

Nellsar Limited

Bromley Park Dementia Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced focused inspection took place on 25 and 26 July 2017. The inspection was planned to focus on the more significant breaches of regulation and areas of significant risk we had found at our last comprehensive inspection on 7, 10 and 12 April 2017.

At the comprehensive inspection in April 2017 we had found serious breaches of regulations around the governance of the home. This had impacted on the safe running of the home and the systems used to assess and monitor risk which had negatively affected people's care and safety. The provider's quality assurance checks had not been effective at identifying the concerns we found. We took enforcement action and served a Warning Notice which told the provider to meet legal requirements in respect of the regulation breached by 5 June 2017. The home was rated Inadequate overall and was placed in special measures. We had discussed our concerns with the provider and manager at the time; the provider had voluntarily agreed to impose their own embargo on new admissions during the inspection and this remained in place at this inspection.

Following our inspection we had raised concerns about our findings with the local authority and Clinical Commissioning Group. A number of safeguarding alerts were raised in relation to people's care; these were under investigation by the local authority at the time of this inspection. The local authority had also imposed an embargo on new admissions to the home on 5 May 2017; this also remained in place.

This report only covers our findings in relation to the more serious breaches identified at our last inspection and in our warning notice. You can read the report from our last comprehensive inspection, by selecting the link for Bromley Park on our website at www.cqc.org.uk. Other breaches of regulations were found at the comprehensive inspection in April 2017 in relation to medicines management, following safeguarding processes, person centred care, staff training and staffing levels. We served requirement actions and the provider sent us an action plan in respect of these breaches. This will be followed up at the next comprehensive inspection which, because the home is in special measures will take place within six months of the publication date of the report from the comprehensive inspection in April 2017.

Bromley Park Dementia Nursing Home is registered to provide accommodation and nursing care for up to 50 people living with dementia. On the day of the inspection there were 33 people using the service.

There was no registered manager in post at this inspection. There had been a number of managers at the home since the departure of the previous registered manager in October 2016. At the time of the last comprehensive inspection in April 2017 a new manager had recently started at the home; however, they left the home at the end of May 2017. The provider's practice development manager had become the manager of Bromley Park at the beginning of June 2017. They were in the process of submitting an application to register as manager with the CQC. 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.'

At this inspection we looked at the action taken to address the more significant breaches of regulation we had identified in the Warning Notice served on the provider following the last inspection. Relatives told us they felt there had been changes for the better. We found improvements had been made to the systems of identifying, assessing and monitoring risk and there were improvements in the governance at the home. There was a range of protocols in place to guide nurses about the actions to take in response to sudden deterioration in people's conditions. Audits were carried out to monitor people's clinical care to track that relevant actions were taken and any identified learning could be provided to staff. Care following an accident or incident was tracked to ensure all necessary actions were taken. Improvements had been made to the monitoring of people nursed in bed.

Improvements had been made to the systems to track nutritional needs and weight loss and to inform the kitchen staff of people's dietary needs.

The system to monitor equipment and the safety of the premises had improved and a system of regular checks was now in place. However, we have recommended that the provider refers to current guidance and seeks advice from a reputable source to ensure there is a robust legionella risk assessment available for future inspection in line with current guidance.

Improvements were needed to ensure the processes described above were routinely and consistently followed and they needed time to fully embed. We will check on this improvement at our next inspection.

The home remains Inadequate in safe. This is because although there have been improvements there are three outstanding breaches in this key question identified at our last comprehensive inspection in April 2017. The key question safe meets with the characteristics of Inadequate, and, these breaches will be followed up at the next comprehensive inspection. We found sufficient improvements to change the rating of the key question well led to Requires Improvement because our findings evidenced that it meets the characteristics for this rating. The overall rating is now Requires Improvement in line with our characteristics for awarding ratings. We will continue to monitor improvements closely as the home remains in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Risks in relation to the systems for monitoring equipment had been reduced. There were now regular checks on equipment and the premises to ensure any risks were identified and addressed.

