

Mrs V Rattan

Brook Care Home

Inspection report

17 Brook Close
Rochford
Essex
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Tel: 01702549499

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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

About the service

Brook Care Home is a residential care home providing personal care without nursing for up to 20 people some of whom maybe living with dementia. At the time of inspection 18 people were using the service. The service is set over two floors in a residential area.

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

People and relatives spoke positively about the service. One relative said, "We are kept well informed, I think they are excellent." One person said, "All the staff are very amiable, you never feel any pressure."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were cared for and supported by staff who had received the appropriate training. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. 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 support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for the needs of people.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner. People were supported at the end of their life.

The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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

Why we inspected

This was a planned inspection based on the previous rating

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Brook Care Home

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Brook Care Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. We inspected the service on the 24 June 2019.

What we did before the inspection

Before the inspection, the provider completed a Provider Information Return (PIR). We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people and two relatives and observed interactions with staff. We spoke with the registered manager and two care workers. In addition we met with two visiting health professionals from the local GP and gained their feedback on the service. We reviewed three care files, medication records and information held in relation to the running of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "It is a safe place to live, there is always someone around or a member of staff to talk too."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- The registered manager knew how to raise concerns with the local safeguarding authority and would work with them to investigate these and ensure people were kept safe.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people.
- Staff undertook risk assessments to keep people safe. These assessments were person centred and aimed at maintaining people's independence.
- The service had emergency plans in place and this included guidance to staff on fire evacuation procedures.
- Staff knew how to raise the alarm if somebody suddenly became unwell and were trained in first aid.
- People were cared for in a safe environment. The provider employed a maintenance person for day to day repairs and management. The registered manager completed regular audits of the environment to make sure this remained safe for people and tracked any improvements needed to completion.

Staffing and recruitment

- People received care from a consistent staff team who had the skills to deliver high quality care. The registered manager told us they were fully recruited for staff and did not need to use agency.
- People were very complimentary of the staff, and said staff were very good. One member of staff told us, "We have a good team here and all work well together."
- The registered manager had an effective recruitment process in place and staff recruited were suitable for the role they were employed for.

Using medicines safely

- People told us they received their medication when they needed it and on time. One person said, "I have a dodgy ticker and the staff give me my medication to keep me going."
- People were supported to take their medication by trained and competent staff.
- The registered manager had processes in place to check the ordering, storing and management of people's medication. Regular audits were completed to check medication were being managed safely.

Preventing and controlling infection

- People were protected from the spread of infections.
- Staff had received training in infection control and had access to personal protective equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong

- The registered manager had systems in place to learn from risks, significant incidents or accidents at the service.
- Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were consistently assessed and reviewed to ensure the care they received met their choices and needs. Care was managed and delivered within lawful guidance and standards.
- People their relatives and advocates were involved in reviewing their care with staff.

Staff support: induction, training, skills and experience

- People continued to receive effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care.
- The registered manager told us training was delivered via computer-based training as well as face to face from trainers.
- New staff were given a full induction to the service and worked alongside experienced members of staff when they first started. One member of staff said, "I had a really good induction. I completed the care certificate. Since then I have completed a training course on mental illness which has really helped me understand different mental health issues."
- Staff received regular supervision and had yearly appraisals.

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

- People were supported to have enough to eat and drink. Everyone we spoke with was very complimentary of the food. One person said, "The food is always fresh, and you have a choice." Another person said, "The chef is very good."
- Care plans detailed people's nutritional needs and staff had the information they needed to support any special diets.
- Staff monitored people's weight for signs of changes and were necessary referred people for medical assessment.

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

- The registered manager worked closely with other agencies who provided support for people's on-going care needs. Such as GPs, occupational therapist, district nurses, palliative care team, community mental health team and practice nurses attached to the GP surgery.
- Staff supported people to access any medical appointments.
- One health care professional said, "The staff are very good at monitoring people's health care needs and

following our advice."

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

- The service was appropriately adapted and designed to meet people's needs. The provider has undertaken a refurbishment program since our last inspection.
- The registered manager showed us new flooring had been laid and rooms had been redecorated. The conservatory had also been upgraded and new furniture purchased.
- People told us they were happy with their rooms and general environment.
- There was a large garden that people could access freely through the conservatory. We saw people throughout the day spending time in the garden.

