

Wellington Healthcare (Arden) Ltd

Brushwood

Inspection report

1 South Parade
Speke
Liverpool
L24 2SG

Date of inspection visit:
20 April 2023
25 April 2023

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26 July 2023

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Brushwood is a purpose-built care home which can support up to 60 people over three floors. One of the units specialises in caring for people who are living with dementia. At the time of the inspection 56 people were living at the home.

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

Management and oversight of the service had failed to identify improvements needed to the management of people's medicines; minimising known risks to people and the cleanliness of some areas of the environment. Concerns were not always managed in a timely manner.

Care records did not always contain the most relevant information or guidance that staff needed to follow in relation to minimising risk to people and keeping them safe. Quality performance measures were not effectively in place, areas of risk were not always safely managed.

People's food choices and mealtime experiences varied around the service.

We were unable to confirm that people were always 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; policies and systems in the service were in place to support this practice. A review of Deprivation of Liberty safeguarding was in progress at the time of this inspection.

Family members had mixed views on the service their relatives received. Some were happy and other felt that improvements were needed.

Suitably qualified, competent, skilled or experienced staff were not always effectively deployed in some areas of the service. In other areas, people were seen to receive care and support from staff that knew them well and were caring.

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

The last rating for this service was requires improvement (published 26 July 2022) and there were breaches of regulation. At this inspection not enough improvement had been made and the service is rated inadequate.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

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.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement and Recommendations

We have identified breaches in relation to medicines management; risk management; infection prevention and control and management and governance at this inspection.

We have made three recommendations in this report in relation to managing safeguarding concerns, numbers and deployment of staff and people's mealtime experience.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.
Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.
Details are in our findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.
Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led
Details are in our well-led findings below.

Inadequate ●

Brushwood

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The first day of the inspection was carried out by 3 inspectors, 2 of these inspectors returned on the second day.

Service and service type

Brushwood 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.

Brushwood 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager was in post who stated that they intended to submit an application form to register as the manager of Brushwood.

Notice of inspection

This inspection was unannounced on both days.

What we did before the 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 14 family members about their experience of the care provided. We also observed interactions between staff and people who used the service. We spoke with 11 members of staff including the manager, members of the management team, catering and ancillary staff, nurses and carers. We reviewed a range of records. This included people's care records and medication records. We looked at a selection of staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our two previous inspections the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People's medicines were always not stored or managed appropriately.
- Medicines were not stored appropriately. A secure medicines storage room was found unlocked and open with no staff in attendance.
- Prescribed medicines, unlabelled and unboxed were found in a bucket in the medicines room. There were no records to show that these medicines had been identified as needing to be returned to the pharmacy.
- People medicines records did not always contain consistent information. For example, for one person, one record stated that they had no allergies to medicines. However, another record stated they did.
- Quality assurance processes had failed to effectively identify and address the issues identified during this inspection. Systems in place had failed to ensure medicines were managed safely.

This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Policies and procedures were in place for the safe management of people's medicines.
- Staff on the ground floor showed detailed knowledge of appropriate storage and systems in place for the safe management of medicines.
- The service was in the process of introducing a new system for the management of medicines.

Assessing risk, safety monitoring and management

- Not all staff had insight into identified risks for people. For example, around the location, activity of people living at the service and foods not to be served due to choking risk.
- Care plans did not always contain relevant and consistent information, to enable areas of risk to be mitigated. For example, information relating to wound dressings; positional change and blood glucose monitoring were not consistent.
- The lack of appropriate information relating to wound care put people at risk of not receiving the care and treatment they required. We raised these concerns with the management team who later confirmed that appropriate would care had been delivered, however initial records available did not reflect this.
- It was unclear as to how regularly the setting of people's air flow mattresses were checked. We identified

one person's mattress showing that it needed maintenance and another was set for a weight almost 10kg above the weight of the person.

