

Annual Inspection Report 2022-2023

Brookfield Nursing and Residential Home

Adult Care Home

31 January & 6 February
2023



DHSC

We carried out this announced inspection on 31 January & 6 February 2023. The inspection was led by an inspector from the Registration and Inspection team, who was supported by two inspectors on the first day of the inspection. A pharmacy advisor also supported the inspection.

Service and service type

Brookfield Nursing and Residential Home is a care home based in Ramsey. People in care homes receive support and accommodation as a single package under a contractual agreement. At the time of the inspection there were fifty-four people using the service.

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

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

Areas for improvement are required in relation to care records, staff DBS checks, medication and use of oxygen, electrical safety.

Systems were in place to protect people from harm or abuse. Systems were in place to monitor all accidents, incidents and safeguarding concerns. The premises were clean and hygienic, with policies and procedures in place to protect people from the risk of infection.

Comprehensive assessments on people were being carried out and person-centred care was being provided. Staff worked alongside other professionals to ensure people's day-to-day health and wellbeing needs were met. People's nutritional needs were being met. Staff received training needed to support people effectively.

Staff knew people and their needs well. Staff promoted people's independence as much as possible. Staff treated people with dignity, respect and compassion.

People received individualised support that met their needs. People were supported with participating in social activities and in maintaining relationships that were important to them.

The manager understood their role and responsibilities to deliver what is required. Staff received feedback via staff meetings, formal supervision and appraisals. Systems were in place to monitor and review the quality of care provided by seeking feedback from residents and their families and staff members. Staff received on-going refresher training.

At this inspection, we found improvements had been made in response to the previous inspection.

About the service

Brookfield Nursing and Residential Home is registered as an adult care home.

Registered manager status

The service has a registered manager. 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 announced inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 24 January 2023. We visited the service on 31 January & 6 February 2023.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information containing key information about their service, what they do well and improvements they plan to make. We reviewed health and safety information provided by the manager. We used all this information to plan our inspection.

During the inspection

We spoke to three people who used the service about their experience of the care provided at Brookfield. We also observed interactions between staff and people living at the home.

We spoke with one member of staff, as well as the registered manager and the chef.

We reviewed a range of records, including people's care records, staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures. The pharmacy advisor also carried out an audit of medication management within the home.

After the inspection

We received written feedback from two members of staff who provided their views about the service and their experience of the care provided. Five staff were contacted by telephone. Four family members were spoken to and written feedback was received from five family members.

SECTION C Inspection Findings

C1 Is the service safe?

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does require improvements regarding individual risk assessments and staff DBS checks.

This service was found to be safe.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

Systems were in place to safeguard people from abuse and harm. All staff had received training in adult safeguarding and refresher training was scheduled every two years.

Policies and procedures regarding whistleblowing and safeguarding were in place.

The provider had systems in place to monitor all accidents, incidents and safeguarding concerns. The service had notified the relevant authorities of all notifiable events within the specified timeframe.

Staff knew the signs of potential abuse and the actions they must take if they suspected someone was being subjected to harm or abuse.

Assessing risk, safety monitoring and management

A person's risk was identified with an associated assessment in place. An assessment was not in place for one person's area of risk.

A range of safety checks had been completed throughout the building, including an inspection of the portable appliance testing (PAT), fire safety measures and gas safety. Equipment within the home was serviced in line with the manufacturers' guidance. The electrical installation condition report was out of date. Evidence was seen of the home contacting a contractor to schedule servicing.

An external agency had tested the water system for Legionella bacteria and staff completed water temperature checks on a regular basis. Showerhead cleaning and disinfection was taking place.

The home had a variety of environmental risk assessments in place.

Personal Emergency Evacuation Procedures (PEEP's) for each resident was completed and a copy stored on file. For ease of access, a summary showing each resident's level of risk / dependency was displayed on each floor in the nurse's station.

Care records were stored electronically.

Staffing and recruitment

The provider had recruited safely, although one person had been started in lieu of the return of their second reference. A discussion was had with the responsible person regarding not keeping photocopies of identity checks and Disclosure and Barring Service (DBS) certificates on

file. Nurses had their registration with the Nursing and Midwifery Council (NMC) confirmed. Not all staff DBS checks had been reviewed within a three-year period.

At the time of the inspection there were enough staff rostered to meet people's needs. The inspector was informed that there had been periods when staff sickness had impacted on staffing levels. Staff rotas were clear and legible with a registered nurse as shift leader on each floor of the home. People were having their level of dependency assessed monthly.

