

Dormy Care Communities (Hereford) Limited Brockington House Care Community

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Brockington House Care Community is a residential care home providing personal care and nursing to up to 70 people, including people with dementia. At the time of our inspection there were 55 people using the service. Care and support is provided across two floors with lift access to the upper floor. People's bedrooms were en suite and also had access to communal bathrooms, lounges, and dining rooms on each floor, and access to outdoor space.

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

People did not always have detailed care plans and risk assessments which meant staff may not have the information to support them safely. Improvements were needed to ensure people's needs and risks were clearly identified.

Learning from individual incidents was shared with staff to prevent further occurrences. However, improvements in governance systems were needed to analyse accidents and incidents to identify trends and patterns to mitigate risks further. The registered manager started to look at implementing this during the inspection.

People said they felt safe living at Brockington House Care Community. One person told us, "Staff are out and about all the time when I wake up at night, I see them about, they make sure my window and doors are secured".

Safe recruitment processes had been followed and induction and shadowing for all staff was implemented.

Staff received safeguarding training to help them recognise and report potential abuse or neglect. Staff knew who to contact if they had concerns about a person's welfare and were confident these would be acted upon.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to make choices about their care, for example what and where they wanted to eat.

Staff followed infection control procedures in line with national guidance for reducing the risk of infection from COVID-19. Staff wore personal protective equipment (PPE) correctly. Visitors to the home followed infection prevention measures to keep people and staff safe.

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

Rating at last inspection and update

This service was registered with us on 25 July 2019 and this is the first inspection.

Why we inspected

This was the first comprehensive inspection of Brockington House Care Community since registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Brockington House Care Community

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of two inspectors and a specialist nurse advisor on day one and two inspectors on the second day.

Service and service type

Brockington House Care Community is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brockington House Care Community is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This first day of the inspection was unannounced. The second day was announced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke to nine people and two relatives about their experience of the care provided. We also spoke to eleven members of staff including the registered manager, deputy manager, senior care assistant, nurse, care assistants, activity co-ordinator, domestic staff and chef.

We observed staff providing support to people in the communal areas of the service. We reviewed a range of records. This included eight people's care records and medicines administration records. Quality monitoring systems and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to review records and sought clarification from the registered provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management

- Care plans and risk assessments were not always comprehensive or up to date. For example, a person did not have information documented in their care records on how to reduce the risk of them falling, despite them being identified as high risk of falls. Also, information regarding their medication dosage was not available.
- Care plans for people who were at risk of developing pressure ulcers did not always contain information that staff needed to reduce the risk of skin breaking down. For example, the frequency the person needed to be repositioned or the repositioning charts did not reflect what the care plan had indicated.
- Wound care plans did not evidence whether wounds were healing or deteriorating, and so were not always effective. After the inspection the provider told us staff had received wound care planning refresher training
- Improvements in the care planning and auditing process was needed to ensure information contained in people's care records was accurate and up to date. The registered manager had identified care planning was an area that needed improvement and was taking steps to address this.
- During our inspection we observed items stored under stairwells, this is a potential fire hazard. The registered manager was made aware and assurances were given these would be cleared.

Learning lessons when things go wrong

- Whilst a log was in place to record complaints and concerns, accidents and incidents, these were not utilised and there was no analysis of trends or patterns. This meant the provider lacked oversight to learn from such incidents. This placed people at risk if measures were not in place to reduce similar incidents.
- Lessons learnt from individual incidents, were shared at staff meetings and daily "flash" meetings with representatives from each section attending. The registered manager told us they were planning to include a clinical update meeting to enhance clinical oversight.
- Staff understood their responsibilities when incidents occurred.
- Where safety incidents had occurred, records confirmed this information had been shared with staff members. We observed staff following measures put in place.

Using medicines safely

- The majority of medications were stored safely. However, whilst no harm was found to people, we found that prescribed thickener had not been securely stored away. The management team took immediate

action to rectify this.

- Where residents had been prescribed medication on an "as and when" (PRN) basis, we found that not all people had protocols in place for the administration of these. The registered manager assured us that action would be taken to address this.
- Time critical medicines were checked, and we found they were administered at the time people required them.
- Staff told us they had received training and their competencies assessed annually to ensure they were able to safely administer people's medication. Records were checked and confirmed this to be the case.

Staffing and recruitment

- People gave positive feedback about staffing. One person told us, "Staff arrive quickly, it depends on the time of day, but I'm never waiting long".
- Most staff told us there were enough staff on duty to keep people safe. Our observations during the inspection noted staff did not appear rushed and we did not see people waiting for help.
- Staff were recruited safely, for example obtaining references and DBS checks before starting employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with had a clear understanding of the different types of abuse and what to do if they had concerns. One member of staff told us, "If I had any concerns I would go straight to the manager" and "I am confident that the manager would take action", "There are policies I can refer to".
- Staff were aware of whistleblowing policy and information was available to them.

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 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.

Visiting in care homes

- The provider supported people to have visitors to the home.
- A relative told us, "I am able to visit when I want to and stay as long as I want".

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to moving into the home.
- Staff knew people well and were able to tell us what support people needed to keep them safe.

Staff support: induction, training, skills and experience

- All staff received induction training. One member of staff told us, "I had induction training and two months shadowing as I was new to care".
- Some staff were working towards completing the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Records showed that staff had undertaken mandatory training. This included safeguarding and moving and handling. The registered manager told us they had appointed a home trainer to progress training and development further.