We have made a recommendation about seeking further guidance on the prevention and control of legionella bacteria.

Improvements had been made to the maintenance of records in relation to the tracking of risks although further improvements were required to ensure these were consistently maintained.

There were other breaches of regulations in this key question not looked at during the focused inspection; therefore despite the improvements found this key question remains rated Inadequate.

Inadequate ●

Is the service well-led?

The home was not consistently well led. Improvements had been made to the systems to monitor and track risks to people's safety. New protocols were in place to guide staff on a range of issues and checks were made to ensure any necessary actions were completed.

Improvements had been made to the systems to monitor for weight loss and to ensure effective communication with catering staff about people's needs. The system to monitor and track care for people nursed in bed had improved. However, the systems needed time to embed and for all staff to fully understand them and use them consistently.

Requires Improvement ●

Bromley Park Dementia 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 undertook this focused inspection of Bromley Park Nursing Home on 25 and 26 July 2017. This inspection was carried out to check that improvements to meet legal requirements following enforcement action taken after our comprehensive inspection on 7, 10 and 12 April 2017 had been made by the provider. We inspected the service against part of two of the five questions we ask about services: is the service safe and is the service well led. This is because the service was not meeting legal requirements in relation to parts of those questions at the last inspection and we had considered the risks sufficient to take enforcement action to address these areas.

This inspection was unannounced and was carried out by one inspector, a specialist advisor and an expert by experience on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day a single inspector returned to the service to complete the inspection.

Before the inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements. We spoke with the local authority who commissions the service and the local authority safeguarding team and used the information to help inform our planning.

During the inspection we spoke with people at the home, however, most people were unable to express a view about their care and support. We therefore observed the care provided in relation to the concerns found at the last inspection and tracked that this care met their recorded needs. During the inspection we

spoke with four relatives, a visitor to the home, a visiting health professional and the visiting GP.

We also spoke with the chef, the maintenance person, the activities coordinator, four care workers, two senior care workers, two agency staff members, two nurses, the head of operations, the acting manager and the deputy manager. We looked at seven people's care records. We also looked at records held by the service including audits and checks on the quality of the service provided.

Is the service safe?

Our findings

At our comprehensive inspection on 7, 10 and 12 April 2017 we had found a serious breach of regulations as systems to monitor and track risks to people using the service were not always followed and accurate records in respect of these risks were not always maintained, for example in relation to the care and monitoring of wounds or monitoring of some health conditions.

At this inspection relatives told us they felt there had been improvements to people's care and that staff were aware of possible risks to the people they supported. They felt there was still some room to improve. One relative said, "Things are better, there are little things but the care is better." Another relative remarked, "It is a slow improvement."

Records in respect of risks to people were better maintained. We saw that wound care plans were reviewed and followed guidance from health professionals. We tracked people's care and saw they were provided with suitable pressure relieving equipment to try and aid healing. Wound care charts to monitor progress in healing or deterioration were mostly completed accurately and there were photographs and body maps to monitor healing. However, some improvement was needed to ensure a consistent and detailed tracking of the progress of healing. We found for two people although staff were following a new skin care plan, after recent changes made by health professionals, the care plans had not been updated to reflect their current needs.

Records in relation to diabetes monitoring had improved and we saw people's monitoring records were up to date and action taken in line with their care plan as required.

We found improvements had been made to the maintenance of records in relation to the tracking of risks, most risk assessments we looked at were reviewed regularly although further improvements were required to ensure these were consistently maintained. We found for one person who had experienced a recent fall and posture changes that their risk assessment had not been updated as required to reflect their changing conditions. This was sent to us following the inspection.

Since the last inspection there had been some issues with the contract for the visiting GP practice which had recently been resolved. We spoke with the new visiting GP who told us they thought staff were attentive to people's needs and that the nurses and manager were aware of possible risks and communicated effectively with them.

