatch for information they held about this service. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services. We also spoke with the clinical commissioning group. We did not ask the provider to complete 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 requested information from public health at Manchester City Council on infection control audits; the last audit had been done in August 2015.

We looked at information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with six people, eight relatives, two visitors, the area manager, two nurses and four care staff. We observed the way people were supported in communal areas and looked at records relating to the service, including four care records, daily record notes, medication administration records (MAR), five staff recruitment files and policies and procedures.

Is the service safe?

Our findings

People and relatives said they felt safe at Brocklehurst. Comments included, "Yes, I feel safe here", "I feel quite safe here, very comfortable", "Yes, it is a safe environment" and "I feel it is safe, generally safe. They follow procedures with the hoist and everything."

We reviewed the personnel files of five staff that had been recently recruited to the service. We noted on one staff personnel file there was no photographic proof of identity. In another file we did not see an application form. For all recruitment files we saw no evidence that references had been validated by the service. In one recruitment file, we saw one reference had been obtained on the telephone but there was no record specifying who the reference was from. In the same file, we saw one of the referees had not indicated in what capacity they knew the applicant. At the inspection in December 2015, we found there were no interview records on each file. At this inspection, we noted there had been no change in this process. The lack of robust recruitment processes to help ensure the suitability of staff working at the service was a breach of Regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities 2014).

We saw the service held records to show all nursing staff employed were registered with the Nursing and Midwifery Council (NMC). This helped to ensure they remained authorised to work as a registered nurse.

We noted that the provider sometimes used agency staff at Brocklehurst to ensure that the staffing provision remained adequate. We saw that all necessary checks were in place to help ensure suitable candidates were provided.

We saw care records contained risk assessments which identified any potential risk to a person's health and wellbeing and the action required to manage those risks such as moving and handling, falls and nutrition. We found these provided ample guidance to help staff manage people's risks safely. We noted these assessments were reviewed monthly or when a person's circumstances changed.

Staff we spoke with were able to tell us what steps they would take to help ensure people were kept safe. We saw there was an up to date safeguarding policy and procedure in place to guide staff in keeping people from harm.

We asked people and relatives if staffing levels were adequate. In the main people and relatives told us said, "There's always lots of staff", "Yes, there is enough staff; I have not found it a problem." One relative did add, "If I want something, I ask and get it straight away. But there may be delays at other times." One relative told us there was sometimes a shortage of staff at weekends. Another relative said, "There are enough staff but they could do with a runner. The staff are flat out working very hard."

We asked the area manager about staffing arrangements. They told us there were two nurses and eight care assistants on shift during the day and one nurse and four care assistants on shift at night. They said this deployment was based on the needs of the current number of residents. We looked at staffing rotas for the previous three weeks and the week of our inspection which confirmed this. During our inspection we

observed staffing levels to be adequate.

We looked at how medicines were managed at Brocklehurst. We noted there were two treatment rooms, one on each floor of the home and medicines were kept in a locked trolley in a locked medicine room. We were told and we saw that only the registered nurses had access to them. We saw that controlled drugs were stored safely in accordance with legal requirements and they were administered and recorded correctly. Controlled drugs are medicines where strict legal controls are imposed to prevent them from being misused, obtained illegally or causing harm.

We noted the list of staff responsible for administering medicines, together with sample signatures was not up to date and contained signatures of staff who no longer worked at the service. We also saw information referred to old legislation and that the provider's medication policy should have been reviewed in August 2016. This meant that staff did not have current guidance to available for reference. We recommend that the provider updates policy documents to reflect current legislation.

We saw that the nurses ensured the medicines trolley was locked before moving away to give people their medication. Medicines were administered one person at a time and the nurse ensured that the person took their medication before moving on to the next person. We looked at four medicine administration records (MAR); these were completed and signed appropriately. One of the nurses told us care staff applied topical creams and signed the relevant MAR sheet. Care staff confirmed this. We checked the administration of topical creams for two residents and we found several gaps in one of the MAR sheet. This meant that people had not had the creams applied as prescribed. We highlighted this to the nurse in charge; they told us they would find out why this medication had not been administered. We saw that there was suitable guidance in place to assist staff with administering 'as required' medication.