- Risk assessments in place for people did not always contain up to date information or reflect the information in other areas of people's care plans. We discussed this with a member of staff who had a clear understanding of the improvements needed to improve risk assessments in place for people.

The provider failed to ensure systems were in place for the management of risk. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A maintenance person was employed to carry out regular checks of the environment and facilities.

Preventing and controlling infection

- Systems in place for the management of prevention and control of infection were not always effective.
- The small kitchens on the two upper floors were not clean. For example, cupboards and work surfaces were visibly unclean. Out of date foods and a loaf of bread containing mould was found in these kitchen cupboards and unlabelled food was found in the fridges.
- Food products stored in the small kitchen areas were undated or out of date. Cups were stained and disposable medicines administration pots were seen drying on a radiator.

Effective systems were not in place to identify, prevent and mitigate risks of infection control. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Equipment and guidance on the prevention and control of infection were available throughout the building.

Following feedback during this inspection the management team took action to address the cleanliness of the kitchen areas.

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

- Procedures in place to safeguarding people were not always effective. For example, through the assessment of records and speaking with family members it was identified that not all incidents and safeguarding concerns had been reported appropriately. This was brought to the attention of the manager who took immediate action and made the appropriate referrals.

We recommend the provider implements current guidance on managing safeguarding concerns.

- Policies and procedures were in place to safeguard people from abuse.
- Systems were in place for the monitoring of reported accidents and incidents. At the time of this inspection, the management team were in the process of reviewing incidents and accidents that had occurred.

Staffing and recruitment

- Systems were in place for the provider to ascertain the number of staff needed to meet the needs of people. However, during the inspection we found that the deployment and oversight of staff around the building needed to improve.
- Staff were seen to be moved between floors to offer support. For example, two staff had been moved to one floor to support the nurse with the administration of medicines. This took staff away from their role with

other people. On another occasion discussion had to take place as to what staff had the skill and knowledge to carry out a specific procedure.

- On occasions we saw that the deployment of staff around the service did not meet the needs of the service.
- People and their family members shared mixed views regarding the staff. Comments included "Permanent staff are amazing"; "There are some really good staff but they need to get new management" and, "A lot of agency staff, communication is poor."

We recommend the provider continually reviews the number of staff, their deployment and their skills available to meet people's needs.

- New staff were recruited safely following a range of pre-employment checks to ensure they were suitable to work at the service.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Improvements were needed to improve the experience of people during mealtimes. The quality of service and food available varied around the building. For example, during one mealtime, staff on one floor were unaware of a hot dish was available for people. People on other areas were offered a selection of foods available. This was supported by mixed feedback from people who used the service. One person told us they had the same food everyday "There are no condiments here either as you can see. We don't have anything like that."
- We could not be assured that people's hot food was served at an appropriate temperature. No temperature probes were available to staff to test this.
- There was a lack of menu available and a lack of choice when people needed their diet modifying. We could not be assured that people were receiving the correct modified diet to enable them to eat safely.

We recommend the provider undertakes a review of the mealtime experience, consults with people who use the service about meal choices and take action to update their practice accordingly.

- During the inspection the manager of the service told us they were meeting with the catering staff and menus would be discussed at an up and coming meeting for people and their family members.

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.

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

- Records failed to clearly show that people were supported in accordance with the principles of the MCA.
- There was a DoLS tracker in place. However, this had not been regularly updated with the correct information. This meant we could not be clear on who had a DoLS in place, and whether it was in their best interests.
- The manager stated that a full review had commenced around the application of the MCA with the service.

Staff support: induction, training, skills and experience

- Staff had access to training and supervision. New staff were enrolled onto an induction programme as part of their training.

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

- People had been referred to other agencies when needed, however, on occasions, records failed to show clear outcomes of these referrals.
- Linked health care professionals carried out regular meetings at the service around the health needs of people. Family members told us that the outcomes of these meetings and subsequent changes to people's treatment was not always shared or implemented.

