Mrs J Filsell

Brookfield Residential Home

Inspection report

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Tel: 02392581103

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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

We carried out an unannounced inspection of this home on 9 March 2016. Brookfield Residential Home provides accommodation and care for up to 29 older people some of whom live with mental health conditions or dementia. Single room accommodation is arranged over three floors of the home. Lift access is available throughout the home and there are several communal areas inside and outside the home which can be accessed by people. At the time of our inspection 25 people lived at the home.

The registered provider for this location was an individual registered with the commission to provide this service. 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 were supported by staff who had a good understanding of how to keep them safe, identify signs of abuse and report these appropriately. Processes to recruit staff were in place which ensured people were cared for by staff who had the appropriate checks and skills to meet their needs. Staffing numbers were sufficient to meet the needs of people.

Medicines were administered, stored and ordered in a safe and effective way by staff who had received appropriate training.

Risk assessments in place informed plans of care for people to ensure their safety and welfare, and staff had a good awareness of these. External health and social care professionals were involved in the care of people and care plans reflected this.

Where people were unable to consent to their care the provider was guided by the Mental Capacity Act 2005. Where people were legally deprived of their liberty to ensure their safety, appropriate guidance had been followed.

People's nutritional needs were met in line with their preferences and needs. People who required specific dietary requirements for a health need were supported to manage these.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. Staff involved people and their relatives in the planning of their care.

Care plans in place for people reflected their identified needs and the associated risks. Staff were caring and compassionate and knew people in the home very well.

A complaints process was in place and people new how to use this, although the home had not received any recent complaints.

The service had effective leadership which provided good support, guidance and stability for people, staff

and their relatives. People, their relatives and staff spoke highly of the registered provider and manager who were very actively involved in the home. Audits and systems were in place to ensure the safety and welfare of people.

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.

Staff had been assessed during recruitment as to their suitability to work with people and they knew how to keep people safe. There were sufficient staff available to meet people's needs.

Medicines were managed in a safe and effective manner. Risk assessments were in place to support staff in mitigating the risks associated with people's care.

Is the service effective?

Good

The service was effective.

Where people could not consent to their care the provider was guided by the Mental Capacity Act 2005.

Staff had received training to enable them to meet the needs of people. They knew people well and could demonstrate how to meet people's individual needs.

All care records held nutritional risk assessments for people. These included information on specific diets required for health conditions and preferences

Is the service caring?

Good

The service was caring.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people.

People and their relatives were involved in the planning of their care

Is the service responsive?

Good

The service was responsive.

Care plans reflected the identified needs of people and the risks associated with these needs.

There were a wide range of activities available for people every day and staff encouraged people to participate in these events.

People felt able to express any concerns and a complaints process was in place.

Is the service well-led?

Good

The service was well led.

People spoke highly of the registered provider and manager and their team of staff. Staff felt very well supported in their roles.

Audits and systems were in place to ensure the safety and welfare of people in the home.

People, their relatives and staff felt able to share any concerns or views of the service and were sure these would be listened to.

Brookfield Residential Home

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 unannounced comprehensive inspection took place on 9 March 2016. The inspection team consisted of an inspector and an expert by experience in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

Some people who lived at Brookfield Residential Home were not always able to talk with us about the care they received. We observed care and support being delivered by staff and their interactions with people in communal areas of the home. We spoke with seven people who lived at the home and three visiting relatives to gain their views of the home. We spoke with ten members of staff including; the registered provider, the manager, care staff, a member of kitchen staff, volunteer staff and an activities coordinator. We received feedback from four health and social care professionals who visited the home to support people.

We looked at the care plans and associated records for four people. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, six staff recruitment files and policies and procedures.

Good

Is the service safe?

Our findings

People felt safe in the very homely environment staff created for them. They felt there were enough staff to meet their needs and that all staff knew them very well. People were encouraged to express any concerns they may have and knew staff would respond promptly and effectively to these requests. One person told us they felt, "As safe as I ever could, they are all wonderful." Another told us, "You couldn't find a better place, it's wonderful." Relatives and health and social care professionals who visited people in the home felt people were safe and well cared for.

Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. Staff had received training on safeguarding and had a good understanding of these policies, types of abuse they may witness and how to report this both in the service and externally to the local authority and CQC. Staff were aware of the registered provider's whistleblowing policy and how they could also report any concerns they may have to their immediate line manager or other manager in the service.

There were sufficient staff available to keep people safe and meet their needs. Staff rotas showed there was a consistent number of staff available each day to meet the needs of people. The manager told us they had previously used a dependency tool to identify the number of care staff required to meet people's needs. They found staffing levels always exceeded these levels due to the way the service supported people and they no longer used this tool. For example, morning and late afternoon periods of time often had more care staff to allow flexibility in the choices people had about getting out of or going to bed. Staff were very flexible to support each other in covering sickness and holidays. For example, two members of care staff were nominated to support the role of the activity coordinator when they were absent and were covered in their care duties so that they could do this.