We noted daily room temperatures were recorded for the ground floor treatment room only. During our inspection, we saw the temperature in the first floor treatment room was 27 degrees celsius and there was no ventilation or air conditioning. We pointed this out to the nurse who said they would raise with the manager. According to the National Institute for Health and Care Excellence (NICE) guidelines, the recommended room temperature for storing medicines should not exceed 25 degrees celsius.

At this inspection, we asked and we were told no one was currently receiving their medicines covertly.

We looked around all areas of the home and we saw the bedrooms, dining areas, lounges, bathrooms and toilets were clean and free from unpleasant smells. We saw there were daily, weekly, and monthly cleaning schedules depending on the task required. COSHH risk assessments had been completed for cleaning materials used. These identified potential hazards and safe storage so that people were kept safe.

We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. We noted alcohol hand-gels were available on the corridors and hand-wash sinks with liquid soap and paper towels were available throughout most areas of the home. We saw there were appropriate systems in use for cleaning thus ensuring the risk from cross-contamination was kept to a minimum.

We saw the laundry was properly equipped and well organised. There was a clear system in place to keep dirty items separate from the clean ones. We looked into the toilets and bathrooms on each unit. In the main these rooms were clean. Each toilet had general waste and clinical waste bins. We noted most of the clinical waste bin pedals were worn and did not allow the lid to be opened fully.

Prior to the inspection we were informed that the service had been inspected by the local NHS Trust's

infection control officer in August 2015. The service achieved 93% compliance. We saw no evidence of infection control audits being undertaken by the service. However the area manager told us they undertook environmental audits which would identify areas across the home that needed attention.

We looked at the documents which showed equipment within the home had been serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, fire and hoisting equipment. These checks help to ensure the safety and wellbeing of everybody living, working and visiting the home.

Is the service effective?

Our findings

People and their relatives told us care staff had the right skills, knowledge and attitude and they were effective in their role. Residents told us, "The staff listen to me, I can chat to them" and "They know what I like and don't like."

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.

At the last inspection in December 2015, care records we looked at did not clearly demonstrate if a person had the capacity to consent to their care and treatment or if decisions had been made in the person's best interest. A 'best interest' meeting is held with other professionals, and family, where relevant to decide on the course of action to take to ensure the best outcome for the person using the service. This process should be followed to help ensure people are protected.

During this inspection we checked to see what improvements had been made and whether the service was working within the principles of the MCA. We reviewed four care plans which contained no evidence that consent to care had been given. We saw no records of best interest decisions made in relation to people who lacked the capacity to make their own decisions. In one person's records, we saw a best interest checklist which contained a section called "Outcome of best interest decision" and recorded that the service was "to continue with present care and treatment with [Person's] consent". However we did not see any documents recording what was required in the person's best interest. This meant people were potentially receiving care or support where consent had not been obtained in the appropriate way. This was a continued breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us care staff always sought their consent before undertaking any task. We observed this was the case and relatives also confirmed this was true.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We asked about arrangements in place to track DoLS applications made to the local authority. We were told that applications had been made but to date no authorisations had been approved. We found that DoLS applications were kept in individual care records which we noted gave the manager limited oversight as to when an application had been made, when approved by the local authority and when it was due for review. This meant people may potentially be deprived of their liberty as a result.

We were told that new staff completed an induction on commencement of their employment. The induction

involved an overview of the home, fire safety, mandatory training, policies and procedures and their role and responsibilities. Staff told us they also shadowed a senior member of staff before they were allowed to work unsupervised. The area manager told us internal refresher training was provided using DVD-led sessions covering areas such as fire safety, safeguarding and person-centred care. We saw this training had been arranged, with sessions starting in February 2017. They also told us additional training was arranged and delivered by external providers. We did not see a full schedule of training for the year but noted that Moving and Handling was arranged for February 2017.

We asked the area manager if staff received regular supervision and annual appraisals. We saw evidence that about 28 percent of staff including the current manager had had supervision in January 2017 and that supervision would be done each month.

Staff told us they had received an induction and mandatory training prior to working unsupervised. We requested evidence to confirm induction and training provided as well as evidence of supervisions and appraisals prior to January 2017. However, these documents were not provided to us.