Most staff told us that there was enough staff to meet people's needs.

Using medicines safely

Pre-admission assessments identified a person's medication requirements. Medication self-administration risk assessments were completed. Care plans detailed the support required from staff in order for a person to take their medication. Medication risk assessments were in place.

As part of the inspection, a pharmacy advisor undertook a visit to the home to audit the medication management. A report was written following the audit and a copy was sent to the manager. The home had introduced an electronic system for the recording of medicines administration. A medication policy and procedure was in place. It is recommended that the medication policy is updated to reflect the use of the electronic system and include a section on oxygen use and administration.

The home was having difficulty with accessing routine medication reviews from the local GP surgery, although there had been some improvements recently.

There were areas of improvement regarding storage and disposal of medication and the safe and effective use of oxygen.

Staff had received training on medication and staff administering medication were having their competency to administer assessed every two years.

Preventing and controlling infection

People were protected from the risk of infection. The home was visibly clean and free from odours. Domestic staff followed and completed cleaning schedules. The laundry had systems in place for the sorting and segregation of soiled articles. Staff received training on infection prevention and control. A detailed infection policy was in place. Regular audits were taking place.

Protective Personal Equipment (PPE) was worn by staff and stocks were available

Learning lessons when things go wrong

Systems were in place to record and monitor incidents, accidents and safeguarding concerns. The provider also had oversight. This enabled an analyse of trends to be undertaken to identify any lessons learnt and to reduce the risk of reoccurrence.

Action we require the provider to take

Key areas for improvement:

- Individual assessments to be written for all areas of risk.
- Staff DBS checks to be reviewed within a three-year period.
- Action is required regarding marking any liquids, creams, ointments, drops etc with the date of opening and new expiry date.

- Removal of oxygen cylinders if no longer prescribed and those that are to be adequately secured and stored correctly.

Inspection Findings

C2 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. The service does require improvements regarding care plans, best interest decisions and a light fitting.

This service was found to be effective.

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

Comprehensive pre-admission assessments were in place for all residents. Identified needs were generally carried through into care plans and risk assessments. One person did not have a care plan in place for a recent change in their care needs.

There was evidence within the pre-admission assessments that people, and their family members, were involved in the admission process.

Staff support; induction, training, skills and experience

Staff received training needed to support people effectively. This was achieved via a mix of online learning and in-person training. Staff spoke positively about the training they received. A number of staff had acquired a relevant care qualification. New staff completed an induction to the home and confirmed that they were given the opportunity to shadow experienced colleagues as part of the induction process.

Staff received regular supervision and annual appraisals.

Regular team meetings were taking place.

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

People’s dietary / nutritional needs were being assessed. Individual likes and dislikes were collated on admission. People’s food and fluid intake was recorded. The chef / kitchen staff were aware of people’s allergens and dietary requirements.

Care records detailed any support required at mealtimes, including percutaneous endoscopic gastrostomy (peg) feeding. A weekly menu was available showing the choices on offer, including a textured option. Menus were displayed in dining areas. The mealtime observed on inspection was relaxed and informal. Residents spoken to were complimentary about the quality and choice of food.

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

Assessments identified people’s health needs and care plans provided guidance for staff in meeting those needs.

Care records demonstrated referrals were made to medical professionals, where necessary. A record of people’s appointments with medical professionals was documented.

People's needs met by the adaptation, design and decoration of the premises

During the inspection, resident's rooms were seen. People were able to personalise their rooms with photographs and personal items. Rooms were big enough to allow for the use of hoists or other lifting equipment, to support the individual needs of the residents.

The building was generally in a good state of repair and was decorated attractively. There was some exposed wiring on a damaged pull cord casing in one person's room and a cracked toilet seat in a shower room.

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

A person's capacity to make a decision and their ability to consent featured throughout people's care records. Best interest decisions had been recorded but these did not always document the involvement of significant others in the decision making process.

Staff understood the importance of seeking consent before providing care and support. One staff member said, "it is important so the person you are giving support to feels valued and included and knows what you would like them to do before you do it".

Action we require the provider to take

Key areas for improvement

- Care plans written for any restrictive practice.
- Exposed wiring on a light switch pull cord casing.
- Best interest decisions to reflect involvement of significant others.

Inspection Findings

C3 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. The service does require an improvement in this area regarding evidencing resident / family member involvement in the reviewing of care records.

This service was found to be caring.

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

People spoke positively about the care they received. Comments included, "everyone is kind", and, "the place is run like a big family".

