

Brookfields P.N.H. Limited

Brookfields Private Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 14 March 2016. The inspection was unannounced. At our previous inspection on 22 October 2013 the provider was not meeting all the regulations we checked. At this inspection improvements had been made in medicines management and recruitment procedures.

Brookfields Private Nursing Home provides nursing and residential care for up to 36 older people who may have a physical disability. There were 33 people living at the home at the time of our inspection visit. Accommodation is provided over two floors with access via a stairwell and two passenger lifts. Communal living areas are located on the ground floor. All bedrooms have ensuite facilities. There are landscaped garden areas with seating.

There were two registered managers in post. One registered manager took a clinical lead whilst the other registered manager was the business lead. 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.

The provider understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. However mental capacity assessments had not been completed. Deprivation of Liberty Safeguards (DoLS) applications had been made to ensure people's rights were protected. Staff gained people's verbal consent before supporting them with any care tasks and promoted people to make decisions.

People we spoke with said they felt safe at Brookfields Private Nursing Home. Staff were knowledgeable as to whom they should report information to should they believe someone was at risk of abuse.

Systems were in place to manage people's medicines and medicines were stored safely. Risk assessments and care plans were kept up to date. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way.

Staffing levels were monitored to ensure people's needs were met. The provider's recruitment procedures ensured suitable staff were employed to work with people who used the service. Staff received training to meet the needs of people living at the service and received supervision, to support and develop their skills.

People's needs and preferences were met when they were supported with their dietary needs. People were supported to maintain good health and to access health care services as required

Staff were caring in their approach and had a good understanding of people's likes, dislikes and preferences. Staff supported people to maintain their dignity. People were supported to maintain and develop their social interests. People felt confident that they could raise any concerns with the managers.

There were processes in place for people and their relatives to express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the registered manager's and provider to drive improvement.

Staff felt supported by the management team. The leadership and management of the service and its governance systems ensured consistency and quality in the care being provided.

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 felt that the support provided by staff was safe. Staff understood their responsibilities to keep people safe and protect them from harm.

Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in their care plans.

There were sufficient staff to support people who used the service.

Recruitment procedures ensured that the staff employed were suitable to work with people.

People received their medicines at the right time and medicines were stored and managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had received appropriate induction and training to ensure that they could support people.

People were protected under the Deprivation of Liberty safeguards.

People were supported to maintain their hydration and nutrition.

People were referred to the relevant health care professionals when required, which promoted their health and wellbeing

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and caring.

People's privacy, dignity and independence was respected and promoted.

Is the service responsive?

Good 

The service was responsive.

People received a personalised service that took account of their individual needs and preferences.

People using the service felt confident that any concerns they raised would be listened to and action would be taken.

Is the service well-led?

Good 

The service was well-led.

There were two registered managers in post and they demonstrated good management and leadership skills.

The service had an open and friendly culture and people found staff were approachable and helpful. People were encouraged to give their views about the service.

Staff were complimentary about the support they received from the management team and were able to share their views about the service's development.

The provider's quality assurance and governance system were effective ensuring that the quality and safety of the service was maintained.

Brookfields Private 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 visit took place on 14 March 2016 and was unannounced. The inspection was carried out by two inspectors.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. The PIR was detailed, providing information on the providers plans for the service over the next 12 months.

We reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about. We contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with nine people using the service and two relatives. We spoke with the registered provider, two registered managers and four staff.

We reviewed records which included four people's care records to see how their care and treatment was planned and delivered. We observed how people were supported during their lunch and during individual tasks and activities. We reviewed three staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Is the service safe?

Our findings

At our previous inspection in October 2013, we found there was a breach in meeting the legal requirements relating to the management of medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a risk that unauthorised people may be able to access medicines, as they were left unattended.

People told us they were supported to take their medicines and confirmed that they received these as prescribed. At this inspection visit we saw that medicines were stored securely and safely and were not accessible to people who were unauthorised to access them. We observed staff administering people's medicines. People were given a drink and time to take their medicines whilst the staff member stayed with them to ensure medicine had been taken before recording this. The medication administration record (MAR) charts we looked at were completed accurately.

At our previous inspection in October 2013, we found there was a breach in meeting the legal requirements relating to recruitment procedures. This was a breach of Regulation 21 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that improvements had been made in this area. We looked at three staff recruitment files which contained all the necessary recruitment information in place. This included checking people with the Disclosure and Barring Service (DBS) and proof of identification. The DBS is a national agency that keeps records of criminal convictions. This demonstrated that the provider carried out pre-employment checks on staff ensuring their suitability to work with people using the service.

