

Brooklyn House Limited

# Brooklyn House Nursing Home

## Inspection report

Queen's Road  
Attleborough  
Norfolk  
NR17 2AG

Tel: 01953455789  
Website: [www.caringhomes.org](http://www.caringhomes.org)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We carried out this unannounced inspection on 5 September 2018.

Brooklyn House Nursing Home is a nursing home which provides accommodation and nursing support to older people and those living with dementia. The service can accommodate a maximum of 38 people. On the day of our inspection there were 32 people using the service and two of those people were in hospital.

Following our last inspection of 4 July 2017, we rated the service as requiring improvement overall. We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service had failed to identify risks to the health and safety of people living in the home. The service had not ensured there were enough staff deployed to meet people's needs. Not all of the systems in place to monitor the service were effective at identifying and improving the quality and safety of the care provided. Not everyone received personalised care that met their individual needs.

In the key questions for safe, effective, caring, responsive and well-led, we rated the service as 'requires improvement'. This resulted in the overall rating of the service for that inspection being 'requires improvement'.

At this inspection of 5 September 2018, we noted there had been improvements and there were no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated the service 'good' in all key lines of enquiry and therefore the overall rating of the service was 'good.'

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager used a dependency tool to identify the number of staff required to be on duty to meet the assessed needs of the people using the service. There were sufficient numbers of qualified nurses and care staff to meet people's identified needs. Nursing staff, with the support of the team leaders, organised the care to be provided to each person by the staff team.

Staff received training in safeguarding and were aware of what actions they should take to safeguard people from potential, or actual, abuse and knew what actions to take to promote people's safety and well-being.

There was a robust staff recruitment policy and procedure in place. This was operated to ensure only suitable staff were employed. Once employed staff were supported by an induction process and regular supervision and a yearly appraisal. Training was organised to develop and maintain staff skills, including the nursing staff who had all revalidated their qualification.

There were suitable arrangements for the safe storage, management and disposal of medicines. There was a process and procedure in place for the recording of topical creams and lotions. All of the staff administering

medicines had received on-going training in the administration of medicines.

Care and support was delivered in line with the assessed needs and choices of the people living at the service.

People had their nutrition and hydration needs met through effective planning and delivery of nutritious menus. Menus were varied and took into account people's dietary preferences.

The service had built up an effective and supportive relationship with the general practitioner service.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were knowledgeable with regard to Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service had made referrals and worked with the local authority to support people who used the service with regard to the MCA and DoLS.

People's privacy and dignity were respected by staff who were familiar with their needs and took into account how people wanted to be cared for.

Prior to coming to the service people and their families were given information about the service. Each person had a recorded needs assessment and a care plan which was regularly reviewed in order for the staff to provide personalised care.

The service had a complaints procedure which was available for people to use if so required. There were a range of activities organised from discussions with the people and their families.

Surveys were carried out by the manager to identify how the service could continue to be improved.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

A dependency tool was in use to identify the number of staff required to provide care to the people who lived at the service.

There was a medicines policy and procedure in place. Staff had received training in how to administer and record medicines including the topical creams and lotions.

There was a policy and procedure in place for the recruitment of staff and the staff involved with this process had received training in the effective recruitment of staff.

The staff had received training in safeguarding adults and were aware of how to report safeguarding concerns they might have.

### Is the service effective?

Good ●

The service was effective.

Staff received supervision, training and yearly appraisal

People's nutritional needs were monitored.

The service had built relationships with other professionals to support the people using the service.

There was a training programme in place for all staff which included understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 and training in Deprivation of Liberty Safeguards.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and compassion.

Staff were understanding and attentive to people needs.

People's privacy was promoted and respected by the staff.

### **Is the service responsive?**

The service was responsive.

People's needs had been assessed and this information was used to construct their personal care plans.

The service had a complaints policy and procedure and people told us they would have no problem of using it if the need arose.

People had been consulted and information recorded regarding their end of life views.

**Good** ●

### **Is the service well-led?**

The service was well-led.

There were effective systems and processes in place to ensure the quality the service was effectively monitored.

The service collected and acted upon information collected from surveys.

People, their relatives and staff were confident in the management of the service.

