Brookvale Care Homes Limited

Brookvale House

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

Brookvale House is a care home registered for up to 35 people who may be living with dementia. Brookvale House is a 'care home'. People in 'care homes' receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided. Both were looked at during this inspection. There were 25 people living there during our inspection. The home is over two floors. There are communal areas on the ground, including a music lounge, quiet sitting areas, a television lounge and dining area. The garden is landscaped and designed for the people using it.

We previously inspected in December 2016. During that inspection we found two breaches of regulations relating to consent and care plans not being updated.

The inspection took place on 3 and 4 April 2018. The inspection was undertaken by one inspector and was unannounced. We found improvements had been made and there was no longer a breach of regulations.

There was a registered manager in place. 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 and associated Regulations about how the service is run.

People were safe at Brookvale House. The provider had policies and procedures designed to protect people from abuse. Risk assessments were in place to reduce risks to people's health and safety. People's needs were met by suitable numbers of staff who had been recruited appropriately. People were supported to take their medicines as prescribed. There was a cleaning programme in place to reduce the risk of infection.

People received an effective service. Mental capacity assessments and best interests decisions were completed where necessary. People were supported by staff who were trained appropriately for their role. People were supported to eat and drink enough and were offered choices. People were supported to access healthcare services and ongoing healthcare support when necessary. People benefitted from an environment which met their needs.

Staff developed caring relationships with people. Staff supported people whilst being mindful of their privacy and dignity. People were supported to express their views and be involved in making daily decisions

about their care and support.

People received personalised care that was responsive to their needs. People enjoyed a range of activities which were tailored to their needs and choice. People and their relatives had access to the complaints procedure. End of life care, when needed, was kind, gentle and personal.

The service was well-led. The registered manager had a system of audit in place to monitor the quality of service provided. The provider and registered manager promoted a positive culture and staff spoke highly of the home and its management. There was a clear management structure in place which demonstrated good management and leadership. People's views were sought and taken into account. The registered manager worked in partnership with other agencies and ensured that the service continued to learn and improve.

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.

The provider had policies and procedures in place designed to protect people from abuse.

Risk assessments were in place to reduce risks to people's health and safety.

Appropriate recruitment procedures were in place.

People's needs were met by suitable numbers of staff.

People were supported to take their medicines as prescribed.

There was a cleaning programme in place to reduce the risk of infection.

Is the service effective?

Good

The service was effective.

Mental capacity assessments and best interests decisions were completed where necessary.

People were supported by staff who were trained appropriately for their role.

People were supported to eat and drink enough and were offered choices.

People were supported to access healthcare services and ongoing healthcare support when necessary.

People benefitted from an environment which met their needs.

Is the service caring?

Good

The service was caring.

Staff developed caring relationships with people

People were supported to express their views and be involved in making daily decisions about their care and support.

Staff supported people whilst being mindful of their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People enjoyed a range of activities which were tailored to their needs and choice.

People and their relatives had access to the complaints procedure.

End of life care was kind, gentle and personal.

Is the service well-led?

Good

The service was well-led.

The registered manager had a system of audits in place to monitor the quality of service provided.

The provider and registered manager promoted a positive culture and staff spoke highly of the home and its management.

There was a clear management structure in place which demonstrated good management and leadership.

People's views were sought and taken into account.

The registered manager worked in partnership with other agencies and ensured that the service continued to learn and improve.

Brookvale House

Detailed findings

Background to this inspection

Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. The provider had not been asked to complete a Provider Information Return prior to this inspection. 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 discussed this information with the registered manager during the inspection.

During the inspection, we spoke with three people, three visitors, three staff members and the registered manager. We spent time observing how staff interacted with people. We looked at a range of records, including three care plans, two staff recruitment files and quality assurance audits.

We previously inspected in December 2016. During that inspection we found concerns around the recording of people giving their consent and care plans not being updated. The service was rated as Requires Improvement.

