

Alder Meadow Limited

Brookdale Nursing Home

Inspection report

16 Blakebrook
Kidderminster
Worcestershire
DY11 6AP

Tel: 01562823063

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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

Brookdale Nursing Home is a care home providing personal and nursing care to people aged 65 and over who may have a physical disability and/or who may be living with dementia. The service can support up to 40 people, at the time of the inspection 32 people were living in the home.

Brookdale Nursing Home accommodates 40 people in one adapted building which is over two floors.

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

People told us they felt safe and supported by the staff who worked in the home. Staff recognised different types of abuse and how to report it. The registered manager understood their safeguarding responsibilities and how to protect people from abuse. Potential risks to people's health and wellbeing had been identified and managed. People, and where appropriate, their relatives, had been involved with decisions in how to reduce risk associated with people's care. There were sufficient staff on duty to keep people safe and meet their needs. People's medicines were managed and stored in a safe way. Safe practice was carried out to reduce the risk of infection.

People's care needs had been assessed and reviews took place with the person and where appropriate their relative. Staff had the training and support to be able to care for people in line with best practice. People were supported to have a healthy balanced diet and were given food they enjoyed. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice. 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 did support this practice.

People were supported by staff who treated them well. Staff treated people as individuals and respected the choices they made. Staff treated people with respect and maintained their dignity.

People's care was delivered in a timely way, with any changes in care being communicated clearly to the staff team. People were supported and encouraged to maintain their hobbies and interests. People had access to information about how to raise a complaint. The provider responded to complaints in line with their policy and procedure. People's end of life care needs were met in line with their preferences and done so by staff in a respectful and dignified way.

All people, relatives and staff felt the registered manager had made positive improvements to the home and the way the service was run. The registered manager was visible within the home and listened to people and staff's views about the way the service was run. The provider had put checks into place to monitor the quality of the service provision.

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 requires improvement (published 21 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

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 well-led.

Details are in our well-Led findings below.

Good ●

Brookdale 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.

Inspection team

The team consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Brookdale 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 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 six people who used the service and five relatives about their experience of the care provided.

We spoke with 13 members of staff including the operations manager, registered manager, deputy manager, a nurse, two carers and one agency carer, the cook, the activities co-ordinator, two domestic staff and two maintenance persons. We also spoke with one visiting professionals.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, maintenance checks 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.

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.

Systems and processes to safeguard people from the risk of abuse

- All people we spoke with told us they continued to feel safe by the staff who supported them. One person said, "I feel safe here due to the atmosphere." Relatives also felt their family members were kept safe from harm.
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns. The registered manager understood their responsibilities regarding the action to take to protect people from harm.

Assessing risk, safety monitoring and management

- People's individual risks had been assessed and care plans had been developed with the person, and/or their family involved. The risk assessments we reviewed were up to date with people's current care and support needs.
- All people we spoke with told us staff understood their care and support needs and had the help and support from staff when they needed them.
- All relatives felt their family member was safe and had been involved in conversations with the staff team about how to maintain the person's safety.
- Staff were aware of people's individual risks and how best to support them. There was good communication processes in place, such as daily handovers, daily meetings with heads of department and weekly management meetings which ensured consistent and timely care was delivered.

Staffing and recruitment

- People and relatives told us there were enough staff on duty to meet their needs in a timely way. One person said, "Seems a lot of staff here", while another person confirmed they did not have to wait long for staff to assist when they used their call bell.
- We saw staff remained visible in communal areas and made regular checks on those people who preferred to stay in their rooms.
- Staff told us there were sufficient numbers of staff on duty and that they had time to meet people's needs. They confirmed that there was a good skill mix of staff on duty, where the more experienced care staff worked alongside the new staff and told us this worked well.
- The provider carried out safe recruitment practices before employing staff to work in the home.

Using medicines safely

- People were receiving their medicines when they should. One person told us, "Staff watch me take my medication and offer a drink." While a further person said, "If need painkillers, I'll ask and get them."

- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- People told us staff kept the home clean and well kept. They confirmed their clothes were laundered well.
- We saw the home was clean and smelt fresh.
- Staff understood the importance of infection control to protect people and visitors from the risk of infections. We saw staff using personal protective equipment, such as gloves and aprons when providing support to people.

Learning lessons when things go wrong

- The registered manager completed daily walk around to ensure that staff were providing care and support in line with best practice. Where they identified standards were not as high as expected, this was communicated to the staff member, or during staff meetings to maintain standards of care. Where incidents had taken place, these were reviewed so that learning could take place to prevent them from happening again. The providers representative shared examples of how the staff shared learning from incidents which had happened in other care homes, to improve their knowledge and support offered.