At the last inspection in April 2017 the system to monitor possible risks from the use of equipment and the premises was not always effectively operated. We had found concerns about the monitoring of pressure relieving equipment, bed rails and wheelchair checks. Since the last inspection there had been a full audit of the beds and mattresses used at the home and replacements ordered where needed. A new detailed bed check was in place to monitor for any problems with equipment. Staff were aware of how to check the settings for pressure mattresses and we saw these were routinely checked. There was a new system for monitoring the maintenance and safety checks around the home. There was a daily report completed by the

maintenance person which was signed off by the manager so they were aware of any recurring issues. The manager told us they were in the process of developing a more detailed room check and check for communal areas in order to ensure robust monitoring of the premises and equipment. We found regular checks on equipment such as hoists, wheel chairs and fire safety equipment had been completed and checks on the premises including window checks and hot water temperatures had been carried out.

We saw the premises checks had identified and assessed risks from some call bells not functioning in some bathrooms and action had been taken to reduce possible risks. Work was being carried out by an external company during the inspection to resolve the issue. Actions in relation to recommendations from a fire risk assessment were being completed and there was an action plan to track progress.

The provider had a legionella risk assessment audit that had been completed in March 2017 but we were not assured that the record provided evidenced the full risk assessment in line with current guidance. We therefore recommend the provider seek advice from a reputable legionella prevention service to ensure a detailed legionella risk assessment and any necessary management records in line with current guidance are available for future inspection.

Improvements had been made in the areas we inspected although some further improvements were identified. However there were three other breaches of regulation under this key question from the comprehensive inspection which we did not look at during this inspection. Therefore the key question remains rated Inadequate and we will check on the action to address these breaches at the next comprehensive inspection.

Is the service well-led?

Our findings

At the last comprehensive inspection we had found serious concerns about the way the home had been managed and the extent and level of these problems which had not been identified by the provider's own quality monitoring processes. We found concerns across a number of key areas. Systems to monitor risks to the changing health needs of people at the home were not effectively operated.

At this inspection we were unable to seek people's views about this area but we found improvements had been made. Relatives told us they thought the home was 'better run' than before. They told us they knew the new manager and said they were approachable and would act to resolve any concerns. One relative said, "The manager is making changes and she is always available if needed." There were now a series of protocols to guide nursing staff in relation to people's clinical care these included deterioration in people's health, following an accident, head injury, infection, to assess for choking risk, and managing behaviour that may require a response. These were available in the nurse's office for easy reference and staff knew where to find them. One staff member told us; "It is better now we all know what we are doing."

We tracked three recent minor accidents to people since the last inspection and found that relevant action had been taken to ensure people's safety, clinical observations were completed as planned and guidelines had been mostly followed. There had been no further incidents of concern about the monitoring of risks to people's changing health needs since the last inspection. However some improvements were still needed to ensure this system worked consistently as we found one person whose falls risk assessment had not been reviewed despite experiencing a recent fall. This meant current risks may not have been fully assessed to reduce any further risks of this reoccurring. The manager updated the risk assessment and sent it to us following the inspection.

At the last inspection we had found audits to monitor risk, and to monitor and improve the quality and safety of the service failed to identify the lack of a robust system to keep catering staff informed about people's dietary needs. Immediate action had been taken to address this at the last inspection. We checked to see if these changes had been sustained.

At this inspection we were unable to seek people's views about their experiences in these areas. However, relatives told us that they found their family member's diets were followed and regular staff were aware of any possible risks. One relative said, "I think that has improved now. The staff are aware of [my family members] needs. There are plenty of drinks too."

We found improvements had been made in this area. The chef had a board on which to display current information about people's dietary needs and risks. This included any risks in relation to medicines, allergies, dietary consistency and if they needed to be offered a fortified diet. The board reflected accurately the current information about people's individual risks. There was also a dietary notification form that the chef told us was provided by care staff when anyone's needs changed.

