Care Quality Commission

Alliance Care (Trendlewood) Limited

Brockwell Court Care Home

Inspection report

9 Cobden Street
Consett
County Durham
DH8 6AH

Tel: 01207501851
Website: www.fshc.co.uk

Date of inspection visit:
23 April 2021
30 April 2021
05 May 2021

Date of publication:
07 June 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Brockwell Court Care Home is a residential care home providing nursing and personal care to older people and people living with dementia. The home accommodates up to 75 people across four separate wings, each of which has separate adapted facilities. One of these wings specialises in providing care to people living with dementia. 61 people were living at the service when we inspected.

People's experience of using this service and what we found
Medicines were not managed safely. Audits were carried out but these had not identified or addressed the issues we found with medicines management.

Risks were assessed and addressed. People were safeguarded from abuse. Effective infection prevention and control measures were in place. Accidents and incidents were monitored.

Feedback was sought and acted on. People and staff spoke positively about the management of the service. Staff said they were supported in their roles.

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 15 October 2019).

Why we inspected
The inspection was prompted in part due to concerns received about staff use of personal protective equipment (PPE), medicines management, pressure care and staff knowledge of people's support needs.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brockwell Court Care Home on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines management at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 not always safe.	**Requires Improvement**
Is the service well-led? The service was not always well-led.	**Requires Improvement**

Care Quality Commission

Brockwell Court Care Home

Detailed findings

Background to this inspection

The inspection
This was a targeted inspection to check on specific concerns we had received about staff use of personal protective equipment (PPE), pressure care and staff knowledge of people's support needs.

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
Three inspectors (including a medicines inspector), a specialist advisor nurse and an Expert by Experience carried out this inspection. 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
Brockwell Court Care 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 manager registered with the Care Quality Commission. This means that they 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 held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We reviewed information we had received about the service since the last inspection.

We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with seven people about their experience of the care provided. We reviewed a range of records. This included six people's care records and 12 medicines records. We spoke with 13 members of staff, including the registered manager, area manager, nursing, domestic and care staff. We also spoke with one external professional.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at medicine and audit records.

Requires Improvement

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely
• Medicines were not always administered as prescribed. Records for topical medicines administration were inconsistent.
• We found inconsistencies in the recording of allergies, which placed people at risk of being administered medicines they were allergic to. After our visit the registered manager said these had been corrected.
• Governance arrangements within the service were not robust enough to identify all of the issues we found on inspection. This included ineffective auditing and a lack of a clear medicines policy.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
• Staffing levels were monitored to ensure people were safe. However, we observed that there were periods of time when staffing levels appeared to be low on the unit for people living with dementia.
• The level of support people needed was assessed. However, for some people the level of support needed was unclear and effective monitoring of this had not taken place.
• The provider's recruitment process minimised the risk of unsuitable staff being employed. This included checks on an applicant's employment history and obtaining references.

Assessing risk, safety monitoring and management
• Risks were assessed and plans put in place to reduce the chances of them occurring.
• Checks of the premises and equipment were carried out to ensure they were safe to use.
• Plans were in place to support people in emergency situations.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
• Accidents and incidents were reviewed to see if lessons could be learned to keep people safe.
• Systems were in place to safeguard people from abuse and staff received safeguarding training.

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 using PPE effectively and safely.
• We were assured that the provider was accessing testing for people using the service and staff.
• We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
• 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 the provider was facilitating visits for people living in the home in accordance with the current guidance.

Requires Improvement

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager and provider carried out a number of audits to monitor the quality and performance of the service. These had not identified or resolved the issues with found with medicines management.

Continuous learning and improving care; Working in partnership with others
• Some external professionals told us staff did not always effectively communicate changes to people's support needs to other staff at the service. We told the registered manager, who said handover processes would be reviewed.
• The service had good links with the local community. The registered manager had plans to resume and build on these.

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 registered manager was a visible presence at the service. Comments from people included, "[The registered manager] gets involved, she comes and talks to us all" and, "I know who the manager is. I can make an appointment to see her."
• Staff said they felt supported in their roles and spoke positively about the culture and values of the service. One member of staff told us, "We've got a good team and we work well together."
• Staff openly communicated with people and relatives about the service, including when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Systems were in place to gather and act on feedback from people, relatives and staff. A new survey was planned as COVID-19 restrictions eased.
• People we spoke with said they were engaged in discussions about their care. One person told us, "They regularly ask if everything's still okay."

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. Regulation 12(1).