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; Staff support: induction, training, skills and experience

- People's care needs had been assessed and planned in line with best practice.
- People told us staff were confident in their approach and had the knowledge and abilities to meet their individual needs.
- Relatives told us they were happy with the way their family members were cared for and were confident in the staff's abilities to care for their family member.
- Staff were confident in the care and support they provided. They told us they had received training that was appropriate for the people they cared for, such as manual handling.
- There was a good skill mix of staff on duty at the time of our inspection and we saw the team worked well together to provide care and support to people.
- The provider recognised the importance of keeping their staff group up to date with best practice and we saw this reflected in the way they supported people.

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

- People told us they were given a choice of meals to eat during the day and had access to fresh fruit and snacks if they wanted. One person told us, "Meals are quite nice. The meals change daily so I don't get fed up with them. They give you more if you want more."
- Staff understood people's dietary preferences and understood how to meet these.
- Staff monitored people's weight to ensure this remained stable and people remained well. Where people required support with weight management, this was shared with the kitchen staff so their meals could be adapted to suit their needs.
- Staff monitored people's fluid intake to ensure they drank sufficient amounts to remain healthy.
- Where people were on a specialised diet, staff were aware of how to meet their dietary needs, such as who required a softer diet. We found there was good communication between the catering staff and the care staff to ensure people ate meals that were individualised to their specific needs.

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

- People told us they saw their doctor if needed or the advanced nurse practitioner would visit them if they felt this was necessary.
- People confirmed they were supported to attend health appointments, opticians, chiropodists and dental appointments, so they would remain well.

- Staff were aware of people's upcoming health appointments, and so ensured people were ready and prepared to attend these appointments on time.
- An external professional confirmed that people's needs were met, and the care provided was in line with guidance.

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

- The provider was working with the registered manager to further adapt the building to meet the needs of the people who lived there. The registered manager told us how some bedrooms and the lounge area was being adapted to offer better living and communal areas to people.
- The registered manager recognised that most people's bedrooms were small, and this was taken into consideration when considering new people into the home, or when people's needs changed, due to the ability to safely mobilise people.
- We saw that some bathrooms had been updated and the registered manager advised that future plans were being discussed to bring the fixtures and fittings up to date in other bathrooms.

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.

- People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them. We heard staff seeking consent prior to supporting people.
- Relatives confirmed they were involved in supporting the best interest decisions with their family member where it had been deemed the person had lacked the capacity to make these decisions. Relatives felt that where it had been found their family member lacked capacity to make certain decisions, staff supported the person in the least restrictive way.
- Where the provider had deemed people were being deprived of their liberty, applications had been sent to the local authority.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence;

- At the last inspection we found staff did not always respect people's privacy when in their own rooms and people's property was not always treated with respect. At this inspection we saw staff knock on people's doors and waited for a reply before entering. One person said, "Staff knock the door and are polite and understanding". People also confirmed that their clothes were treated with care and they had their own items of clothing returned back to them.
- People told us they were treated in a dignified and respectful way and we saw staff were respectful towards them at all times. One person said, "The carers are really nice, lovely and kind."
- People shared examples of how staff promoted their independence, for example, with maintaining their personal care.
- Relatives confirmed their family member were treated well by staff and their privacy was maintained.
- We found that some communal bathrooms and toilets did not have locks on them to enable people to maintain their privacy. While people did not raise this as a concern, we raised this with the registered manager, who felt this did not affect people who currently lived in the home as people were always supported by staff who maintained their privacy. However they advised that this would be rectified and locks would be placed on the doors.
- Staff told us they respected people's privacy by ensuring information about their care and support was only shared with their consent.
- We saw all staff supported people in a dignified way, and respected and promoted their privacy.

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

- People felt staff treated them as individuals and upheld their protected characteristics.
- Relatives were complimentary about how staff understood their family members individual preferences and upheld these.
- We found the atmosphere in the home to be calm and relaxed. We heard conversations between people and staff were friendly and supportive. We saw people supporting one another and engaging and reminiscing together. From listening to conversations between all staff and people it was clear that they knew people well and what was important to them.
- An external professional told us that each time they had visited they had seen caring interactions between staff and the people who lived there.

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

- People told us they were able to speak with staff about their care and felt listened to and involved with these decisions.
- People told us they were always given the opportunity by staff to make decisions about their care and how they were to be supported.
- Relatives confirmed that where appropriate they were involved, and felt their views were listened to and respected.
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence as much as possible.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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

- At the last inspection we found people did not receive personalised care that met their preferences as staff didn't understand people's likes and dislikes. At this inspection we found this had improved.
- People confirmed that staff took the time to understand their likes and dislikes and felt more in control around how their care was managed. One person said, "Staff know me as they talk to me properly".
- Most people told us they were supported to get up and go to bed at the times that suited them. Two people told us this did not happen and they got up later in the morning than they wished. We explored this further by reviewing the computerised care records, we found these records showed that staff were supporting people in line with their preferences. However, we shared this with the registered manager so they could discuss with people further.
- Relatives confirmed they were involved in their family member's care, where appropriate, and their views were taken into consideration.
- Staff knew people well and recognised when they were 'not themselves' so that prompt action could be taken. Relatives confirmed that where appropriate they were kept informed if their family member had become unwell.
- Staff told us, and we saw, there was a good level of information about people's needs and preferences. Where people's needs were changing we saw this was communicated to the registered manager and assurances from external healthcare professionals were promptly sought.
- Staff told us, and we heard, they had a detailed handover and were aware of any changes to people's care and support since their last shift.

