

Kidderminster Care Limited

Brownhills Nursing Home

Inspection report

29-31 Hednesford Road
Brownhills
Walsall
West Midlands
WS8 7LS

Tel: 01543374114

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23 August 2021

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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

About the service

Brownhills Nursing home is a residential care home providing accommodation, nursing and personal care to 46 people at the time of the inspection. The service can support up to 48 people. The accommodation is provided in one adapted building with bedrooms on the ground and first floor.

People's experience of using this service and what we found

We found audits of care records could be improved to ensure safety checks were taking place and recorded information was up to date.

People's needs were assessed before they moved into the home to make sure these could be met and it was the right place for them to live.

People felt safe and spoke positively of the staff and of living at the home. Staff understood what they needed to do to keep people safe.

Risks to people's health and well-being had been assessed and monitored to ensure they were kept safe. The provider had safeguarding systems and processes in place to keep people safe. Staff knew the risks to people and followed the assessments to ensure they met people's needs.

The environment was clean and staff observed and followed infection control procedures in line with national guidance for reducing the spread of Covid-19.

Staff were recruited safely and there were enough staff to meet people's needs. Staff received on-going support, training and supervision to be effective in their roles.

People received their medicines when they needed them, and medicines were managed safely by suitably trained staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff spoke positively about working for the provider. They felt well supported and they could talk to the management team at any time, feeling confident any concerns would be acted on promptly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 16 April 2020)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Good ●

Brownhills Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and a specialist advisor who was a nurse. An Expert by Experience made calls to relatives on 24 August 2021. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Brownhills Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. This means the registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and nine relatives about their experience of the care provided. We spoke with eight members of staff including the deputy manager, nursing staff, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with the registered manager who was unavailable on the day of the inspection visit. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- We found improvements were required to ensure risk assessments were accurate and up to date following changes to people's health conditions. For example, we found one person who was high risk of skin damage, their Waterlow risk assessment had not been updated following a change in the person's condition. The change in condition did not alter the person's risk category and we found the person was being re-positioned at the required frequency however care records should be accurate and take into account people's current care needs. The issue was raised with the registered manager who acknowledged improvements were required in relation to care plan audits and risk assessments reviews.
- The provider assessed risk from both people and the environment, we found risk assessments contained information to keep people safe. For example, we saw assessments to manage the risk from people's behaviour and clear instructions for staff to follow. One person's care plan detailed instruction for staff to follow to reassure them when displaying distressed behaviour.
- Staff we spoke with confirmed identified risks and knew how to safely manage risks to keep people safe.
- The home had a programme of daily, weekly and monthly checks in place to keep the premises, people, visitors and staff safe. This included fire safety checks, water checks, servicing and maintenance of all equipment.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "I've completed safeguarding training. Abuse can be in different forms such as physical, verbal, emotional and financial".
- The provider had safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "If I witnessed or became aware of any type of abuse, I would inform our manager. If I was unhappy with how the incident was managed, I would contact the local authority safeguarding team, CQC or the police."
- People and their relatives explained how staff maintained people's safety. A relative told us, "Yes absolutely they keep people safe, when you go in, the staff are knowledgeable and friendly. It is like a well oiled machine. There are key codes on the doors, The staff are looking in the rooms, when I am in there with my [Name of relative], just checking that everyone is okay and happy."
- We found all identified safeguarding incidents had been reported and investigated appropriately.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One relative said, "Every time we go I see enough staff walking about".

- Each person's staffing needs were pre-assessed on an individual basis, which were reviewed and updated regularly as people's individual needs changed.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check enables a potential employer to assess a staff member's criminal history to ensure they were suitable for employment.

Using medicines safely

- People told us they received their medicines when they needed them. One person told us, "I get my medication on time, the staff are very good". Another person said, "They give me pain relief tablets if I need them."
- People's care plans detailed how they preferred to take their medicines including clear protocols for medicines given 'as and when' needed.
- The provider had procedures to ensure medicines were stored and managed appropriately and people received their medicines as prescribed. All staff trained in medicines were aware of and demonstrated they understood the procedures in place.
- Staff who administered medicines had been specifically trained to do so and the registered manager completed regular competency checks to ensure procedures were followed.
- Medicine Administration Records (MAR) noted all medicines were administered correctly and medicine count records accurately recorded the total of each medicine in stock.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by the registered manager to reduce the likelihood of reoccurrence however improvements could be made to the analysis of incidents to identify any trends or themes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.
- The provider used best practice tools to assess and monitor people's needs. For example, those at risk of falls, poor food and fluid intake and poor mobility. The provider followed specific NICE guidance for oral health, people's oral health was planned for and they had access to dental support as needed.

Staff support: induction, training, skills and experience

- People continued to be supported by a staff team who had the appropriate skills, knowledge and training to carry out their roles.
- Relatives were confident staff had the skills and knowledge to meet people's needs. One relative told us, "[Name of person] is very settled and the staff team know what they are doing."
- Staff were positive about the training they received, and they were confident they had the right skills to meet people's needs. A staff member told us, "The training has continued to improve, and my competency is checked."
- Nursing staff had their registration numbers checked to ensure they were legally registered to work as a nurse.
- New staff had completed a comprehensive induction, were well supported and either had health care qualifications or were completing training that covered all the areas considered mandatory for care staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to maintain nutrition and hydration.
- People had choice and access to sufficient food and drink throughout the day, food was well presented, and people told us they enjoyed it.
- People's feedback about food was sought regularly by staff members asking people and making observations. One person told us, "The food is great here, they make whatever I want". People's care records detailed any specialist advice which had to be followed. Kitchen staff also had this information and were aware of when people's diets required modification to help prevent choking, or where they required diabetic or fortified diets.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where required staff monitored people's health and worked well with external professionals to ensure people's health care needs were met.
- Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- Staff had received training about the MCA and understood the importance of ensuring people's rights were protected.
- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care. Staff involved people in decisions about their care and acted in accordance with their wishes.