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

- The purpose-built service was well-maintained, well-decorated, light and spacious.
- There was signage in place to assist people to orientate their way around the service. However, we saw that 'quiet lounges' on one floor had been locked, preventing people direct access to this area.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Procedures and guidance were in place to promote equality and diversity.
- Staff knowledge and interaction with people varied around the service. On the ground floor respectful interactions were seen by staff, it was evident that positive relationships had been formed and staff knew people well.
- In other areas of the service, less staff interaction and presence was seen and a more task-based approach was observed. During feedback, the management team told us that newly recruited staff took time to settle into the service.
- We identified areas of improvement needed in relation to staff knowledge about people and the service to promote person centred care. For example, staff were not fully aware of food options to offer people; staff were unsure as to why certain doors were locked and one person was seen requiring specific support with wound dressing. This was brought to the attention of the management team who addressed the issue.

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

- Effective systems were not in place to support people to express their views and be involved in decision making regarding their care.
- From the records reviewed, we could not be sure if people were involved in decisions about their care and support.
- Despite some staff having a good knowledge of the people they supported, there was minimal up to date information recorded in care plans regarding decision making.
- Family members told us of their mixed experiences of being involved in their relative's care. Family members of people living on the ground floor felt involved in their relative's care. However, family members of people living in other areas of the service did not feel included.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- A clear system for managing and responding complaints was available. However, this was not always effectively managed.
- Family members felt the services response to their complaints had not been responded to appropriately and had not always received acknowledgement or outcomes of the complaints and concerns they had raised. We discussed this with the manager who explained that a full review of complaints received prior to the current management team being in post was taking place.

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

- Care plans were in place, however they did not always reflect the care and support actually delivered to people by staff.
- People's care plans contained person-centred information. However, not all the information was fully completed, and different parts of the information contained contradictory information.
- Staff understood the improvements needed to ensure that up to date relevant person-centred plans were in place.

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.

- Staff were able to discuss how they supported people with the communication needs and preferences. On the ground floor, we saw staff supporting people to sit in places of their choice to support their sensory needs.
- Care planning documents gave the opportunity to record people's sensory and communication preferences.
- During the second day of the inspection we saw that improvements had been made to facilitate people's choice of foods as menus had been made available to people.

End of life care and support

- People's care planning documents gave the opportunity for people to have their end of life care and support preferences recorded.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

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

At our two previous inspections the provider failed to ensure there were effective governance and quality assurance measures in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Systems to assess, monitor and improve the quality and safety of the service being provided were in place, however these were not always effective.
- Quality assurance and monitoring systems had failed to identify, address and improve issues we found during this inspection. For example, improvement needed in relation to medicines management; clinical practice records; wound management care plan and risk monitoring; listening and learning from complaints and making appropriate safeguarding referrals.
- There not always leadership, direction and oversight for staff in some areas of the service.

The provider's governance, oversight and quality assurance systems were not effectively implemented. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the previous inspection the service had experienced a number of managers. A new manager and deputy manager were in post. They had already identified some areas of improvements needed within the service and were working through reviewing information and updating records.
- During discussion and feedback from the inspection the manager of the service responded in addressing areas of the concerns raised

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 manager understood their role with regards to being open and transparent regarding issues at the service. They were working to address concerns raised during this inspection.

Promoting a positive culture that is person centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We were not always assured that a positive, person centred, inclusive approach to care was being achieved due to the areas of improvement we had identified during the inspection.
- We found no evidence of recent engagement or involving people by the provider. However, the manager was in the process of arranging a meeting for people and family members to discuss the service and moving forward.
- Daily flash meetings took place to enhance communication around the service

Working in partnership with others

- The home worked in partnership with other external agencies and professionals.
- People received care and support from external professionals such as speech and language therapists, dieticians, district nurses and local GP's. However, family members told us that outcomes of discussions with health care professionals were not always shared with them.