

Mr John Clarke & Mrs Linda Dawn Clarke

Brookside

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

This unannounced inspection took place on 15 August 2015.

Brookside accommodates and provides personal care for a maximum of 18 older people. There were 16 people living at Brookside on the day of our inspection.

At the last inspection in August 2015 the service was rated Good. At this inspection we found the service remained Good.

The service had a registered manager in place at the time of our inspection. 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 felt safe and staff understood their responsibilities to protect people from abuse and avoidable harm. Risk was assessed and preventative action was taken to reduce the risk of harm.. There were sufficient numbers of staff with the right skills to meet people's needs. Staff were recruited in a safe way. People received their medicines at the right time and in a safe way.

Staff had the skills to meet people's needs because they received training and support and knew people well. People were asked for their consent before care and support was provided. People's capacity to make decisions was considered and staff understood the principles of the mental capacity act 2005.

People had enough to eat and drink. Staff knew how to identify risk of malnutrition and dehydration and took action when this was identified. People had access to the healthcare services they required.

People said that staff were caring and staff had developed positive relationships with them. Staff knew how to maintain people's privacy and dignity. People were able to be as independent as possible.

Staff worked in a flexible way so that they could meet people's needs in a person centred way. People were involved in developing their plan of care and were given choices. People knew how to make a complaint and felt sure they would be listened to and action taken.

People and staff had confidence in the registered manager and the management team. The managers were approachable and supportive. Systems were in place to monitor the quality of service provision. People were asked for their feedback and this was acted on.

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?

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.

Brookside

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 15 August 2017 and was unannounced. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners who fund the care for some people and asked them for their views.

During the inspection we spoke with six people who used the service, the registered manager, head of care, one carer, a member of the catering staff and a member of the maintenance team.

We considered information contained in some of the records held at the service. This included the care records for three people, staff training records, two staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

People told us they felt safe. One person said when asked if they felt safe, "Yes I feel safe without question." People also told us they felt able to speak to staff about any concerns they may have. Staff understood their responsibilities to protect people from abuse and avoidable harm. Staff had received training, they knew how to recognise the signs of abuse and what action to take should they suspect abuse.

Risk was assessed and management plans were in place. For example, people had their risk of developing pressure sores assessed and action was taken when risk was identified. Staff had received training about moving people in a safe way and safe use of the hoist. Staff knew what action to take in the event of an accident. All accidents were recorded and action was taken to reduce further risk. For example, a movement sensor was used to alert staff when the person stood up because they were at risk of falling. People told us that their freedom and human rights were supported and respected. One person told us they could 'do as they pleased'.

There was an emergency procedure plan for staff to follow in the event of an emergency. A fire risk assessment had been carried out and action had been taken where shortfalls were identified. People had personal evacuation plans so that staff knew how to evacuate people in the safest way. For example, slide sheets were made available to move people with mobility difficulties quickly. Fire safety equipment was checked and maintained.

People were able to lock their bedroom doors if they wished to. People had access to a pendant call bell in case they required staff to assist them. They told us that staff responded quickly when they used their pendant. We spoke with the registered manager about how they decided the numbers of staff required. They told us this was done using an assessment of people's needs. We saw that staffing numbers and skill mix were meeting people's needs. There was always a senior member of staff on duty and a manager on call. People told us there were enough staff to meet their needs. One person said "There is ample staff, you are never left waiting." Another person said they had never had to wait for anything. Checks were carried out on staff suitability to work at the service before they were offered employment.

People said they received their prescribed medicine at the right time and in the right way. We saw that 'when required' protocols were not in place for all people who had medicine that they took when it was required. This meant that it may not be clear in what circumstances this medicine could be given. The registered manager addressed this during our inspection and put in protocols for staff to follow for each 'as required' medicine.

People had medicine profiles in their plan of care. This information described to staff what medicines had been prescribed, why they were prescribed and listed the common side effects. This meant that staff could quickly identify if a review by the prescribing doctor was required. We saw that medicines were stored securely and in line with requirements. Medicine administration records were accurate and up to date. Records were maintained of all medicines received into the service and those returned to the pharmacy. This meant that staff could check that people were receiving all the medicines they required. Staff had

received training about the safe management of people's medicines and had their competency assessed. We checked the stock levels of some controlled medicines and found these to be correct against the controlled medicines register. The registered manager told us that people could manage their own medicines if they wished to do so and this was assessed as safe.

Is the service effective?

Our findings

People were supported by staff who had received the training they required and had the skills to meet people's needs. One person said about the staff, "They are excellent." Another person said that staff were 'well trained'. All staff received induction training when they first began working at the service. The registered manager had introduced 'the care certificate' to provide induction training to staff. This meant that staff had nationally recognised training based on best practice and current guidelines. Staff had also achieved or were working towards further nationally recognised qualifications in care.

Staff told us they were supported to do their jobs and were able to attend meetings with their manager to discuss their training and development needs. Records showed that staff had their performance appraised and competency assessed.