There were safe and efficient methods of recruiting staff in place. Recruitment records included proof of identity, two references and an application form. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

Risks associated with people's care needs had been assessed and informed plans of care to ensure the safety of people. For people who were at risk of falls, risk assessments had been completed and informed care plans on their mobility and to avoid the risks of falling around the home. Risks associated with people's health conditions had been identified and appropriate plans of care were in place to mitigate these risks. For example, for people who lived with diabetes or required support with continence aids such as a catheter, clear risk assessments and plans of care gave staff information on how these risks should be managed. For people who displayed behaviours that might present a risk to the person or others, the behaviours and triggers to these had been identified. Staff knew people very well and demonstrated a good understanding of their needs and how to support them. Care records reflected actions staff had taken to support people should they become distressed or agitated and care plans had been updated when required to reflect changes in people's needs.

Care staff who had completed appropriate training administered medicines in the care home. Medicines were stored and handled safely. People received their medicines in a safe and effective way. There were no gaps in the recordings of medicines given on the medicines administration records.

Personal evacuation plans were up to date and kept in people's care plans. We saw that these contained clear information on how people could be evacuated from the building in the event of an emergency. A robust business continuity plan and emergency evacuation plan were in place to ensure people were safe in the event of fire or other utilities breakdown such as a power failure.

Good

Is the service effective?

Our findings

People felt staff knew how to meet their needs effectively and offered them choice whilst respecting their wishes. One person said, "Nothing is too much trouble," and another told us, "We are like a big family and the staff know us really well." Relatives and health and social care professionals who visited people in the home felt staff knew people very well and effectively met their needs whilst offering them the choice and support to remain independent.

People were cared for by staff who were supported to gain the appropriate skills and knowledge to deliver care based on best practice. A program of supervision sessions, training, and meetings for staff ensured people received care and support from staff with the appropriate training and skills to meet their needs. Staff felt supported by this to provide safe and effective care for people. Staff were encouraged to review training they had completed and consider any additional training they wished to complete to meet the needs of people. The provider was proactive in supporting staff to complete training which they identified.

The provider supported staff to obtain recognised qualifications such as National Vocational Qualifications (NVQ) and Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The provider had a comprehensive training programme for all staff which was closely monitored and updated by the manager to ensure all staff had the required training to meet the needs of people.

Staff had a good understanding of their role in the home and the management structure which was present in the home to support them and people who lived at the home. Senior carers supported care staff in their daily roles and also completed supervisions with care staff every two to three months. The manager provided supervision for all senior carers and other staff in the home. Care staff felt there were opportunities within the home to develop their role and skills. The home actively supported work experience students and apprenticeships for people who wished to work in the care profession. The manager told us this helped all staff to remain up to date with new ways of working and evidence based practice.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent. People were encouraged to take their time to make a decision and staff supported people patiently whilst they decided. For example, one person sat in a dining area alone when people had vacated it after lunch. Staff approached them several times to ask if they wished to move to another area of the home and join in activities. This person said, "It's lonely here on my own, "and staff encouraged them to move, however they chose to stay in the dining area. After 10 minutes a member of staff returned for the third time and asked the person if they would like to go to the lounge and play bingo. The person replied yes and went with the staff member to join in an activity. Staff were patient and kind with them, providing them opportunities but respecting their wishes at all times.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. Care records identified staff should always ensure people were involved in making a decision and if they were not able to do so then who should be involved in the best interests decision making.

All care records held information about the decisions people could make for themselves and those with which they would require support from others. For example, for one person who had fluctuating capacity, records clearly showed they could make decisions about their care but that they were aware this ability may be lost due to the progression of their illness. They had provisions in place to ensure their family member had the authority to make decisions on their behalf. The provider did not have copies of these legal documents and when we discussed this with them they told us they would address this immediately. The manager was aware of the processes required to ensure decisions were made in the best interests of people.

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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). For several people who lived at the home a DoLS application had been made to the local authority with regard to them leaving the home unescorted; we found that the manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court judgement which widened and clarified the definition of a deprivation of liberty. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People received a wide variety of homemade meals, of which there were two choices at each mealtime; other options were available for people should they not like these choices. The kitchen staff provided meals from a five week rolling menu. All fresh fruit, vegetables and meat were bought on the day they were to be consumed and prepared by kitchen staff who had a very good understanding of people's nutritional needs and dietary preferences. A list of these was maintained in the kitchen and updated by staff should there be any changes in people's requirements. However, on a Friday the provider organised delivery of fish and chips for people from a local shop. People told us this was a highlight of the week and was enjoyed by everyone.