**Good** ●

# Brooklyn House Nursing Home

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and carried out by one inspector, an Expert by Experience and a Specialist Advisor in nursing care on 5 September 2018. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a provider Information Return (PIR). This is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

We reviewed the previous inspection report and the action plan sent to us by the service with regard to the previous inspection to help us plan what areas we were going to focus on during our inspection. We looked at other information we held about the service including statutory notifications. This is information providers are required to send us by law to inform us of significant events.

We spoke with seven people who used the service and four people's relatives. We observed the care and support provided to people and the interactions between staff and people throughout our inspection.

We looked at records in relation to five people's care. We spoke with an area manager, the deputy manager, service administrator, two qualified nurses, the chef, maintenance person and two care assistant staff.

We looked at records relating to the management of medicines, staff recruitment, staff training, staff rotas, complaints and compliments, service policies and procedures and systems for monitoring the quality and

safety of the service.

# Is the service safe?

## Our findings

At our last inspection of 4 July 2017, we rated this key question as 'Requires Improvement'. Due to improvements made, the rating for this key question is now 'Good'.

At our last inspection of 4 July 2017, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Safe care and treatment and Regulation 18 Staffing. We found that risks to the health and safety of people living in the home had not always been assessed. Reasonable actions had not always been taken to mitigate risks to people's safety. There were not always sufficient staff on duty to meet people's assessed needs.

At this inspection we found action had been taken by the staff and there were no breaches of the Health and Social Care Act 2008 at this inspection. This was because there were sufficient staff deployed to meet people's needs and safety had improved.

We found there was a notice on a person's bedroom door saying the person was to be barrier nursed, although it was noted that within the room there was no barrier nursing equipment. Barrier nursing is when a person is cared for with extra precautions implemented to prevent the spread of germs.

In the person's written notes, there was no information on the hospital discharge notes that the person should be barrier nursed. Therefore, whether or not the person was to be barrier nursed by the service had not been clarified upon their discharge. We also saw that the hospital staff were questioning if the person had a diagnosis of an infection and required care and support with regard to that possible diagnosis.

We spoke with the qualified nurses on duty about barrier nursing and asked for the service policy on barrier nursing, and this was alluded to within the service policy documents. Some trained members of the nursing staff had a limited knowledge of barrier nursing and when and why it should be implemented, thus this could impact on the safety of the residents.

The area manager and deputy manager took immediate action to clarify the situation that the person did not require barrier nursing care and ensured this was communicated to all staff through handovers and staff meetings within the next 48 hours. The registered manager wrote to us explaining they had taken action to clarify for all staff what was barrier nursing and how to care for people with a suspected infectious illness diagnosis.

We reviewed in other people's care plans if they had appropriate risk assessments. The staff we spoke with were knowledgeable about the people they supported and were aware of the risks such as which people had diabetes or were at a higher risk of falling. The staff knew what actions to take to keep people safe this included the nursing staff checking upon people with a diagnosis of diabetes at agreed regular intervals regarding their blood glucose levels.

There were positioning charts for those people that required staff to help them to change position in bed. This is promoted for comfort and the prevention of pressure ulcers. We saw that risk assessments were in

place and accordingly people were supported with the appropriate mattress inflated to the correct pressure for their body weight.

Staffing levels were sufficient to people's needs. One person told us, "There are enough staff here. They are good at coming quickly, if I ever need anything, I just have to press the bell in my room." A relative told us, "There are enough staff. They always respond when needed, but as [my relative] cannot press the bell they do check upon them regularly." A member of staff told us, "Things have improved and there are enough staff now."

We discussed with the deputy manager the staffing compliment regarding qualified nurses on duty at any one time, staffing skills and the numbers and skills of staff. They explained to us how the dependency scores were carried out for each person to determine the number of staff required to be on duty and any one to one care. The administrator further explained that the staffing compliment was kept under regular review to ensure the number of staff on duty was sufficient to meet people's individual needs. Some people needed one staff member to assist them and others two. Some people required intensive nursing care and this information was used to determine the skill mix and number of staff required to be on duty.

We examined the staffing rota for both days and nights and saw that it was stable with regard to the same regular staff working at the service. The rota was also in line to meet the assessed needs of the people.

The staff had received training into how to safeguard people in their care. From the questions we asked the staff they were able to demonstrate their knowledge about abuse and actions they would take to safeguard people. A member of staff told us, "The safeguarding training is clear and I have every confidence in the managers to report anything."