Good

Our findings

The provider had policies and procedures in place designed to protect people from abuse and staff had completed training in safeguarding people. The registered manager knew how and when to use safeguarding procedures appropriately and staff told us what action they would take if they suspected or witnessed abuse. This helped to ensure that people were kept safe from harm.

Risk assessments identified when people were at risk from every day activities, such as moving around the home. Risk assessments detailed what action was taken to minimise those risks and to deliver care and support which met people's needs safely. Risk assessments were updated when people's needs changed.

Arrangements were in place to ensure people's safety in the building. Personal emergency evacuation plans were kept in a place where they could be accessed quickly and were reviewed regularly, as needed. There were fire, gas and water safety checks, electrical equipment checks and maintenance checks for equipment such as hoists and lifts.

Appropriate recruitment procedures were in place. The provider sought references and completed checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's needs were met by suitable numbers of staff. The registered manager used an assessment tool which looked at people's individual needs and calculated the number of staff needed. This process was completed every six months or sooner, if people's needs changed or if new people moved in. The registered manager said they were in the process of recruiting new staff but where cover was needed for individual shifts, then staff picked up extra shifts. If there were still gaps in the rota, agency staff would be employed. The agency sent over a staff profile in advance so that the registered manager could be assured of their suitability to work in the home. The registered manager ensured they received an induction to the home. Staff told us they felt there were enough staff to support people's needs.

People were supported to take their medicines as prescribed, by staff who were trained and assessed as being competent. A Medication Administration Record was completed to record that people had received their medicines and medicated topical creams. Medicines were stored safely and appropriately. Staff were aware when people needed their medicines at specific times of day and one said, "All staff know to set our alarms" to ensure the person did not miss their next dose. We heard staff approaching people with their

medicines and asking them if they would like to take their tablets. Staff told people what their medicines were, for example, anti-biotics and asking if they were able to take the tablets if they placed them in their hands.

Where errors had been made, these were recorded and action taken to ensure the person was not at risk. Staff contacted the GP to seek medical advice straight away. An example of this was that staff gave two anti-biotics instead of one and the GP advised to miss the next dose. Staff training would be refreshed and competency re-assessed if necessary.

The home appeared clean and the registered manager had completed an Annual Statement of Infection Control and an Infection Control Audit. Protective clothing such as gloves were available, as was anti-bacterial hand wash and gel. The Food Standards Agency awarded a rating of 5 when they visited the home in February 2017. This is the highest rating which can be awarded.

Good

Our findings

At our last comprehensive inspection in December 2016, we identified that decisions which had been made in people's best interests had not been recorded correctly. During this inspection we found records were now correct.

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 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. The registered manager was aware of the procedures to follow and had obtained authorisations where necessary.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Best interest decisions were made and recorded appropriately. Where people had capacity to make their own decisions, such as having a bed rail to stop them falling out of bed, they had signed to give their consent.

The registered manager ensured that people's physical and emotional needs were assessed before they moved into the home, so they could be confident that staff could meet their needs. After the assessment, care plans were created which showed a range of evidence based guidance had been used to support them. Records referred to a range of guidance produced by professional bodies and the National Health Service.

New staff completed an induction programme which included information about the service and if staff were new to care, they would undertake the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. New staff would also work shadow shifts and be additional to the rota for about four weeks. If staff needed more time and support this would be provided.

People were supported by staff who were trained appropriately for their role. A senior staff member was

trained to provide moving and handling training in-house and an external training provider was used for other subjects. The registered manager had a system in place which was used to identify which staff were due what training and when. This meant that training was up to date for individual staff. The training programme included safeguarding, first aid, person centred care and end of life care. All staff, including staff who were not care staff, completed dementia awareness training so they had an understanding of people's needs. Some staff had also completed vocational care qualifications. A staff member said of one training course regarding person centred care: "I came out feeling I'd learnt something, about finding different ways of understanding people, giving them space, going back and trying again [to support their care needs] and recognising that a different face helps sometimes." Another staff member said, "It is very good training, someone comes here, I feel I have learnt something new to help people living here."

