

Barchester Healthcare Homes Limited

Brookfield

Inspection report

18 Brookfield Road
Lymm
Warrington
Cheshire
WA13 0PZ

Tel: 01925755363
Website: www.barchester.com

Date of inspection visit:
01 February 2018
07 February 2018

Date of publication:
14 March 2018

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 1 and 7 February 2018. It was unannounced on the first day and announced on the second.

Brookfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Brookfield accommodates up to 28 people in one adapted building. On the day of the inspection there were 24 people living at the home.

Brookfield is a three storey property with a range of communal areas and a large conservatory. It is located in the village of Lymm and is close to the local amenities.

The service has a registered manager. 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.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good. The service is rated Good as it met all the requirements of the fundamental standards.

Everyone we talked to without exception spoke positively about the staff and management team. They described feeling safe living at Brookfield and being supported by well trained and caring staff.

People living at the home had many opportunities to engage in activities of their choice and the management team had developed excellent relationships with organisations within the local community.

Brookfield was well maintained and all equipment was regularly serviced. All required health and safety checks and documentation were in place.

Safe recruitment practices were evidenced and sufficient numbers of staff were available to meet people's assessed needs. All staff had completed a comprehensive induction. Staff completed refresher training and were supported through regular supervision and an annual appraisal. Team meetings were held regularly.

Care plans and risk assessments were person centred and held sufficient information to give clear guidance to staff to support people safely. People's preferences were included and people told us they were offered choice and their independence was promoted. All documentation was reviewed regularly and updated following any changes to a person's assessed needs.

People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process.

Staff had all received safeguarding training and were clear about the procedures they would need to follow if they had any concerns.

Medicines were managed safely in accordance with best practice guidelines. All staff that had received medication training and had their competency assessed.

Staff had developed good relationships with people who lived at the service and were very attentive to their individual needs. People told us their privacy and dignity was respected at all times. We observed many positive interactions between staff and people living at the service throughout the inspection.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). It was clear from discussions with people and from their care records that their consent was always sought in relation to care and treatment.

The registered provider had a comprehensive range of policies and procedures available for staff to offer them guidance. These were regularly reviewed and updated.

Effective governance processes were in place that included a range of audits undertaken by the registered manager and registered provider. The audit information was analysed and used to further improve and develop the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Brookfield

Detailed findings

Background to this inspection

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

This was a comprehensive inspection carried out by an adult social care inspector. The inspection was unannounced on 1 February 2018 and announced on 7 February 2018.

Prior to the inspection 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 any improvements they plan to make. We used this information as part of our inspection planning and throughout the inspection process.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with four people living at the home, four people's relatives, two support workers, the activities person, the registered manager, the deputy manager and a visiting healthcare professional. We also spent time looking at records, including two care plan files, three staff recruitment and training files, medication administration records (MAR), complaints and other records relating to the management of the service.

We contacted the local authority quality monitoring and safeguarding teams who told us they did not have any concerns about the service.

Is the service safe?

Our findings

People told us they felt safe and secure living at the home. One person told us, "I decided to live here after visiting for respite, it was the right place for me as I felt safe having people around me." And another person said, "I feel safe here, and staff are available to support me whenever I need them". A relative told us, "I've slept every night since my mum has been living at Brookfield, I no longer need to worry if she is safe."

The service continued to have systems in place to safeguard people from abuse. Staff were able to demonstrate their understanding of what abuse is and had received training in this area. There was a clear reporting process in place that staff fully understood.

The registered provider had safe recruitment practices in place and sufficient numbers of staff were available to support the needs of people living at the service. Recruitment records held included fully completed application forms, verified references from up to date employers, disclosure and barring checks (DBS) and photographic identification.

Risk assessments were in place where areas of risk had been identified and included clear guidance for staff to support people. Risk assessments promoted people's independence wherever possible and people confirmed they had been involved in their development. Where people had been assessed as being at a high risk from falls, the falls team had been invited to undertake a physiotherapy assessment. This meant staff provided safe care and the correct level of intervention relevant to each person.

All staff had completed infection control training and were able to describe the importance of hand washing between tasks. Staff followed safe working practices that reduced the risk of infection. Staff used personal protective equipment (PPE) when providing personal care.

Medicines were ordered, stored and administered in accordance with best practice guidelines. Staff that administered medicines had received training and had their competency checked. Medication administration records were fully completed and regular audits were undertaken.

Accident and incident records were fully completed and regularly reviewed by the registered manager to identify steps that could be taken to minimise risks.

Brookfield was well maintained and free from any offensive odours. All equipment was well maintained and regularly serviced. All required health and safety checks were in place.

Is the service effective?

Our findings

People spoke positively about the food and drink at the home. Their comments included, "The food is excellent"; "There are choices offered at every meal, breakfast, lunch and tea." And, "Staff guide me to ensure I choose meals appropriate for my health and diet." One relative told us, "Mum can always choose an alternative at meal times and the food is very good."

People and their chosen relatives were included in the full assessment of their care needs. Regular reviews took place of people's care plans and they told us they were included in the process. Records showed and people told us that their needs were reassessed as and when their needs changed. The service continued to deliver all care and support in line with current legislation and best practice.

People were supported to eat and drink in accordance with their assessed needs. Records showed that staff worked closely with relatives and healthcare professionals to ensure that people had access to nutritious meals that met their preferences. One person had been assessed as requiring a high calorie fortified diet due to weight loss and records showed they had gained weight. The service worked with dieticians and speech and language therapists where concerns had been identified around weight loss or swallowing.

