Ashcroft Care Services Limited

Brookmead

Inspection report

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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

The inspection took place on the 28 September 2017 and was announced.

Brookmead is a care home providing accommodation and personal care for up to five people who have a learning disability or autistic spectrum disorder. On the day of our inspection there were four people living at the service.

At the last inspection on 4 November 2014, the service was rated Good. At this inspection we found the service remained Good.

People living at Brookmead were unable to talk with us to discuss their care. However, people's relatives told us they felt the service was safe. People remained protected from the risk of abuse because staff understood how to identify and report it.

The service had a manager, who had been in post for approximately two months. They were not at the time of our inspection registered with the CQC. 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 provider continued to have arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Relatives felt staff were skilled to meet the needs of people and provide effective care. People and relatives remained encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. Relatives said they felt listened to and any concerns or issues they raised were addressed.

Staff continued to support people to eat and drink and they were given time to eat at their own pace. People's nutritional needs remained met and there was a good choice of food and drink.

Staff continued to feel fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities.

The service had a relaxed and homely feel. Relatives spoke highly of the caring and respectful attitude of a consistent staff team, which we observed throughout the inspection.

People's individual needs were assessed and care plans were developed to identify what care and support they required. Relatives continued to be consulted about their care to ensure wishes and preferences were met. Relatives and staff told us the management team continued to be approachable and professional.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Brookmead

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 was planned to check 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.

This inspection took place on 28 September 2017 and was announced. This was to ensure that the manager and staff were available to speak with us on the day. The inspection team consisted of one inspector.

We previously carried out a comprehensive inspection at Brookmead on 4 November 2014 and no concerns were identified.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounge and dining areas. We spoke with four relatives, the manager and two care staff. We spent time observing how people were cared for and their interactions with staff in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for some people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

Relatives told us they felt the service was safe. One relative told us, "No harm has come to [my relative] at all. They are so good to him. I can go home and put my feet up, knowing he is safe". Another relative said, "I never look at [my relative] and think that she is unsafe".

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

People living at the service were allocated one to one care. Relatives felt there was enough staff to meet their love-ones needs. Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. A member of staff told us, "It is one to one care and it is very rare that we would not have cover, we would get agency staff in".

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The manager analysed this information for any trends.

People continued to receive their medicines safely. Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Robust risk assessments remained in place for people which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. We were given examples of people having risk assessments in place to make choices that placed them at risk. For example, accessing the community and taking part in activities. Risks associated with the safety of the

environment and equipment were identified and managed appropriately. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

Good

Is the service effective?

Our findings

Relatives felt staff were skilled to meet the needs of their loved-ones and continued to provide effective care. One relative told us, "The staff are really good and they seem well trained". Another relative said, "I know that they get regular training".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions and had received training in this area.

People continued to receive consistent support from specialised healthcare professionals when required, such as GP's and social workers. Access was also provided to more specialist services, such as speech and language therapists (SALT) and dieticians if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. Staff told us they would recognise if somebody was unwell. One member of staff said, "They all have noises and actions we can recognise. We would know if they were happy or sad. We have good experience of them".

When new staff commenced employment they underwent an induction. The training plan and training files we examined demonstrated that all staff attended essential training and regular updates. Training included moving and handling, food hygiene, infection control and health and safety. One member of staff told us, "Training is specifically designed for the company and also this house. We had training around the needs of the residents in this house". Another member of staff said, "The training is good". Where training was due or overdue, the manager took action to ensure the training was completed. Staff we spoke with all confirmed that they received regular supervision and said they felt very well supported by the management team. Staff had regular supervision meetings throughout the year with their manager and a planned annual appraisal. One member of staff told us, "I've had two supervisions recently and the next one is scheduled".

From examining food records and menus we saw that in line with people's needs and preferences, a variety of nutritious food and drink continued to be provided and people could have snacks at any time. We observed one person having lunch and saw that they enjoyed the food and staff were on hand to assist them. Detailed guidance was available for staff to ensure that people ate the kind of food they liked, and the multi-cultural make-up of the staff team allowed people to enjoy food from different cultures and parts of the world.

Good

Is the service caring?

Our findings

Relatives felt staff were consistently kind and caring. One relative told us, "Me and [my relative] like the staff so much, they are so good". Another relative said, "They care very well for [my relative]". A further relative added, "They [staff] have been lovely. They are all very nice people".