People were complimentary about the food. They said the food provided was nutritious and that they were always given a choice. Comments included, "Meals overall are good", "There is always plenty of food to eat", "You can get refreshments throughout the day", "The food is really good and you can get drinks when you want them, no set times", "You can get other food if needed" and "They can bring it on a tray to your room; they are very good".

We observed that food was well presented and served hot. We looked at the kitchen, which was clean and well organised. We saw that sufficient food stocks were available. We noted that records were completed in relation to temperature checks, cleaning schedules and meals served each day. We spoke with the head chef and other kitchen staff who were able to tell us about the dietary requirements of the residents. The head chef showed us their list of people's food likes and dislikes as well as if they required specific diets such as soft or pureed diets or halal foods. The head chef told us menus were developed monthly but changed each week. These menus would then be reviewed and changed every three months. We found that people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

People told us they chose where they wished to have their meals. Most people we spoke with said they preferred to eat in the small communal lounge rather than in the main dining area.

Following a food hygiene inspection in August 2016, the home had been rated a '5' which is the highest award.

From the care records we looked at, we saw that residents were able to access external health care professionals as required. We saw that the service continued to be supported by the Nursing Home Service which comprised advanced nurse practitioners and doctors. We spoke with one of the nurse practitioners who told us they visited weekly and reviewed people's care and prescribed medication as required. The home also referred to other health care providers such as tissue viability nurses and speech and language therapist. This meant that people had access to appropriate healthcare when required.

Brocklehurst is a purpose built care home. Accommodation is spread across four identical units with several assisted bath and shower rooms and separate toilets throughout. We saw that some bedrooms had shared en-suite facilities. We noted that in the main that people's bedrooms were homely and comfortable having been personalised with their own memorabilia, photos of family and other personal effects. Corridors were

sufficiently wide for people who used wheelchairs and aids and adaptations, such as handrails, were provided throughout the home to promote people's mobility and independence.

Is the service caring?

Our findings

People and their relatives we spoke with were complimentary about the caring nature of staff employed at Brocklehurst. They said, "Yes, the staff are very caring here", "All the staff have a word for you, but everyone seems to know me, if they go past they knock on the door and can't make you feel any more welcome", "I can have a right good giggle, good sense of humour some of them." Relatives told us they found the staff friendly and interacted well with their family members. One relative said, "It is a positive, caring environment, the carers and nurses are good. New residents are integrated into the day room. Tell them their names and introduce their relatives to break them in."

One relative told us their family member had been uncommunicative and disinterested but that within four months they had 'got my [relative]' back. They added, "The care here is very good. The carers' humour and manner have brought my [relative] back."

During our inspection, we observed that staff constantly checked on the residents in the small communal lounges and those who chose to stay in their rooms.

We observed how care staff respected people's privacy and respect. We saw staff would first knock on people's doors before entering. We asked people and relatives if staff treated residents in a respectful and dignified way. We received mixed comments. Two relatives told us, "Never seen anything I would be upset about. [Person] is always respected, clean and tidy, presentable so to speak" and "When they (care staff) hoist from the chair, they put blankets over their knees, keep bedroom doors and curtains shut." Other relatives said, "Staff talk over residents when hoisting, it is not very dignified when they do" and "When they hoist the residents with quite a few of them, they need a blanket to cover them."

We saw two examples of signage regarding people's care and treatment displayed in areas accessible to anyone visiting the home. We found this practice did not respect the people's privacy and dignity and was not the hallmark of a caring organisation. We recommend the provider and home manager review how information regarding people's care and support is communicated to care staff so that people's privacy and confidentiality are maintained.

People and their relatives told us the service involved them in decisions regarding care and support provided and that the service ensured they were provided with information and explanations. Comments from people and relatives included, ""Staff will ask me what I want", "I have been very much involved in decision making since day one", "They follow my lead and tell me what they will do", "First priority is ringing the GP, then they ring me [relative]", "They always ask me, even ring me when I am not in; they are very good" and "They normally ring me, or doctor rings me and discusses what is happening" and "[Person] is involved when doctors are here and they (the service) are on the phone (to me) by the minute. So [person] is in the know."