People told us staff asked for their consent before providing care and support. Staff assessed people's capacity to make specific decisions. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that care plans included mental capacity assessments. People were supported to make decisions and make choices about their day to day lives. Some people preferred to stay in their room rather than spend time in the communal areas. Other people enjoyed the garden and were supported to do as they pleased. At the time of our inspection there was nobody living at the service that lacked capacity or required a best interest decision to be made.

People had enough to eat and drink and told us they enjoyed the meals provided. One person told us there was always plenty of food and drink available and there was always fruit on their table. Another person said "There is always a choice and you can ask for snacks or drinks at any time even during the night". We observed the lunchtime meal and saw that people were supported to eat and drink in a sensitive and appropriate manner. People were relaxed and chatting at the table and staff were unhurried and helpful. Staff assessed risk with regards to eating and drinking and took action where risk was identified. For example, staff monitored the daily intake of food and drink where this was necessary and consulted with the person's doctor. We looked at menu records and saw that there was a varied choice of food and drink on offer. Catering staff showed us they had the resources they required and we saw that the kitchen was well stocked and well organised.

People had access to the healthcare services they required. We saw that staff had contacted a person's doctor who visited during our inspection. People had been supported to access healthcare appointments and had physiotherapist visits at the service. Staff knew how to recognise deterioration in people's health. Staff told us what action they would take and this included contacting healthcare professionals such as doctors and community nurses.

Is the service caring?

Our findings

People spoke positively about the staff who supported them. One person said, "The relationship with staff is excellent, staff are true friends, every one of them without exception". Another person said, "The staff are kind, I get on with them". We saw that interactions between people and staff were positive and respectful.

People were able to make choices and were involved in planning their care. Monthly care reviews were carried out and people and or their families were involved. Staff knew people well and understood their needs and preferences. People's social, religious and cultural needs were recorded and staff supported people to meet these needs. For example, one person attended their chosen place of worship each week.

People had their privacy and dignity protected and independence was encouraged. These matters were recorded within care records and staff were able to describe how they met these needs. For example, adapted cutlery had been purchased for one person so that they could continue eating independently. Staff knew how to maintain privacy when providing personal care. Staff had received training about respecting equality and diversity and upholding people's human rights. People were able to lock the door to their room if they wished to.

There was no restrictions for people's visitors and people were supported to maintain contact with people who were important to them. Some people went out regularly with their relatives. One person told us they had lots of visitors who were always made to feel welcome and offered a drink.

Staff were proud of the service and said they would recommend the service because they knew that people would be looked after. Staff said there was a strong team who worked well together. There was a key worker system in operation. This meant that each person had an allocated member of staff to ensure they had everything they required and were receiving the care and support they required.

Is the service responsive?

Our findings

People received care that was personalised and in the way they preferred. Staff knew people well and knew how they liked to receive care and support. People's needs were assessed before they moved in and a plan of care was developed with the person. Care plans were comprehensive and focused on the person and their individual needs. People knew about their care plans and said that staff were flexible. One person said "I can ask for anything I need and staff will always oblige".

People said they were able to follow their interests and hobbies. One person told us how they had been busy all of their lives and were now enjoying a different pace of life spending time in the garden relaxing. Another person said they had a choice as to whether or not to join in activities. People had some opportunities to go out on organised trips. The registered manager told us there was an outing being planned to a local tea room which was requested by people who used the service.

People said they knew how to make a complaint and would feel comfortable doing so. They were sure that staff would listen and take action. Another person said they had made a complaint and staff had taken action and resolved the issue. A copy of the providers complaint procedure was included in the 'service user's guide'. This document was given to people when they first moved in. Information about contacting other authorities such as the local authority commissioning team was also included. This meant that people could escalate their complaint if they were not satisfied with the provider's response. Complaints were used as an opportunity for learning and improvement.

Meetings were held and people were supported to share their experiences or to raise concerns. Minutes of these meetings showed that one person had asked for a suggestion box so that people and their visitors could make suggestions. We saw that the registered manager was in the process of implementing this request.

Is the service well-led?

Our findings

People knew the managers and told us they were open and accessible. People were supported to be involved in developing the service. There were monthly care review meetings and 'residents' meetings. Records showed that people were asked for their feedback and suggestions such as where to go for a day out. People had requested they have beef wellington for Easter lunch, which was provided. Staff also told us their manager was open and approachable.

Staff meetings were held and changes were communicated and staff were asked for their feedback. Records showed that staff had been able to discuss their ideas. The night staff had asked for 'job sheets' so that they were clear about what was expected and could sign to say who had completed each job. This had been implemented. Staff knew about the provider's 'whistle blowing policy', this policy supported staff to raise concerns should they need to.

The manager was registered with CQC and understood their responsibilities. 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 quality of the service provided was monitored. For example, checks were carried out on care records and infection control, and the premises and equipment were checked to see if they were safe and in good working order. Records showed that action was taken where shortfalls were identified.

A satisfaction survey had recently been sent out to people and to relatives. We were told that the results of this would be analysed and an action plan would be made available to people as soon as this was completed.