People were supported by staff to maintain their health and well-being with the support of a wide range of community healthcare services. The registered provider worked closely with local GPs, district nurses, physiotherapists and occupational therapists.

Staff had all undertaken a comprehensive induction at the start of their employment. They completed training in appropriate subjects to meet the requirements of their role including additional topics for example, dysphasia and swallowing and MISKIN which teaches skin integrity awareness. People told us staff had the right skills and knowledge to support them. Records showed all staff received regular supervision and an annual appraisal was completed.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). Discussions with people confirmed that their consent was always sought in relation to care and treatment and records supported this. People's comments included, "The staff speak to me as an equal, and never speak down to me." And, "I choose when I want to get up in the morning and what time I want to go to bed at night, staff always respect that." Care records held evidence that people and their chosen relatives were fully involved and consulted at all times. One person living at the home was supported by a DoLS and all appropriate documentation was in place.

Is the service caring?

Our findings

People and their relatives spoke very positively about the staff and management team. People's comments included, "Everyone is treated equally by the staff that are kind and caring"; "Everyone is very nice and very friendly." And, "Staff are very patient and give me enough time to do as much as I can for myself. This means a lot to me." Relatives comments included, "The staff are all wonderful, I couldn't fault any of them"; "Staff genuinely care and treat [Name] like a family member." And, "Staff and management take the time to speak to all visitors, it is very welcoming here."

During conversations with staff they demonstrated a very good understanding of all the people they supported. Staff knew people's histories and talked naturally with them and they appeared comfortable. We saw on many occasions staff offering comfort to a person who was very upset due to a recent bereavement. Staff were observed demonstrating kindness and empathy.

People's care plans included a family life document that detailed their good and bad memories, family, occupation as well as information from their school years, teenage and adult life. This information supported staff to engage in conversation with people.

People's communication needs were considered throughout their documentation. This included details about sensory loss and gave staff clear guidance regarding how each person's individual needs could be met. For example; supporting a person to put in their hearing aid, ensuring they faced the person and spoke slowly and clearly.

Staff knocked and waited for an answer before entering people's bedrooms. People told us their privacy and dignity was respected. One person told us they had asked staff to not disturb them between 10pm and 6am unless they used their call bell and this was respected.

Is the service responsive?

Our findings

People told us that they enjoyed the activities available at the service. Comments from people included, "I enjoy the church service held here every other Sunday"; "I like the discussions we have at the newspaper mornings, always very interesting." And, "I'm enjoying knitting squares with the knitting group which we are going to make into blankets for the local dogs home."

The local nursery children visited the service regularly where they read books with the people living at the service. People chose the entertainers that visited the service throughout the year. There were regular sing a long sessions, craft sessions, seated exercises as well as quizzes and board games. People talked positively about the 'ready to hatch' programme. Eggs are delivered to the service just before they hatch and the people living at the service look after the chicks for a number of weeks. People spoke about their enjoyment of handling and caring for them.

The residents ambassador at the service told us a lady from the village visits each week to read poetry, people visit the local hotel for afternoon tea, the landlady at local pub arranges fish, chips and entertainment for people. This meant people were protected from social isolation and encouraged to engage in their community.

People living at the service had specific needs in relation to equality and diversity. Care plan records showed that people's needs were considered during the assessment and as part of the care planning process in relation to; age, disability, religion as well as other protected characteristics.

People described the staff as responding promptly to their call bells or requests for help and support. Comments from relatives included, "They've looked after Mum very well when she's been unwell." And, "We are always contacted promptly if there are any concerns." A visiting healthcare professional told us, "The staff are very good with the management of pressure area care." And, "Staff always follow the advice and guidance given."

We reviewed end-of-life care plans that were in place within people's care plan files. People's choices were clearly documented. Many thanks you cards and compliments had been received by the service and one comment included, 'During my mum's final days the staff could not have been more helpful and supportive.' Staff spoke positively about continuing to support people to the end of their life if they chose and were able to stay at the home.

The registered provider had a clear complaints policy and procedure in place. There had been one complaint received in the last twelve months which had been investigated and responded to appropriately. People and their relatives all knew how to raise a concern or complaint and felt confident to do so.

Is the service well-led?

Our findings

The registered manager and had been in post since 2006. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives spoke positively about the management team. Their comments included, "They co-ordinate [Name's] care really well and have done from day one"; "The manager has an open door policy and are always available to speak to." And, "The management and staff support the person living here and the family, which is so important." A visiting healthcare professional said, "The service offers brilliant support for people, staff and management are informative and give regular updates regarding people."

The service had a substantial set of policies and procedures that was regularly updated and provided guidance to staff in all areas of their work and performance.

Management and staff spoke with clarity and enthusiasm about their roles and the service they offered. Throughout all discussions they demonstrated a mature and transparent approach. They spoke about continual development and opportunities to learn and develop through the people they supported and their relatives. Regular team meetings were held.

People living at the service were regularly invited to share their views as well as ideas for service development. This was through residents meetings as well as direct discussion with the management team. People had asked to not have music in the dining room, they had asked for blinds to be fitted in the dining room and also to have fresh fruit salad back on the menu. These requests had all been promptly actioned by the management team.

Audits were regularly undertaken by the registered provider and registered manager. These included medication, accidents and incidents, health and safety, infection control, care plans and risk assessments. There was evidence of analysis and actions identified to identify and address any areas for development and improvement.

The registered manager and staff team had developed positive working relationships with many local organisations within their community. We saw many examples of people engaging with their community.

The ratings from the previous inspection were clearly displayed within the service and on the registered provider's website.