People, and their visitors, informed us that they felt safe at the service. One person told us, "I like to spend most of my time on my own but the staff come and check upon how I am frequently."

We noted that staff were present in the lounges of the service to support people throughout our inspection and other staff regularly visited the communal areas to talk with people and to ensure they were comfortable. There were people on permanent bed rest living at the service and other people only got up for short times of the day due to either their choice or physical condition. Some people would not be able, due to their physical or mental ill health be able to summon assistance through the call bell system. The staff we spoke with were aware of this and we observed staff regularly visiting people in their room on bed rest during the time of our inspection to check upon their well-being.

There were emergency plans in place for the evacuation of people in the event of an emergency. Members of staff informed us they were reminded of this at team meetings and supervision. The maintenance person explained to us how they tested the fire alarms weekly and records for the maintenance of equipment were up to date.

Staff recorded any falls that people sustained, incidents and accidents were discussed with members of the staff team and external falls prevention team to determine what lessons if any could be learnt.

We saw that the recruitment policy clearly stated the need for DBS checks and satisfactory references to have been completed prior to any new member of staff commencing work at the service. We saw a sample of staff files to check there was evidence of DBS checks and other safe recruitment practices in place such as the checking of references and enquiring about any gaps in the staff member's employment history. A member of staff informed us about the recruitment process and confirmed that they had supplied

references and completed the Disclosure and Barring Service (DBS) declaration form for the service to send to the DBS for checking. This meant the service followed their policy which was used for the safe recruitment of staff.

Records showed that staff who were responsible for administering medicines had received training. We observed some of the morning medicines administration and the staff were knowledgeable about the reasons why the medicines had been prescribed. Each person had a Medication Administration Record (MAR) with their name, up to date picture and any allergies all recorded. Where people were prescribed medicines to be taken as required (PRN), protocols were in place to inform staff how and when these were to be administered. MAR charts were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time.

We spoke with the deputy manager about the policies and procedures for ordering medicines and how any unwanted medicines were returned to the pharmacy. The clinic room was well stocked with dressing packs and other equipment for the purpose of providing support to people with regard to their nursing needs.

Staff had received infection control training. The service was clean and free from any offensive odours. A member of staff explained to us how the cleaning schedule for the service was organised. This comprised each day a number of people's rooms were cleaned as well as all of the communal areas. Staff consulted with people to check upon a convenient time they could carry out the cleaning. The chef explained to us the systems that were used to ensure the kitchen remained safe and hygienic.

Systems were in place to report concerns to appropriate organisations for information and advice. The senior staff sought to speak with relatives on a regular basis to determine if they had any concerns about people's well-being. The registered manager and deputy manager had worked upon identified actions from our last inspection to improve the service.

# Is the service effective?

## Our findings

At our last inspection of 4 July 2017, we rated this key question as 'Requires Improvement'. This was because improvements were required to the support, supervision and staff training to support them to consistently deliver effective care. Due to improvements made, the rating for this key question is now 'Good'.

At this inspection we found that the service had increased the training for staff since our last inspection including in the subjects of diabetes and the Mental Capacity Act 2005 (MCA). The staff had been provided with training in order that they had the knowledge and skill to carry out their roles to provide personalised care to people.

We saw from records that all staff received an induction when commencing at the service and then on-going training. Care staff had regular supervision with a senior member of staff and in turn were supervised by the registered manager. All staff had an annual appraisal. One member of staff told us, "There is more training now and that has made us feel more confident." The deputy manager explained to us how they worked to deliver the training to support the qualified nursing staff to achieve revalidation. It is necessary for qualified nurses to maintain their training and revalidate with the Nursing and Midwifery Council to be able to continue to practice as a qualified nurse.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Training for the staff had been provided regarding MCA. We checked whether the service was working within the principles of the MCA and whether any conditions and authorisations to deprive a person of their liberty were being met. The registered manager confirmed that they and the staff had received training and further training was planned. We saw that the service had considered and involved family members in the decision making process. We saw appropriate and completed use of the mental capacity forms to record information required to support people.

The staff discussed and recorded in people's care plans their choices regarding how they were to be treated. One person told us, "The staff are very polite and wanted to know all about me so they could help me before I came here."