The service continued to have a relaxed and homely feel. Relatives spoke highly of the caring and respectful attitude of a consistent staff team which was observed throughout the inspection. Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and memorabilia. One member of staff told us, "We absolutely get on well with people".

Peoples' differences remained respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they were assisted to wear clothes of their choice and choose how they spent their time. One relative told us, "[My relative's] key worker is brilliant. They really know what she wants and is very considerate and respectful. Her key worker can get her to do things that others can't". Another relative said, "They do their best to give [my relative] choices. On the whole they do". A member of staff added, "The care here is the best. We do it in a person centred way".

Relatives told us that as far as possible, their loved-ones remained involved in decisions that affected their lives. Observations and records confirmed that staff had guidance around the best forms of communication for people. We saw staff and people communicating through specific language, tones, touches and gestures and they were able to understand and assist people as required to meet their needs and preferences.

Peoples' privacy continued to be respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. Relatives confirmed that they felt that staff respected their loved-ones privacy and dignity. One relative told us, "The direct personal care is good and they always give us our space when we visit". A member of staff said, "We always make sure they are covered and let them know what we are doing". Observations of staff within the service showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and people were able to spend time alone and enjoy their personal space.

People were consistently encouraged to be independent. Staff had a good understanding of the importance of promoting independence and developing people's skills. One member of staff told us, "We have goal plans for people and we try and improve their skills. We prompt them with the skills they have". Another member of staff said, "We always do what people want us to do to support them". Relatives told us that their loved-ones independence and choices were promoted, that staff were there if they needed assistance, but that they were encouraged and able to continue to do things for themselves. Records and our own observations supported this.

Good

Is the service responsive?

Our findings

Relatives told us that staff remained responsive to their loved-ones needs. One relative said, "They know [my relative] well. She often comes home with matching fingers and toes painted and she wouldn't let them do that if she wasn't happy with them". They added, "There are very good staff there at the moment, they communicate very well".

Staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people and their relatives were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. The care plans were very detailed and gave descriptions of people's needs and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs. Care plans were reviewed and updated as and when required. Staff told us that they used the care plans to guide them, so that they could provide person centred care in line with people's needs and preferences. One member of staff told us, "I read the care plans, they have all the information we need. They are quite detailed". Another said, "I read the care plans to catch up and find out what their current support needs are".

The provision of meaningful activities remained good and staff undertook activities with people both at the service and in the community. Activities on offer included trips out to go shopping and go for a meal, swimming, trampolining, drives in the car and visits to local attractions. Information was gathered from relatives and people to get their ideas on their personal choices and preferences on how to spend their leisure time. On the day of the inspection, we saw people engaging in pastimes they enjoyed. For example, one person had gone trampolining and another had chosen to go out for a drive. We saw that for one person it was important that they listened to their music in the service and staff made sure that this happened. A relative told us, "They take [my relative] out and do things that he likes". A member of staff added, "They go out often and every day we take them out and do activities even if it is raining. They all have an activity plan".

Relatives told us they were routinely listened to and the service responded to theirs and their loved-ones needs and concerns. They were aware of how to make a complaint and all felt they would have no problem raising any issues. One relative told us, "There is never anything that we need to complain about". The complaints procedure and policy were accessible and displayed around the service in easy read format. Complaints made were recorded and addressed in line with the policy with a detailed response.

Good

Is the service well-led?

Our findings

Relatives and staff all told us that they were happy with the way the service was managed and stated that the management team remained approachable and professional. One relative told us, "[The manager] is very nice. We spoke about [my relative] and he's so happy". Another relative said, "Generally speaking everything is fine. I've been quite impressed with the new manager".

The service had a manager, who had been in post for approximately two months. They were not at the time of our inspection registered with the CQC. 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.

People looked happy and relaxed throughout our time in the service. Relatives and staff said that they thought the culture of the service was one of a homely, relaxed and caring environment. One relative told us, "I'm very happy with the service and I know [my relative] is as well". When asked why the service continued to be well led, one member of staff told us, "The manager supports me really well. She is open and I have confidence in her". Another member of staff said, "We are a good team, with good knowledge and experience". They further added, "We have staff meetings every month with topics and we also discuss the residents".

The manager showed passion for and knowledge of the people who lived at the service. They told us, "We know people very well. We know what makes them tick and people are very happy here. There are good relationships between people and staff and they all know each other. It's fabulous". A member of staff said, "I very much like working here and we provide beneficial care to help people's lives. I chose to work here, as it feels like a home. It's relaxed, which is beneficial for everyone. We meet their needs".

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, health and safety and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.