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 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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS.
- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities.
- Appropriate applications had been made to the local authority for DoLS assessments. The registered manager supported people to access advocates, these are independent people who support people to ensure their rights and best interests are being protected.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Everyone we spoke with told us they were very happy living at the service. One person told us, "All the staff are good, I could not single one out they are all good, we have a laugh and joke together." Another person said, "The staff are always very helpful, can't do enough for you."
- A relative told us, "We had previous experience of the home and knew how good it was here. We felt so relieved when they had a vacancy."
- People's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met.

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

- People and relatives were involved in planning their support needs. Care plans were very person centred and provided staff with all the information they needed to support people.
- Each person was allocated a member of staff as a key worker to support them and work with them to ensure they were comfortable and had everything they needed.
- Care plans were regularly reviewed with the involvement of people, relatives and other stakeholders such as social workers and advocates to ensure people were receiving the right level of support.
- One relative told us, "We are always kept up to date and have been fully involved in the care plan."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people when supporting them to maintain their dignity. One member of staff said, "We try and promote people's independence as much as possible, even if it is something small, we give them time and don't rush anything."
- A relative told us how kind and caring staff were. They said, "We visited one day and (person name) was not feeling to well, so the staff were sitting and giving them a pamper session to help them to feel better."
- Some rooms at the service were shared, the registered manager told us it was people's choice if they wanted to share. We saw where people did share privacy screens were in place for people to use.
- People were supported to maintain contact with friends and relatives and there was an open visiting arrangement at the service.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people's needs were met through good organisation and delivery.

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

- Before people came to live at the service a full assessment was completed to ensure their needs could be met.
- Care plans were person centred and included information on people's background, hobbies and interests, likes and dislikes and preferences on how they wished to receive their care and support.
- Care plans were regularly reviewed to ensure staff had the most up to date and relevant information to support people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans identified people's communication needs and staff knew how to support people. This approach helped to ensure people's communication needs were known, and met, in line with the AIS.
- People were supported to have eye test and wear their glasses, and to wear hearing aids if needed.
- One person was being supported with lessons to use technology as their preferred form of communication with relatives.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their families. One person told us, "I often go out to meet my daughter we had lunch last week."
- Another person said, "We out on trips, we went to the sea life centre last week and sometimes we go to the pub."
- People told us they felt they had enough to keep them occupied during the day. One person said, "I like to read, watch television and do crosswords," Another person said, "I go out to the shop every day and get my newspaper to read."
- The registered manager said they supported people to go into the community and would support people to attend any clubs they showed an interest in.

Improving care quality in response to complaints or concerns

- There was a complaints system in place. Information was available to people on how to raise a complaint. Records showed complaints had been responded to appropriately.

- People and relatives knew how to report concerns. One person told us, "If I had any worries or complaints I would talk to (managers name).

End of life care and support

- The manager knew how to access support for people at the end of their life. They worked closely with the GP and palliative nursing services to support people when needed.
- People's preferences for how they wish to be treated at the end of their life were recorded in care plans and some people had been supported with funeral plans.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager understood their responsibility under duty of candour to be open and honest if things go wrong.
- The registered manager promoted a person-centred culture. They spent time working with people and staff, acting as a role model to promote good care outcomes.
- People were very complimentary of the service they received. The registered manager's vision was for people, "To have good health and well-being to feel safe and to have a good quality of life."
- A member of staff said, "We want people to have the care they want and need, to be happy and live in a safe environment."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a positive management structure in place which was open and transparent. Staff told us they felt very supported by the registered manager.
- People benefited from a staff team that worked together and understood their roles and responsibilities. Staff told us they worked well together as a team to support people. They had handover meetings every day and were kept fully informed of people's changing care needs.
- The registered manager had a good oversight of the service and staff worked within regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were actively involved in improving the service they received. They met with their key worker to discuss their care and had resident meetings. We saw from minutes of meetings people were involved in the running of the service through discussions on things such as activities and meal planning.
- The provider also asked for feedback from relatives and staff and used questionnaires to gain views and opinions. We saw these views were analysed for any themes and how the feedback could be used to improve the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager had quality assurances processes in place. Regular audits were completed on all

aspects of the service and action plans were in place to work towards continual improvements.

- The registered manager supported staff to continuously learn and develop their skills. They worked in partnership with other healthcare professions to provide training for staff on such things as sepsis awareness.
- Other health care professionals such as practice nurses worked closely with staff at the service to monitor people healthcare needs to provide prompt support when needed.