People were supported to have sufficient to eat and drink. One person said, "The food is very good and some lovely choices available." Another person told us, "The chef is nice and will do something on the spur of the moment for you." We learned that one person enjoyed a particular snack and the chef had gone to great lengths to find this product which was brought in for the person.

Our observations during and after lunch showed that staff supported people with their assessed needs during lunch. Staff spoke with people at eye level by sitting next to them and helping them to enjoy their meal. People had a choice to eat where they wished and staff supported people to eat their meal in their room if this was their choice. When staff had a concern about the person's diet and fluid intake this was recorded on food and fluid charts.

People's health care needs were met. People had input from the GP and other professional staff such as dentists and opticians as required. The service had built up a positive relationship with the GP's and the service was visited once a week as a matter of routine by the GP's of the local practice. We saw that visits from other professionals were recorded and information shared at handover so that the staff were aware of the care to be provided and kept up to date. One person told us, "The staff made arrangements for me to see the chiropractor and that is working out very well."

# Is the service caring?

## Our findings

At our last inspection of 4 July 2017, we rated this key question as 'Requires Improvement'. Due to improvements the rating for this key question is now 'Good'.

At our last inspection we were informed that not all staff were consistently caring and would benefit from additional training.

At this inspection people spoke positively about the staff. We saw that training had increased and subjects regarding dignity, choice and respect had been provided. The deputy manager spoke with us about how the senior staff were role models for the staff. The staff we spoke with explained that they had received training in how to respect people and promote dignity and choice.

Positive caring relationships had been developed between the people using the service and the staff. One person told us, "The staff are very caring people." A relative told us, "[My relative] understands everything although they cannot verbally communicate. The staff do not talk over them and always engage with them in our conversations." Another relative told us, "The staff always keep us informed of everything." Another relative told us, "[My relative] is always relaxed and dressed how they would want to be dressed."

Whilst observing staff interacting with those in their care, it soon became obvious that staff had a good understanding of the needs, abilities and difficulties experienced by the people using the service. Staff appeared flexible in their dealings with people, knowing how to divert attention when people became distressed in their manner. This was always handled in a kind, and caring manner.

A member of staff explained to us how and when they were going to deliver care in the afternoon and evening to the people to whom they had been assigned to care for at the staff handover. The staff member knew people well with regard to what each person's needs were and how they were to be achieved. They had provided care to each person before and had developed a positive rapport with them. When providing care to a person such as giving them a drink the staff member engaged in conversation with them and offered the person choices about the drink. This meant the member of staff had sought the person's views and supported them to make decisions from the choices offered.

Throughout our inspection we noticed many examples of staff showing kind and compassionate support to people. We saw staff use non-verbal communication to support the spoken voice to explain what they were saying to people. People's privacy was respected and as we observed staff closing people's room doors and bathroom doors prior to administration of personal care.

## Is the service responsive?

### Our findings

At our last inspection of 4 July 2017, we rated this key question as 'Requires Improvement'. Due to improvements the rating for this key question is now 'Good'.

At our last inspection of 4 July 2017, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Person-centred care. Not everyone received personalised care that met their individual needs.

Action had been taken by the staff and there were no breaches of the Health and Social Care Act 2008 at this inspection. This was because the staff had assessed people's needs and were providing person-centred care.

At this inspection we saw records that informed us following an initial assessment how the service would meet the person's individual needs. We saw that people had contributed to their assessment and care plan. The assessment identified how the person liked to be addressed; identified their needs and what was important to them. We saw that discussions had been held about items the person wished to bring with them to the service.

A care plan was developed detailing the care, treatment and support needed to ensure personalised care was provided to the person. There was evidence that people's wishes and preferences were included in their care plans wherever possible. A relative told us, "Before [my relative] came here the manager did a thorough assessment and asked us all sorts of questions."

We noted that for each person there were records of food and fluid intake and outputs. Care had been taken to record the choices that people liked with regard to food and choices of drinks.

We noted in the care plans that time had been taken to record individual preferences, which included favourite television programmes, newspapers and times people liked to get up and go to bed. A person told us, "Very nice here, no problems to report." A relative told us, "Very happy with the care, the staff work hard and do come across that they enjoy working here."