We asked people using the service if they felt safe at the service. A person told us, "I feel safe here. The staff never force you; I can do what I want." Another person told us they felt safe because staff were available at night to look after them. Another person said, "I am perfectly safe at the service, I feel safe with the support provided by staff." A relative told us, "Staff look happy and it shows in people's care. I have never found [Name] wet. They are always clean, eat well and their weight is stable. Staff check on [Name] through the night."

Staff told us they had attended training in safeguarding (protecting people from abuse). Records we looked at confirmed this. The members of staff we spoke with demonstrated a good understanding of the types of abuse people might be at risk of. Staff could tell us in details what actions they would take if they had concerns for the safety of people who used the service. The provider had processes in place to ensure safeguarding concerns were reported to the local authority safeguarding team. Staff told us they were aware of the whistleblowing policy to report concerns and knew they could contact external agencies such as the local authority or the Care Quality Commission. This meant that people who used the service could be confident that issues would be addressed and their safety and welfare promoted.

The information sent to us by the provider before our inspection visit confirmed that they risk assessed all activities that they undertook which included their daily routine, the building and equipment and, individual risk assessments for people using the service. We found people had clear care plans and risk assessments and that these were being followed. We saw these were kept under review to ensure the person's safety. Staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. This included using the correct equipment when moving a person and making sure footplates were used on wheelchairs. Staff also stated that they ensured people's nurse call buzzers were within reach, so they could call for staff when required. Staff confirmed they had all the equipment they needed to assist people, and that the equipment was well maintained. The maintenance records showed that equipment used was serviced and maintained as required to ensure it was in good working order and safe for people.

Most of the people we spoke with told us there were enough staff to meet their needs. One person said, "There are enough staff. Staff never say they don't have enough time to support you or cannot do something." Another person said, "On the whole there are enough staff." A relative said, "It always seems that there are plenty of staff. [Name] needs two staff to support them. There is always at least one nurse." However two people told us that maybe another member of staff was needed in the day. One person said, "Sometimes I have to wait for a while, but the staff will always tell me if there will be a delay." Staff also told us staffing numbers were sufficient to meet people's needs. One member of staff said, "I think staffing is fine."

We discussed staffing requirements with the provider who explained that they used their experience to determine the staffing levels required, which was done in accordance with people's needs. The provider said they listened to their staff about people's needs and the levels of staffing so they could make adjustments to staffing levels when required.

We observed that nurse call bells were answered promptly. One person stated "The response to nurse call bells is very good." However another person told us that staff didn't always come quickly. The person said, "This morning it was 15 minutes, sometimes it is quite quick."

Systems were in place to monitor and record any incidents and or accidents. Staff we spoke with were aware of reporting incidents and completing the necessary documentation. Staff told us if they were the first to respond to an accident they would make sure the person was okay and then would use the emergency button to get help. They explained the nurse would assess the person. This provided assurance that appropriate action was taken to ensure the safety and wellbeing of people.

People told us the environment was well maintained. One person told us, "The rooms are always spotless and always immaculate." Staff told us that personal protective equipment (PPE) was readily available. PPE is equipment that will protect the person against health or safety risks at work, i.e. gloves, aprons and clothing. We found the home to be clean and well presented.

Is the service effective?

Our findings

People we spoke with were very complimentary about the care and support provided by the staff. People felt that the staff were well trained. One person told us "The staff understand my needs, they seem well trained. If I have any questions they are able to answer them." Another person said "I think it takes a little time for staff to understand your needs. They work with you, making sure the care is personalised to the person." One relative told us that they thought staff were trained to meet the needs of their family member.

Staff we spoke with had received induction and training which equipped them to support people who used the service. Staff told us that they received the training they needed to care for people effectively. Training records we looked at showed that staff had completed a range of courses to support people using the service. A member of staff told us "We receive regular updates in training." Staff we spoke with told us that they were provided with an opportunity to discuss their training and development through regular supervision meeting's. Staff told us that they felt supported by the management team. This demonstrated that staff were well supported to meet people's needs effectively.

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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that capacity assessments had not been completed by the provider when the person was thought to lack capacity. For example, one person's care plan stated "[Name] is disorientated to time and place and pleasantly confused." We saw that there was no mental capacity assessment in place for the person. We discussed this with the registered manager who told us that they were not trained to complete mental capacity assessment and would request a DoLS if they felt a person lacked capacity. We saw that for this person there was an authorised DoLS in place. Our observations showed that staff sought consent before supporting people. We also saw staff asking people for on going consent and staff informing people of what they were going to do. A member of staff told us they gained peoples consent by telling the person what they had come to do and asking if that was okay with them.