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

- Overall people gave mixed feedback about their meals. One person told us, "The food is variable, when it's not good I tell them about it. I've told them the food I don't like, and they don't serve it me". Another person told us, "The food is really good, there is plenty of choice".
- We observed resident meeting minutes where food was regularly discussed and saw that the registered manager had addressed any issues that had been raised.
- Tables were nicely presented with menus, decorative napkins and condiments.
- People were offered a variety of hot and cold drinks to accompany their meal.
- People who chose to dine in their own rooms were presented their food on a laid tray with a plate cover. Staff were heard and observed to explain what was on the plate.

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

- People were supported to access healthcare services when required. Regular visits were made by the GP and advanced nurse practitioner on a weekly and monthly basis.
- Records showed people were referred to healthcare professionals to support their health and wellbeing.

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

- Brockington House Care Community is a purpose-built home. The corridors were wide and had good lighting. Handrails were of a design to enable full grip to support mobility.
- Directional signage and memory boxes were in use to aid people living with cognitive impairments to find their way around.
- People had access to secure outside areas to enjoy.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Records showed that applications were made for authorisations to deprive a person of their liberty where needed.
- Staff supported people to make their own decisions where possible.
- Mental capacity assessments had been completed to determine capacity. Where people lacked capacity best interest processes were followed.
- Staff had received training on MCA and DoLS.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were caring and friendly. One person told us, "The staff are great; they are pleasant and helpful". Another person told us, "Its lovely here".
- We observed and heard staff to be kind, respectful and patient.
- Staff were observed supporting people and offering reassurance when needed.

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

- People made choices about their care, such as the time they wanted to get up and where they wanted to eat.
- One staff member told us, "We let people tell us what they want to wear. If they are not sure we offer choices and ask if they would like support".
- Records showed that people and their relatives had been involved in expressing their views in relation to their day-to-day care.

Respecting and promoting people's privacy, dignity and independence

- Privacy and dignity were respected. Staff were heard and observed to knock on bedroom doors and introduce themselves before entering.
- People were encouraged to maintain their independence. One person told us, "I get up when I want and get ready myself. I have a pendant if I need staff".

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People were satisfied with the quality of care they received. Staff considered people's preferences and needs when caring for them.
- Staff told us they were told about changes to people's needs through handovers and senior staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us they were able to provide policies and other documentation in an accessible format such as in large print.

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.

- The service enabled people to maintain hobbies and interests. For example, one person liked to watch the cathedral service, this was set up on their iPad and television in their room, another person liked dancing and staff supported them to enter a local competition.
- People were encouraged to partake in activities they enjoyed, for example one person was watching a concert on TV they liked, others were watching a documentary in the lounge.
- During the inspection we observed people being asked if they wanted to go into the garden and supported to do so. Those who were able to, visited the garden independently.
- There was a designated activity room where people could do arts and crafts. The services also had a pub and a gym.
- The registered manager arranged for skype to be activated in people's bedrooms so they could keep in contact with loved ones during lockdown. This was acknowledged by a relative in a meeting and the positive difference it had made to them.
- A plan of weekly activities was available and distributed to people living at the home. One person told us, "I can pick and choose what I want".

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place for people and relatives to raise complaints or concerns.

However, the procedure for raising a complaint was not prominently displayed within the home. The registered manager gave us assurances this would be addressed. The provider also confirmed information on how to raise a complaint was available in the service user guide issued on admission.

- Regular meetings were held for people to raise any concerns they had. Records showed that the registered manager had taken action to address concerns and gave feedback at the following meeting.
- The registered manager told us they had received complaints, and records showed these had been acknowledged and addressed. However, these were not recorded in line with the company's policy. Assurances were given that action would be taken to address this.

End of life care and support

- Care plans included information on a person's cardiopulmonary resuscitation (CPR) wishes and if there was an order in place not to administer CPR if a person's heart stopped (DNAR).
- The service was working towards the Gold Standard Framework (GSF) for end of life care. GSF is evidence-based training for frontline staff in caring for people in the last years of life.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management was not always consistent. Leaders and the culture they created supported the delivery of person-centred care.

Continuous learning and improving care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance was not always effective. For example, audits identified areas of non-compliance but did not always show evidence these were investigated, or actions had been completed and signed off. Some actions identified were not responded to in a timely manner.
- There was a process to record concerns and complaints; accident and incidents however, this was not used so the provider was not able to identify patterns or trends to mitigate risk.
- While it had been identified in January 2022 that care plans were not always kept up to date, the providers systems and processes were not robust in continually monitoring, identifying and driving improvement. At this inspection we found care plans continued to not always be accurate, up to date or complete.
- Quality assurance systems had not identified or addressed some of the concerns we found on inspection. For example, the provider had not identified that where incidents and accidents had taken place, that data gathered was not analysed for patterns and trends to understand whether further mitigation could be put in place.
- A recent fire drill identified that staff had not responded effectively and that weekly drills should be undertaken to improve on this. The time of the fire drills were normally conducted at the same time of day, this meant that not all staff would be involved in this.

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

- Staff felt supported, valued and listened to by the management team. One staff member told us, "Management are very good and are always available".
- Staff told us they felt able to raise concerns with the registered manager.

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

- Records showed the registered manager was clear about their duty of candour and offered an apology when things had gone wrong.
- The registered manager understood how to report notifiable incidents to relevant agencies including the local authority and CQC.

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

- People were encouraged to share their views at residents' meetings and surveys. The results of the most recent survey were in the process of being produced to share with people.
- Staff told us they enjoyed working at the service. One staff member said, "It's nice here, the staff team are friendly, and we work well together".
- The registered manager had established working relationships with other professionals involved in people's care. For example, regular meetings were held with the GP, practice manager and other professionals.