A person told us, "We play all kinds of games here and have entertainers come in which is nice." We looked around the service as the start of the inspection and saw a number of people in a lounge enjoying playing with large dominoes. A member of staff was placing the dominoes in the middle of the room as instructed by each person playing so that everyone could follow and take part in the game. One person told us, "We do have trips out and there is entertainment, always something to do here." Each person's care plan contained details of what the person liked to do and how the staff would support them with their hobbies and interests.

The people we spoke with told us they did not have any complaints. One person informed us, "If I had a complaint, I would speak to the manager or their deputy and they would sort things out." Another person

told us, "I have never had to make a complaint, quite content all good." A relative told us, "The nurses and manager are approachable, no complaints."

There was a complaint policy and procedure and the deputy manager showed us the complaints log. Complaints had been carefully recorded and the procedure followed. As well as dealing with the complaint there was also an action section to consider if there were any lessons to be learnt which could be shared with the whole staff team.

Senior staff spoke with us about how they were sensitive when discussing plans with people and their relatives regarding end of life care. Emphasis was placed upon finding the right time to speak with people and their families if they so wished. The review was an appropriate opportunity and it was carefully noted if the person wished to express their preferences at that point. The service had built relationships with the local doctors and nurses through regular meetings and would use these meetings as a basis for working and planning together.

# Is the service well-led?

## Our findings

At our last inspection of 4 July 2017, we rated this key question as 'Requires Improvement'. Due to improvements the rating is now 'Good'.

At our last inspection of 4 July 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014; Good governance.

At our last inspection we were not assured that systems and processes had been established and operated effectively to assess, monitor and mitigate the risks relating to the health, welfare and safety of people who used the service. We found issues in a number of areas that had not been appropriately addressed.

Action had been taken by the staff and there were no breaches of the Health and Social Care Act 2008 at this inspection. This was because the staff had taken action to improve the governance of the service.

At this inspection we saw that action had been taken to plan and carry out effective auditing and then to implement any identified actions. We saw no issues with the bedrails which were correctly installed and recorded appropriately. The fire risk assessments were up to date.

We discussed the action plan of how the above had been addressed with the visiting area manager and deputy manager of the service. The deputy manager was knowledgeable about the improvements and explained the work that had been carried out. The area manager was covering for a colleague but was aware of the issues and how the service had improved. The registered manager was unwell and not able to be present at the inspection but did send us information of actions they had led on to improve the service.

We saw during our inspection and from examining the risk assessments, medicine records and the audits that these were effective in promoting the well-being and safety of the people using the service.

The area manager told us an external auditor had been appointed to carry out checks upon the service and provide reports of their findings. These were then discussed by the senior staff to consider any improvements that could be made to the service.

The service provided a culture that was open and empowering people to remain independent and support them to determine how their care was delivered. A person told us, "I think the home is well run and that is because of the hard work of the manager and staff." They explained the staff were caring and understanding. They further explained they could raise any anything they wished in the residents meetings or could speak on a one to one basis with senior staff should they have any concerns. A relative told us, "Nothing is too much trouble for the management. They have made it so easy for [my relative] to come and settle here."

The registered manager held meetings with senior members of staff both individually and collectively to discuss issues, including clinical, to plan the smooth running of the service and learn from events. There was

also a monthly care review system in place for the monitoring of care. The manager or senior staff having carried out the review then identified actions to be taken either by themselves or delegated them to other staff members. They then checked this had occurred within a reasonable time period. The deputy manager explained to us how they audited that the medicines were being managed safely.

The staff informed us the registered manager and deputy manager provided visible leadership within the service. A member of staff told us, "They both help us when needed with direct care." The staff we spoke with told us that they felt well supported by the registered manager and deputy manager and all of the nursing team. One member of staff said, "The administrator is great they can usually sort out problems but if not will resolve with the manager."

The registered manager had implemented and carried out many of the audits themselves since they joined the service. We saw that people had commented upon the times of meals and particular choice of meals. Action had been taken as a result of this information. The service was trying out a new system of feedback with regard to an electronic tablet being available within the reception of the service where people could leave information. The deputy manager was aware that the roles of staff, particularly the senior staff, would develop further with their support to assist with the monitoring and auditing of the service. This was so they could implement quickly and effectively any actions required.

There was an on-call procedure in place so that staff in charge of the service could contact a senior colleague at any time for support. Nursing staff told us they felt supported by the registered manager and that there was a culture for them to continue to learn and develop their skills.