Some people living at the service were assessed as being deprived of their liberty. At the time of our inspection four people had DoLS authorisations that had been approved. A DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of their care and treatment. The provider told us that staff had undertaken MCA training which was included in the safeguarding training and that they [staff] had received DoLS training. Staff we spoke with and training records we looked at confirmed this.

People we spoke with said they enjoyed the food and were happy with the quality and variety of food

provided. One person told us, "I am on a low fat diet due to a medical condition. The home do their best to support my needs. For example if a meal contains cheese they will get me an alternative." Another person said after finishing their lunch, "I've made full use of my stomach." Another person told us, "The food is excellent you cannot say wrong about the food." A relative told us that their relative was on a soft diet. They said, "The food looks nice and smells nice." They explained that staff gave thought to detail. Throughout the inspection visit we saw that people were provided with refreshments, including hot and cold drinks.

We saw that people's dietary requirements were recorded and people's diet was in line with their records. People's weight had been monitored regularly. The registered manager told us that referrals would be made to GPs and dieticians as needed when risks were identified regarding a person's weight. We saw that referrals were made to GPs and dieticians as needed when weight loss was identified.

One person's records stated they were to be encouraged to eat their meals independently and they had a soft diet. We saw this was taking place. At lunch time we saw that people who required support to eat their meals were seated in the 'parlour'. We observed one member of staff assist a person to eat their meal. They were sat in front of the person and offered them food at a pace that was appropriate to them. We saw that people were offered a choice of food and drink at meal times.

We saw that people's health care needs were monitored and that people were supported to maintain good health.. Referrals were made to the appropriate health care professionals when needed. People told us that their health care needs were met and that doctors and other health care professionals were contacted as needed. One person told us "The optician comes into the home to see me." A relative told us that their family member had access to the chiropodist and doctor.

Is the service caring?

Our findings

People and relatives we spoke with were complimentary regarding the staff team at Brookfields Private Nursing Home. One person told us, "In the main they are very nice staff. The atmosphere is good but I would sooner be at home. The staff are caring some are exceptional." Another person stated, "The staff are very caring." A relative said, "[Name] is well cared for." Another relative told us, "The staff are lovely, they always make me feel welcome."

People said that they felt the staff treated them with respect. They told us that they were encouraged to be as independent as possible, for example managing aspects of their personal care. One person said, "You are allowed to be independent, but also able to get support if needed." Staff gave examples of how they supported people to maintain their independence. These included, giving a person their hairbrush so that they could brush their own hair and giving them a flannel so they could wash their own face and hands. A member of staff said "We encourage people to keep going as much as they can. Even if they only wash their face it keeps them involved."

The provider respected and promoted people's diversity. For example, people's cultural needs were taken into account and promoted. Staff told us of a person who did not eat certain types of foods so that curries were bought in for them. They also told us that on special occasions the person's family have requested that their relative was dressed in traditional dress when they went out with them. They told us this was respected.

Throughout our visit we saw that people were able to make choices about how and where they spent their time. We observed staff knock at people's door before entering. When staff attended to a person they closed the door. A relative confirmed their family member's dignity and privacy were respected. They said, "I have seen them knocking doors before they go in. They [staff] observe people's dignity."

The provider had a process in place to support people to be involved in developing their care plans and express how they wanted their care to be provided. People told us that they were involved in decisions made about their care and how they wished to be supported

We saw that there was information regarding independent advocates available at the service. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives. A person we spoke with told us that they had seen an advocate regarding a particular situation. Staff told us that if a person wanted information on advocacy services they would share this with the registered manager.

People told us that they were supported to maintain relationships which were important to them. One person said "My daughter comes and visits me." Another person told us that they maintained regular contact with their family via telephone or by visits. A relative told us that they were able to visit their family member anytime. This showed that people were supported to maintain contact with people who were important to them.

Is the service responsive?

Our findings

People told us they were supported to take part in things they enjoyed. We observed that people were going out into the wider community with support or independently. For example one person had access to their own car which they used independently, to travel to work. A person told us, "The home does organise activities but I prefer spending time on my own. I have internet access which gives me mobile connection to the outside world." Another person said "It is up to me how I want to spend my time, there are no restrictions." A relative told us that notices were displayed in the reception area of events taking place. For example, events for Easter and when there was a Christmas fair. They told us staff tried to engage their family member in activities. The registered manager told us a person living at the service was a keen gardener prior to moving to the service. The registered manager stated that they listened to the person and put measures in place to enable the person to have a patch of garden to tend to. We spoke with the person, who told us "I thoroughly enjoy spending time gardening. I have my own patch of garden, in addition to this the home have also purchased a greenhouse for me. I have a pendant alarm which I have used when I lost my balance the staff came out like lightening checking that I was ok." People were supported to pursue their religious beliefs, including attending local places of worship if they wished and there was a weekly faith service at Brookfields Private Nursing Home. This demonstrated that people were able to engage in hobbies and interests which they enjoyed.