At this inspection we tracked six people's dietary risks and found the food and drink they were provided with

met their needs and any risks had been acted on. We observed that people who were at risk of choking were supported to eat at a relaxed pace with appropriate diets and re-positioning to reduce risks.

Staff awareness of people's nutritional needs had been increased through the use of a nutritional advisor. Staff told us they had received training about choking risk to improve their awareness and knowledge since the last inspection. The manager told us new training dates were organised for new staff that had come to work at Bromley Park since this training had been provided.

We identified that some improvement was still needed to ensure it was robust. We found two people's dietary notifications stated that they should avoid coffee to ensure the effectiveness of the medicines they were prescribed. However, their stated drink of preference on the same record was coffee. This did not impact on one person for whom we found their medicines had been changed which meant these issues were no longer relevant but their dietary notification sheet had not been updated to reflect this change. The manager agreed to discuss the advice and preferences on the notification sheet with the home's nutritionist and GP to ensure they were accurate.

Improvements had been made to systems to identify those people at risk of weight loss and malnutrition and to monitor these risks through regular weight checks and referrals to dietitians, where this was appropriate. People who had previously been identified as losing weight we tracked to establish their weight was stabilising and being monitored. At this inspection we found that dining staff and care staff had detailed information about people's needs in respect of fluid intake and guidance about fluid consistencies was readily available and corresponded with guidance from health professionals.

Improvements had been made to the completion of food and fluid charts to monitor for possible risks. These were now regularly completed. However, further improvements were needed as we found the fluid charts were not regularly totalled or signed by nurses to evidence they were aware of possible issues about poor intake or to track clearly any action taken as a result of low intake. In addition staff recorded people's intake in their daily charts; but, there was also a folder in the dining room to record when people with a low body mass index or at risk from sudden weight loss were provided with fortified drinks. Staff were not consistently using this folder as a record and sometimes recorded in the daily charts. It was therefore difficult to establish people's fluid intake accurately and whether they had received their fortified drinks to reduce risk of further weight loss. We discussed these issues with the manager who told us she was working with staff to ensure the systems were consistently followed.

At the previous inspection in April 2017 we had found that charts to monitor the care of people nursed in bed were not always completed or monitored by nursing staff to assess and mitigate risks to people using the service. At this inspection we found improvements had been made and charts were being regularly completed. We saw these issues had been discussed with the staff team and the importance explained and spot checks were carried out on the charts. However some improvement was needed to ensure all staff understood about the importance of ensuring a positional change to reduce risks to skin integrity and to record any changes accurately as we found two charts which recorded that staff had not always repositioned people on a different side or position in line with their care plan. The manager told us they were monitoring the completion of the record through spot checks and had identified these issues and was working on improvements with staff.

At the last inspection systems had failed to identify that night staff had not all taken part in a fire drill. At this inspection staff told us they had taken part in a fire drill following the last inspection and we confirmed this from records and saw new night staff were taking part in a fire drill later in the week. Training was also being provided later in the week on the use of fire evacuation equipment. Some improvement was needed to the

recording of fire drills to ensure any issues were identified and staff shared learning.

At the last inspection we found the system for assessing monitoring and mitigating risk with regard to agency staff induction and staff disciplinary issues was not effective in identifying and reducing risks. At this inspection improvements had been made and we saw any disciplinary process was recorded and referrals made to relevant bodies where appropriate. Record showed there was a detailed induction process for all agency staff and agency staff at the inspection confirmed they had an induction before they started to work at the home. Relatives told us some improvements could still be made to the induction for agency staff as they were not always familiar with people's needs. One relative told us, "Everyone is very kind, the regular staff are good and some agency but other agency staff don't seem to always know what people need and don't always record in the charts." We discussed this information with the manager who said they always paired a new agency staff member with a more experienced staff member when they first started and they had a copy of the handover summary to reduce risks.