Adapting service, design, and decoration to meet people's needs

- The design and decoration of the premises was suitably adapted for the people who lived there. We saw appropriate dementia friendly signs to promote orientation and independence for those living with dementia were used throughout the home. For example, signs to individual bedrooms, toilets and bathrooms.
- The premises provided people with choices about where they spent their time.
- People's rooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partner in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a team of staff who were kind, caring and considerate. We observed gentle, kind and thoughtful interactions between staff and people. One person told us, 'The staff are lovely, if I need anything, they will get it for me.'
- One relative told us, "The staff go above and beyond. On one occasion a staff member came in and [Name of relative] introduced me to the staff member, it felt so lovely." Another relative told us, "The staff treat [Name of relative] well, they always encourage them kindly and calmly. The activities [Staff member] goes that extra mile, and [Name of relative] loves them."

Supporting people to express their views and be involved in making decisions about their care

- People, relatives and staff told us how people were supported to make choices regarding their daily life, this included clothing, meals, personal belongings and how people wanted their support to be delivered. One relative told us, "They (staff team) always encourage us to get involved and ask any questions we might have."
- The provider and staff understood the importance of people being treated with fairness and equality. One staff member said, "It does not matter how small it is, if it is something important to them, it has to be included. Everyone has a voice and is included."

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld. People were treated with dignity and respect. We saw staff supported people discreetly and people told us staff respected their privacy and dignity.
- Staff and the management told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space. One staff member told us, "'I always re-assure people, talking to them during support. This is their home so they should always feel comfortable."
- People's confidentiality was respected, and people's care records were kept securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. However, care plan reviews lacked involvement from people, their relatives and representatives. The registered manager stated they would improve care plans reviews and implement a structured review programme that would involve people and their relatives.
- One relative told us, "Communication is good, they phone if we need to know anything. Told immediately by phone or email."
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being. This ensured all staff members were aware of any changes to people's health conditions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs. This meant staff could support people to express their needs and views where the person experienced difficulties.
- Documentation could be produced in accessible formats, such as pictorial and large print for people who required this. The provider told us they were able to make reasonable adjustments to meet the information needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had opportunities to engage in meaningful activities. We saw the staff provided a varied programme of activities each day led by the activities co-ordinator. One relative told us, "The recreation staff have made a real difference to [Name of relative], they got them singing, [Name of relative] really enjoys it".
- People were supported to maintain contact with relatives during the COVID-19 pandemic, for example using electronic devices and phone calls.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints; and felt confident that these would be listened to and acted upon in an open way.
- The service had not received any complaints however the provider had procedures in place to receive and

respond to complaints.

End of life care and support

- At the time of our inspection, no one living at the home was receiving end-of-life care. The provider had procedures in place to discuss people's wishes for what they wanted to happen at the end of their lives and this was recorded in their care plans. This included people's wishes for their funeral, where they wanted to die, who they wanted staff to notify, what family involvement they wanted and any religious or cultural wishes.
- The provider had started to implement the recommended summary plan for emergency care and treatment (ReSPECT). This process is a new national approach to encourage people to have a plan to try to ensure they get the right care and treatment in an anticipated future emergency in which they no longer have the capacity to make or express choices.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found audits of care records could be improved to ensure recorded information was up to date. The registered manager told us, "We needed to improve our care plan reviews and audits, I raised this with the owners, and they approved for a deputy manager to be put in post. We are now working through the care plans to ensure they are accurate and up to date". During the inspection the newly recruited deputy manager showed us care plans they had reviewed and audited. Both the registered manager and deputy manager confirmed all care plans would be reviewed.
- People were supported by staff who were trained and motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff training, skills and competence were regular monitored through observations of their practice and regular refresher training.
- Staff were aware how to raise a concern and told us they would do if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management and staff were passionate about providing people with a high quality, personalised service. This was evident throughout our inspection and from the feedback we received.
- Through our discussions with the management team we determined that they were aware of and acted in line with the duty of candour requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager confirmed an annual satisfaction survey will be issued to provide people with the opportunity to express a view about the quality of the service provided.
- People's views were sought daily when receiving support.
- We found there were regular meetings for staff and their views were encouraged. Staff told us they felt valued and their views were respected. One staff member told us, "The team meetings are productive, it gives us an opportunity to voice our opinions and make suggestions."

- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as regular phone calls with the management.

Continuous learning and improving care

- Feedback from people, relatives and staff was encouraged through meetings and some quality questionnaires. Feedback was used to support continuous improvement.
- The registered manager spent time working with staff on the floor to identify areas that may need improvement.
- The registered manager ensured they always kept up to date with changing guidance. The management team ensured staff were adhering to current guidance and best practice by carrying out spot checks. They also ensured policies had been updated to reflect these changes.
- Staff had completed training and they have access to continued learning so that they had the skills to meet people's needs.

Working in partnership with others

- We found the provider was working in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure that people were supported appropriately.