We looked at how the service supported people at the end of their lives. In care records we reviewed we saw that some people had care plans in place to help care staff support them according to their wishes. We

found these clearly identified people's wishes and requirements. At the last inspection we were told that two staff were completing 'Six Steps' end of life training. This training should help staff support people when planning for their end of life so their wishes were considered and planned for. We did not see evidence of training undertaken by staff from December 2015 to January 2017 so we were unable to verify if this training had been cascaded.

Is the service responsive?

Our findings

People we spoke with and their relatives said the care staff knew them well and knew what their individual needs were. For example, how they took their medicines and knowing what drinks they preferred. One person said, "In the care plan, you can choose to have a picture if you wanted to." Another person told us, "They allow me to express my views, they take my lead." Relatives said, "The care plan is personalised, pretty much really their own plan, it normally takes a few weeks" and "There is a nominated key worker but I don't know who they are for [person]." We observed and we were told that people living at Brocklehurst were supported to maintain good contact with their relatives and friends.

At our inspection in December 2015, we found instances where people's care records did not always contain accurate and up to date information about the care and support they needed. At this inspection, we looked at care records to see what improvements had been made. During the inspection the Nursing Home Service, University Hospital South Manchester told us of a near choking incident involving one of the residents. We reviewed documents relating to this person's care and we found that pre-admission and assessment information did not provide sufficient information concerning the type of diet the person required which would help staff to keep the person safe. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to the maintenance of accurate and complete records to support people safely and effectively.

We looked at three other care records and we found them to be person centred, containing information relevant to supporting that individual. For example, support plans for nutrition, medication, continence and moving and handling needs. Care records also contained personal profiles either completed by the individual or a family member and described what that individual liked and how they wanted to be supported. We saw most care plans were reviewed monthly and changed depending on an individual's circumstances. We found an example of an individual's advanced decision plan that should have been reviewed in early December 2016. An advanced decision is a one you can make now to refuse a specific type of treatment at some time in the future.

During our inspection we observed little in the way of activities taking place. On the noticeboard, we saw there was one activity scheduled for the following day and we saw that this activity did take place. We also saw that one of the residents had been nominated as the new Quizmaster. We spoke with them about this role and they told us they wanted to facilitate regular quizzes but that they would need support from staff. Residents and relatives told us the previous activity coordinator had left the position about four months ago. The administrative officer confirmed this and said the service would be recruiting into the vacancy. One relative told us, "There is nothing much going on. It could be done without taking a lot of time, for example having a link with school kids and having more outside activities coming in." Other comments included: "There is a carer that brings in old films like Laurel and Hardy and old music to encourage the residents. Also, when [person] was doing skittles, they (care staff) would go round to engage other residents" and "Some residents don't get visitors so it would be good for any volunteers to come here and sit with them."

The lack of meaningful activities and recreation to provide stimulation and community involvement to

people was a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they knew how to make a complaint. We saw the provider's complaints procedure was displayed the entrance area of the home. Residents told us, "Yes, I know how, but not met the new manager yet", "I would go to the boss if I had a problem", "I don't know who the manager is, but I would speak to the (care) staff" and "Since the management has changed they don't want to know." Two relatives told us they would contact the area manager and had done so in the past to raise any concerns.

Is the service well-led?

Our findings

At the last inspection we identified several areas for improvement that we asked the provider and registered manager to address. At this inspection we checked to see whether these had been done. We found that action had been taken in some areas and these were either fully or partially completed. However, other improvements had not been systematically implemented as evidenced by the ongoing breaches of the regulations identified within this section and the entire report. This meant the provider and the registered manager had failed to comply with the requirements that had been identified.

At the time of this inspection, the service did not have a registered manager in since August 2016. There was a manager in post who was in the process of registering with the Care Quality Commission. This manager was on annual leave at the time of this inspection. Interim management cover was being provided by one of the provider's area managers and a registered manager of another of its services. These managers facilitated our inspection process.

We asked people and relatives if they knew who the manager was and if the service was well managed. People and their relatives provided mixed views on this. Comments included, "The new manager has not introduced themselves and just walks past the rooms and communal lounges", "I feel very disappointed, (they don't) seem to interact with the residents. If I felt a need I would speak to them, I would do – (they are) very aloof", "I've met the new manager who seems firm but a fair type of person" and "I don't know who the manager is, but would speak to the staff."