Staff were further supported in their work through regular supervisions and annual appraisals. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

People were supported to eat and drink enough and were offered choices. Whilst some people liked to be offered a verbal choice of meal just before lunch, staff brought two plates of food to the table and described it. This meant people could see the meal before making a choice. If people did not eat their meal, they were offered the other meal option, or something else. Staff told us meals were planned so that they looked very different and we saw that on the first day of the inspection there was lamb casserole or gammon. People also chose their puddings and drinks.

During lunchtime, we heard two people talking to each other about the meal. One person said, "It's nice that we're given a choice, isn't it?" and another said how "lovely" the dessert was. We saw staff take condiments to the table to accompany the meal and one person was really pleased with this and said, "It's these little things you remember that make it so lovely." One person told us, "There is a good chef here, the food is always nice." Some people had special dietary needs, such as soft or pureed food. Staff told us that they described the meal as they would if it was not pureed and people were always served the correct meal.

People had access to healthcare services when necessary. Staff contacted health professionals such as GPs, district nurses, dentists and speech and language therapists who visited people in the home.

The registered manager told us there had been a number of improvements to the environment since the last inspection. There were new bathrooms, some new flooring, the garden had been redesigned and a hairdressing room had been created in an old bathroom. The hairdressing room was set out as a salon and the hairdresser had noticed that people enjoyed sitting in the room, with a magazine and cup of tea and talking about making an appointment for next week.

The garden had been landscaped since the last inspection and was designed with a view to the people who lived there. The project had initially been donated and started by a relative and the project had attracted donated items such as plants, from the local community and businesses.
The pathway meandered around the garden to places of interest. There were sensory plants which appealed to people's sense of smell; high raised planters so that people could reach them without bending over; large, colourful watering cans which were both obvious and accessible to people and a raised bed so that people could pick strawberries whilst sat in a wheelchair. Some heavy greenery had been removed which made the garden appear bigger and lighter. There was also a sun house. People were able to access the garden, which was secure and the large windows in the sitting room meant people could see the garden from indoors. Having access to the outdoors generally benefits people's sense of wellbeing.

People benefited from a number of different communal areas within the home and each had a different

function. This meant that people could watch television, listen to music, be involved with the entertainment, or enjoy some quiet time and focus on that one activity. This meant they were more likely to benefit from the activity. There were homely touches around the home, such as flowers on the dining tables and windowsills, Easter decorations and framed photos of people enjoying activities. The registered manager had a plan in place for making other changes to the environment, such as painting the handrails a different colour so people could see them more easily, changing the colour of bedroom doors to better meet people's needs and better signage to enable people to find the toilet independently. The registered manager had also made links with and visited another care home to get new ideas for the home.

Good

Our findings

Staff developed caring relationships with people using the service. We observed a number of staff interacting with a person who was declining a meal and chose to stay sat in an armchair. This was out of character for the person to decline meals. It was evident to us that the staff cared about the person, they tried different strategies to encourage them to eat and gradually the person agreed to have a small lunch. They did not eat the meal but did move to a dining table and were offered an alternative. They did not eat this but were offered pudding. The staff demonstrated patience with the person and persevered in trying to encourage them to eat something.

We saw other examples of staff behaving in a caring way towards people. A person returned home from having a stay in hospital. The person appeared happy to be home and the staff looked happy to see them. We saw staff sit down next to another person to talk to them. They had just woken up and were a bit unsure of where they were and what was being said, but staff spoke to them in a kind way and reassured them.

Some relatives had recently completed a satisfaction questionnaire. One relative wrote, "We feel very fortunate finding Brookvale for my [relative]." They also said "staff take it all in their stride" when referring to their relative's specific, complex needs. Another relative wrote, "A thank you to the management and care staff who do so well, you have given me [number of] years peace of mind."