A newsletter 'Brookfields Gazette' was produced by the provider every quarter for the people living at the service and their representatives. These included details of the refurbishment programme, resident's news, meet our residents and activities update. We saw that this was available in the reception area. One person told us, "Yes I have seen a copy it's informative".

People's care records showed that pre admission assessments had been completed before they used the service. This had been done by gathering information from people and their relatives. This demonstrated that the provider had assured themselves they were able to meet people's needs. People's care plans were reviewed and were up to date, which involved people using the service and their relatives. We saw that staff monitored people's health and welfare so that any changes in well-being were monitored to enable the appropriate action to be taken.

Care records we looked at were individual to the person, to guide staff to support their individual care needs. Areas of need had been identified and associated risk assessments carried out. Staff we spoke with were knowledgeable about people's needs, preferences and routines. They were able to describe to us how they met people's care needs and how they supported people to express choices.

People using the service we spoke with, told us that the management would act upon any complaint they had. One person said "I have not had to make a complaint. If I did have a concern I would speak with the matron she is very good and would listen." Another person stated, "I spoke with the matron about a concern I had, who took action. I was impressed with the speed of the action." However one person told us, "They didn't tell me how to make a complaint but I would speak to [Name]." A relative told us that they would approach management face to face if they had any complaints and said, "I have no concerns."

The PIR sent to us by the provider before our inspection visit confirmed that all complaints and concerns were treated with the utmost respect and thoroughly investigated. We looked at the provider's systems for managing complaints. The provider told us that they service had received one complaint in the last 12 months. Records were kept of complaints received which showed they had been addressed. Staff we spoke with knew how to respond to complaints if they arose. They told us if anyone raised a concern with them, they would share this with the management at the service.

Is the service well-led?

Our findings

People we spoke with were very happy with the support that was provided by the service and expressed no concerns with how it was managed. One person said, "I think it's a well-managed service. They have sorted out things for me." Another person told us, "The management are very approachable. There is a good atmosphere at the home, the staff work as a team." A relative said that the manager was approachable. This demonstrated that people using the service had confidence in the management of the service and felt listened to.

The information sent to us by the provider before our inspection visit confirmed that the provider had a supportive management team. It stated, "The management team are always on hand or contactable for advice and discussion. We believe in working to people's strengths." All the staff we spoke with told us that the management team were approachable. Staff spoke positively about the registered managers who they found supportive and provided good leadership. One member of staff told us, that the management team were definitely approachable. They said, "Everyone respects them. They are not afraid to get their hands dirty." Another member of staff stated "The manager says come to me if there are any issues. I get on well with them all. We have a good balance. I can talk to them and I have no concerns."

We were told by management team that staff meetings took place. Staff confirmed that meetings were held on a regular basis to inform them and provide an opportunity for staff to give their views and opinions. They [staff] told us that if they were unable to attend minutes were available to them. We looked at a sample of team meeting minutes which showed that meetings took place regularly. This provided assurance that staff were given the opportunity to make their views known and for management to share information about the service.

People and their relative told us that their views about the service were sought through individual discussions and meetings to drive improvement. A person using the service told us that a 'residents meeting' took place a month ago, which was chaired by the provider. They told us that people gave their opinions and had the opportunity to discuss significant issues such as funeral arrangements. A member of staff told us that a suggestion from a meeting was to have sherry. They said the provider had listened and actioned a sherry time, which we observed taking place. There was also a suggestions box in the reception area, which people could use to provide any feedback or suggestions on the service. The registered manager told us that they have sent out satisfaction surveys to people who used the service and their relatives to gain their views of the service. We saw a sample of surveys returned, for example one relative commented, "The staff are friendly and approachable. They are willing to help with any queries."

The provider kept a record of the checks they made of the quality of the care, this included checking equipment, medicines management and accidents and incidents. We saw that audits had been completed and improvements made where actions had been identified. For example audits of medication administration records were completed to ensure they had been completed accurately. We also saw that a member of staff sustained a fall in the external grounds of the service, which resulted in additional lighting being put in place. This showed us that continuous monitoring was undertaken, so that action would be

taken to implement improvements where necessary.

The registered manager was aware of their responsibility to notify us of changes, events or incidents.