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.

- The registered manager had taken into consideration people's communication needs when assessing and planning people's care. People told us they were happy with the way information was shared with them.

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 told us they spent their day according to their wishes. Most people told us they preferred to stay in their rooms, but were given the opportunity to go to the communal areas if they wanted. People told us they

did enjoy the entertainment that was brought into the home.

- People told us their family and friends were welcome to visit at any time. And relative's commented on how accommodating the staff team were and felt welcomed into the home.
- We saw there were improvements in the upstairs communal area's which people told us worked better, as people were able to use the dining room.
- Staff spent time with people on a one to one basis, and we saw this had positive outcomes for people. For example, we saw one person enjoying a game of cards with a staff member.
- The provider had recruited a new activities coordinator, who was developing ideas and worked flexible hours including weekends, so they could continue to meet people's social care needs.

Improving care quality in response to complaints or concerns

- People and relatives, we spoke with told us they knew how to raise a complaint if they needed to but were happy with the service provided. One person commented on how the service had improved had did not have any concerns now.
- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. Where the provider had received complaints, this was managed in line with the providers policy and procedure.

End of life care and support

- We saw in people's care records that discussions had been held with people, and where appropriate their relatives about their end of life care wishes. We read comments from relatives expressing their thanks to staff for the support given during this time.
- Staff had received training and understood how to support people who needed end of life care and support.
- Staff sought support and worked with external healthcare professionals to the right medicines and equipment in place, should a person require these.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection there was no registered manager in place. At this inspection there had been a change in management, and this person was now registered with the CQC.
- People felt there had been improvements since the new manager had come into post. People told us they felt included in the way the service was run. One person told us, "Nice atmosphere, I'm really happy with everything. You mention something and it gets done".
- Relatives told us they had the opportunities for meetings, and while these were not always well attended, any comments that were raised were actioned.
- Staff told us the morale within the home was improving as they were now developing a stable staffing team. Staff felt the registered manager was approachable and listened to their ideas or suggestions for the way the service was run.
- Staff were clear about their roles, and the values upheld by the provider and registered manager. Where the registered manager found staff were not upholding these, action was taken to ensure staff continued to promote a culture that delivered good quality care.
- The registered manager monitored performance of staff through supervisions, spot checks of staff practice and sharing information in team meetings to ensure all staff were consistent in their approach to the care and support provided.
- There was a good approach to teamwork within the home. The nursing team had a good oversight of the care and support people needed. We saw nursing staff supporting carers to help continue meet people's needs. Staff told us they worked well together in a joined-up approach. We saw that communication was effective between each staff group and each shift to ensure people received a consistent and co-ordinated service.
- The checks and audits the provider undertook focused on the clinical and management aspect of the service. These audits had identified areas which required the providers team to continually monitor.
- The provider did send surveys to people who used the service, however at the time of our inspection, no recent surveys had been sent to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- All people we spoke with knew the registered manager and found them approachable and responsive to their requests.

- People and their relatives felt involved in the running of the service. People told us they had resident meetings where they discussed matters that were important to them such as changes to the home. During these meetings they could suggest ideas for improvements and what future activities they would like to do.
- All staff we spoke with were happy with the way the service was run and where they had suggested improvements in the past, these were responded to.
- Staff felt valued and appreciated for the work they did. They expressed to us how proud they were to work at Brookdale Nursing Home and the positive outcomes they achieved for people.
- The registered manager and their staff team worked with people, relatives and healthcare professionals to provide the best outcomes for people.
- The registered manager told us they were supported by the provider, who listened and acted upon their requests.
- At the last inspection we found the environment did not provide adequate storage for hoists, and the laundry room made it difficult for staff to keep organised. At this inspection we found hoists were not kept in the bathrooms or in people's bedrooms. The laundry room had been relocated and staff told us this was working much better.
- The provider was beginning work on reconfiguring two bedrooms and the main lounge on the ground floor. The registered manager explained this would benefit people whose bedrooms these were and would make the lounge a more useable space for people.
- The registered manager attended meetings with the providers other registered managers to share good practice to help continue to drive improvement.

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 understood their responsibilities to be transparent with people, where events had happened in the home, we saw this was communicated with the appropriate people and external agencies.
- The provider understood their responsibilities for reporting events and incidents that were legal required to the CQC. The legal requirement to display the CQC ratings of the last inspection was also displayed in the home.