People were supported to express their views and be involved in making decisions about their care and support. People were offered everyday choices, such as what clothes they would like to wear and when they got up. People were also encouraged to given their views and were consulted on the way the home was run.

Staff respected people's privacy and dignity. Staff called people by their preferred name. Staff described how they supported people with personal care whilst being mindful of their dignity. There was a sign which staff used when supporting people with personal care so that other staff were aware and did not enter, or take any visitors in. Staff told us they asked people before they supported them with personal care and ensured curtains and doors were closed. Staff supported people to be as independent as they could be which also preserved their dignity.

Good

Our findings

At our last comprehensive inspection in December 2016, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that care plans focussed on physical aspects of people's care needs and did not include information about their mental and emotional wellbeing or include guidance around supporting people living with dementia. Care plans were not always updated to reflect people's current needs. During this inspection we found the provider had made the required improvements and there was no longer a breach of this regulation.

People said they were happy living at Brookvale House. Comments included, "It is lovely here" and "It is very comfortable, you can watch the world go by, it is easy here. The girls [staff] are very good, very easy going." A visitor told us, "I cannot fault it [here]. It is 100% here."

The registered manager told us that since the last inspection, they had made changes to the format of the care plans, as well as the way they were reviewed and updated. Care plans included information about people's social history, their preferences and the care and support they needed, including how staff should communicate with them. Where people had medical care needs, such as diabetes, care plans identified what staff needed to do to manage their healthcare and there was information available. Care plans were also in place regarding people's mental health needs and included guidance about how staff could support them, for example, if they became anxious. Staff told us that people's care plans were accurate and up to date, which records confirmed.

The provider employed an activities co-ordinator who worked four hours every day, Monday to Friday and at weekends if there was a specific reason to do so. One person said, "There are plays, singers and sewing" and a visitor told us, "The entertainment is good. There was a pantomime at Christmas and family were invited. There is also a good singer." The activity co-ordinator kept individual records which showed what people's interests were and what activities they had been involved in. Where people did not want to join in communal activities, the activity co-ordinator would spend time chatting with them, or providing other types of activities. During the inspection, the activities co-ordinator was not in the home, but staff organised activities. We saw the dining tables were moved together and staff brought out balloons. People sat round the tables, with staff, and we observed that they really enjoyed pushing the balloons to each other using a paddle. People were laughing and interacting. People who were sat just outside of the main tables were encouraged to join in from where they were sat, or room was made for them at the tables.

The provider had a complaints procedure which was displayed where people and visitors could see it. There

was also a box by the front door with paper slips if people wanted to make a comment, suggestion or complaint. When we spoke to people and visitors throughout the inspection we received positive feedback about the home. A relative told us, "[Relative] has no complaints, I can't fault them." The registered manager had not received any complaints about the service.

People were supported to stay at Brookvale House at the end of their life, if this was their wish and if staff could meet their needs. The registered manager had completed a programme which was run by a local hospice about supporting people at the end of their life. The programme resulted in a qualification and consisted of six steps to follow before and after a person died. Some staff had also completed training on the subject. The registered manager knew the importance of ensuring people had access to pain relieving medicines and worked with the pharmacy to ensure this happened.

People were asked about their wishes for end of life care and the information was recorded. We looked at some daily records written by staff who were providing end of life care. The records showed that staff had been caring, gentle and mindful of the person's dignity. The staff team was able to sit and talk about their feelings after supporting a person with end of life care.

Staff and the registered manager treated families and friends with compassion when people died. The registered manager and activities co-ordinator had had a discussion with people about how they would like to be told when people had died. People had agreed a process which they would prefer.