We noted the service had a system of recording accidents and incidents that occurred. Staff we spoke with were able to explain the process of reporting any incident that occurred. This process should help to ensure people were protected from risk of harm. However we noted that incidents were not analysed to identify risks and measures to be taken to reduce reoccurrence.

We asked the area manager about the systems in place to monitor the quality and standard of care provided. They told us the manager of the service undertook monthly audits and peer audits were undertaken every two months by a colleague from one of the provider's other services. We saw evidence of this. The area manager said they undertook quarterly audits of the home. They told us part of their audit role was to undertake focussed audits on specific areas of concern identified in managers' weekly updates. At the time of writing this report, we requested but did not receive these documents.

We saw the manager had undertaken some audits. We reviewed monthly audits of accidents and incidents from January 2016 to December 2016. We noted there was no analysis of this information to identify areas for improvement and/or training requirements. We found records relating to care plan audits undertaken in November 2016, December 2016 and early January 2017 for five residents. There was no record in four of these five files of what action had been taken to correct gaps identified.

We identified additional examples of poor record keeping such as undated handover notes, care documents without signatures and outdated personal emergency evacuation plans (PEEPs). PEEPs are plans which detail people's individual needs to help ensure they are safely removed from the premises in the event of an

emergency such as a fire.

We noted that more effective audit processes should have identified the gaps we highlighted above. This meant the manager and the provider did not have oversight of the service's operations and an effective way of knowing that the service people received was of a safe and good standard.

We saw that the service's business continuity plan required review since the last time it had been updated was in November 2015. This document provides details on how the service would operate and what needs to be done in the event of an emergency, such as electricity failure, to ensure people's care is not adversely affected.

We requested but were not provided with information to demonstrate that people and relatives were given the opportunity to provide feedback about care and support in a systematic way. We do acknowledge however the service had scheduled residents' meetings to start in 2017 which should provide an appropriate forum for such discussions. This should help the service to continually evaluate and improve on its service provision.

Throughout our inspection and immediately after, we requested records and documents relating to the running of the home such as safeguarding incidents, staff training and supervision/appraisals, complaints log and how these concerns were dealt with and quality assurance. We did not receive all documents requested and therefore we have made our judgements based on the information received.

The above issues were a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to establishing appropriate and effective systems to monitor and evaluate the quality of the service provided and maintaining accurate and complete records to support people safely and effectively

The area manager said there was the need to embed better management processes at Brocklehurst and to support the new manager in their role. They said and we saw this had been discussed and agreed with the provider.

We noted that staff meetings were held in June 2016, September 2016 and January 2017. It is important that staff are given the opportunity to highlight and discuss service related matters with their colleagues and management. This helps to ensure the service continues to provide safe and effective care. We saw that a schedule of quarterly staff meetings was arranged for 2017.

We saw that the provider had a number of policies and procedures in place to guide staff. We saw that most policies were current and indicated they would be reviewed in 2017. Staff told us they could access company policies and procedures and they had done so if they were not sure about a particular area. This should help to ensure that staff have updated information that reflects current legislation and guidance.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care |
| Treatment of disease, disorder or injury | The service did not provide any meaningful activity or recreation that encouraged stimulation and community involvement for people living at the home. Regulation 9 (1) |

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed |
| Treatment of disease, disorder or injury | There was a lack of robust recruitment processes to help ensure the suitability of staff working at the service. Regulation 19(2) |

This section is primarily information for the provider

Enforcement actions

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

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent |
| Treatment of disease, disorder or injury | No evidence consent to care had not been obtained in the appropriate way. |

The enforcement action we took:

Warning Notice

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | Ineffective quality assurance processes that did not provide robust oversight of the service's operations Business continuity plans had not been updated and contained irrelevant and old information. 17(1) Insufficient information in care records to help guide staff to keep the person safe. Care record reviews not completed as scheduled. Undated care records e.g. handover notes, care records with no signatures, outdated PEEPs 17(1)(2)(c) No evidence to demonstrate people/their relatives had the chance to provide feedback about the service provided 17(1)(2)(e) |

The enforcement action we took:

Warning Notice