Family member feedback confirmed that their relative was treated with kindness, respect and compassion. One person said, "I'm more than happy with the level of care and support mum receives, in fact I'd say it is better than we could have hoped for". Another comment was, "all the care staff are helpful and gentle with my mother".

Warm and friendly interactions between people was observed. Staff spoke to people respectfully and in a relaxed informal manner.

Religious and cultural needs were identified when developing care plans.

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

Involvement of people in the review process of their care was not always clearly evidenced.

The majority of family member feedback confirmed that they were kept informed about any changes in their relatives health / care needs. Comments included, "the manager contacts me at every point where there may be a concern for her (mother's) health, or if she has a fall" and "we get updates on her progress or any issues when we visit at weekends. If there is anything I need to know in the interim they phone me".

Residents' meetings were taking place. Minutes from these meetings evidenced involvement of the management team and representatives from the kitchen and activity team.

Respecting and promoting people's privacy, dignity and independence

Care plans identified the level of support for each person, allowing for as much independence and autonomy as possible.

Staff encouraged people to remain as independent as possible. One person commented, " (staff) worked with me to gain movement back. I can now go in a wheelchair".

People's privacy and dignity was respected. Staff confirmed how they ensured privacy and dignity while carrying out personal care.

Action we require the provider to take

Key areas for improvement

- Evidence of involvement of people in the care plan review process, and family members where appropriate.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people’s needs. The service does not require any improvements in this area.

This service was found to be responsive.

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

People received individualised support that met their needs. Person-centred plans identified people’s support needs and provided guidance for staff on how to meet these needs. Important information was recorded. Staff were familiar with people’s needs and preferences. One family member commented, “the staff know what she (mother) likes to eat and what interests she has / had and when she needs to sleep”.

Records confirmed that people could choose the gender of staff they wanted to support them.

Detailed personal history, recreation and religion care plans were seen on inspection. The home employed activity coordinators and activities were on offer seven days of the week. A plan of activities was available and people were aware of what was on offer. On the subject of activities, one family member commented, “I’d also like to mention the work that (activity coordinator), who runs a number of activities puts in. This makes such a difference to the residents and he is the type of person that makes the difference to people’s lives with his music, non-profit shopping trolley and all the other things I see him doing. This home is clearly run with the residents’ needs at its heart”.

Meeting people’s communication needs

Assessments identified people’s communication needs and choices, which led to development of person-centred care plans on communication.

Information about Brookfield was available in different formats, upon request.

Improving care quality in response to complaints and concerns

The provider had a complaints policy and a copy of the complaints procedure was on display within the home. The current contact details of the Registration and Inspection Team to be added to the displayed procedure.

Records were maintained.

People confirmed that they knew how to raise a complaint and who they would complain to. People also felt confident that their complaint would be taken seriously.

End of life care and support

Where appropriate, ‘Do Not Attempt Cardio Pulmonary Resuscitation’ (DNACPR) orders were recorded. These forms were kept in a file on each nurse station, in the event of a medical emergency.

People’s last wishes were recorded.

Staff members had received specific end of life training, provided by Hospice Isle of Man.

Inspection Findings

C5 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. The service does not require any improvements in this area.

This service was found to be well-led.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

People living in the home spoke positively about the person centred care they were receiving. Most family members spoke positively about the home. One commented, “everyone I speak to considers this the best care home on the island as it cares about its resident’s quality of life”.

Generally, staff felt supported and valued by management. Staff said that they were happy working at Brookfield.

Staff meetings were taking place.

Family members said that they regularly saw management / senior staff when they visited and generally were kept informed about any changes to their relatives care.

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

The manager is a registered nurse and had completed the Qualification and Credit Framework (QCF) level 5 in Leadership for Health and Social Care. They were supported by the regular presence of the responsible person.

The provider had submitted notifications of significant events to the Registration and Inspection team, in line with regulatory requirements.

Appropriate insurance cover was in place.

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

Systems were in place to monitor and review the quality of care provided by seeking feedback from residents and their families and staff members.

Staff confirmed that they had team meetings and that they felt that they could raise issues.

Staff supervisions and annual appraisals were up to date.

How does the service continuously learn, improve, innovate and ensure sustainability

Staff received on-going refresher training. Staff confirmed that they received the support and training to meet the needs of the people living in the home. One staff member commented, “if there is training you would like to go on you can always ask management and they will see what can be done”.

Regular audits were taking place.

A detailed annual report had been written which included a development / improvement plan based on the outcomes of the home's quality assurance systems.

Working in partnership with others

Information contained within care plans demonstrated the staff at Brookfield worked in partnership with other agencies.