Good

Our findings

People were involved in the running of the service in a number of different ways. 'Resident's meetings' were held every three months. The purpose of the meeting, as described in the minutes, was to, "provide a regular forum where all residents are encouraged to provide staff with feedback as to the running of the home and all aspects of current care provision." People were welcome to attend to discuss issues, such as how the home was run, what activities they would like to do and what food they would like to see on the menu. Minutes were written and ideas followed up. On the day of our inspection there was a new meal on the menu which had been suggested by people at the meeting. The minutes also showed the forthcoming Royal wedding had been discussed and work had started on celebrating this.

The registered manager provided a regular newsletter to update people and visitors about anything new going on in the home. An audit had found that visitors did not generally know about the home's statement of purpose, so the registered manager used the newsletter to remind people that they could find a copy by the front door.

The registered manager had recently sent out a quality assurance questionnaire to people and their relatives. They said they had reviewed the survey they previously used to make it more 'user friendly'. Quotes from surveys included, "The carers are very helpful", "[The care home] is always friendly and helpful…care has continued at a high standard," "[The care home] is attentive and meets [my relative's needs] in a friendly atmosphere" and "I feel staff are always friendly to [my relative]."

Staff were also involved in the running of the home. Regular staff meetings were held, including night staff meetings, where staff could share their views. An internal audit had asked staff for their views on the management of the home. Staff had responded positively and one wrote, "Management is approachable and responsive to good ideas."

Staff felt the management of the home, including the provider, were open, transparent and approachable. The provider's representative visited the home weekly and a staff member said they had felt comfortable to approach them with a request. Another staff member said the provider was, "Very nice, he asks you if you are okay."

Staff said they enjoyed working at Brookvale House. One staff member said, "We are a real tight team, we all work well together. The seniors [staff] are all very approachable. [The registered manager] has supported me, she knows my situation." They went on to say how the structure of deputy manager and registered

manager worked well because having a deputy in post meant the registered manager had the time to focus on their role. The staff member was pleased to be included in conversations with more senior staff and felt they were, "really hard working." Another staff member said of the registered manager, "She cares, takes everybody, you know, closer. She is very caring with residents."

There was a management structure in place and understood by staff, which included team leaders, senior care staff, a deputy manager and registered manager. The registered manager was supported by the provider's representative through the use of supervision meetings and telephone contact.

There were systems in place to monitor the quality of the service provided. The registered manager completed a number of regular audits and took action when needed. For example, the cleaning schedules were recently identified as needing to be improved and the registered manager was going to develop an action plan to address the shortfalls. People and visitors were involved in the audit process. Records showed that when an audit was undertaken, such as a staffing level audit, or medication audit, a number of people were asked for their views. The audit process also asked people and staff whether they felt involved in the way the home was run and responses were positive.

We advised the registered manager that we found there was an unpleasant odour in some areas of the home. The registered manager told us they had identified that some furniture and carpets needed to be replaced, as usual cleaning procedures were no longer sufficient. Some new furniture was already in place and some carpets had been replaced with wood design vinyl which was easier to clean. The provider advised us that there is an on-going refurbishment plan which would continue.

The registered manager ensured that the service continued to learn and improve. They attended regular professional forums, signed up for relevant professional updates online and continued with their training and professional development. The registered manager demonstrated a thorough understanding of the needs of people living with dementia, for example, seeing beneath a person's behaviour to know they were feeling scared.

The registered manager gave us an example of how they had improved communication. There was now a book in which staff noted what they had spoken about at handover and staff signed to say they had understood. The staff handover session looks at everybody in turn to ensure everyone is discussed. The diary is kept with handover notes and communication books so that all staff know what is happening during their shift, for example; when the nurse visited and who they were coming to see. The registered manager felt handovers were hurried before, whereas now staff could take more time to reflect on their work.

The registered manager ensured that staff worked in partnership with other agencies, such as doctors surgeries, pharmacies, local hospitals and local authorities.

All services registered with the CQC must notify the CQC about certain changes, events and incidents affecting their service for the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. The service had notified CQC about all incidents and events required.