Care plans identified people's preferences, specific dietary needs, likes and dislikes. There were several dining areas in the home and people chose where they wished to eat their meals. This could be in a dining area, sitting area or in their own rooms. Staff were available to support people with their meals, and had a good understanding of the help people required. For example, one person preferred to be helped to have their meal in a quiet area with a member of staff supporting them from their left side. This was respected and people were assisted to manage their meals in a quiet, dignified and respectful way. The kitchen area was a clean and well managed area.

Records showed people had regular access to external health and social care professionals as they were required. The manager told us they worked well with community services staff to meet the needs of people. Documentation was shared with visiting professionals and they followed their guidance and recommendations. This included social workers, GP's, community nurses and therapists, speech and language therapists and community psychiatric nurses. We saw records identified actions to be completed to support people following a visit from any health or social care professional. Feedback we received from external health and social care providers was very positive. They told us the home strived to work closely with all services and ensure they met the needs of people for whom they were caring. Professionals told us

the home was responsive to suggestions and always requested support when this was required.

The provider sought to maintain a comfortable and homely environment for people. Whilst storage areas and staff areas were limited, staff utilised these areas effectively. Staff took breaks in quieter areas of the home and were very visible around the home at all times. Areas of the home were available for people to sit quietly and reminisce whilst other areas were livelier and hosted activities were available. Equipment was available throughout the home to help people with reduced mobility such as stand aids and hoists; toilet and bathroom areas were well equipped with mobility and bathing aids.

Good

Is the service caring?

Our findings

People were valued and respected as individuals and were happy and content in the home. One person said, "Oh [it's] lovely, you could not wish for anything better…Everyone is cheerful and helpful." Another said, "This is my home, we all love being here." People responded to staff warmly and enjoyed their company. Staff interacted with people in a calm, encouraging and positive manner. Relatives spoke highly of the kind and compassionate care their loved ones received. Visiting health and social care professionals felt staff were very caring and created a very homely environment for people.

Staff knew people well and demonstrated a regard for each person as an individual. They addressed people by their preferred name and took time to converse with people as they moved around the home. Staff encouraged people to participate in any activities or communications which were going on around the home. For example, one person was mobilising independently through the home whilst a group of people were discussing the weather in an open area of the home. They were encouraged to join in the conversation and interact with others by sitting with them and having a cup of tea. They told us, "It is so lovely to have so many friends here. Everyone is just lovely."

Throughout the day staff spent time with people chatting and laughing whilst supporting people with their needs. The atmosphere in the home remained calm and very friendly with people going about their daily activities in a calm and relaxed way. For example, several people had met to eat breakfast in the morning in a communal area and remained in their pyjamas as they chatted to each other. They were relaxed and enjoying each other's company.

At mealtimes, staff were seen to engage positively and cheerfully with people in all areas of the home. They offered support with managing meals, cutting up food and offering drinks to people. Staff encouraged people to remain independent. People in the communal dining area of the home were positively engaged in conversation with all staff and the atmosphere was friendly.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Doors remained closed to people's rooms when they were being supported by staff and all staff knocked and waited for a response before entering people's rooms. People could have a key for their room to maintain their privacy, though many chose not to. Staff had a good understanding of how to ensure people's dignity was maintained. For example, one person went to sit at a meal table and staff noticed their clothing required adjustment to maintain their dignity. They spoke quietly with the person and assisted them to sit in a dignified and respectful way. This person was grateful to staff for their support and told us, "The staff are all like that; they look out for us and really look after us."

People's cultural and religious requirements were recorded and respected. A local church visited the home to provide Holy Communion once a month. Staff were clear about the provider's equality and diversity policy and the need to treat and respect people as individuals.

Staff had worked with people and their representatives to ensure their care reflected their preferences,

choices and needs. People had been involved in the planning and review of their care. A quarterly review of all care records was completed with people and their representatives to ensure people's needs were being met. People were able to express their views and be actively involved in making decisions about their care. They told us they could speak with any member of staff at any time and they felt their concerns would be listened to. People told us they had regular 'Resident meetings' with the registered provider and the manager. Minutes of these meetings showed people were able to express any matter at these meetings and staff told us these actions were always followed up. For example, one person expressed concern that people who lived with diabetes did not get a variety of suitable deserts at mealtimes. This had been addressed.

Good

Is the service responsive?

Our findings

People were able to express their views and be actively involved in making decisions about their care. They felt able to raise any concerns they may have about the service with staff, the manager or the registered provider. People told us staff were very approachable and responded to any requests or concerns in a prompt and efficient manner. Health and social care professionals told us staff responded to people's needs and requested support from them when this was required.

An assessment of people's needs was made on their admission to the home. This included people's preferences, their personal history and any specific care needs they may have. This allowed all staff to have a clear understanding of the person's needs and how they wanted to be cared for. Information was available in each person's care records to identify specific likes and dislikes, hobbies, and the personal abilities of people to manage their own care. Records also noted people who were important to them and who needed to be involved in their lives. From this information care plans were written with the person and their relatives to identify their needs. Care plans clearly identified how staff could support people. For example, for people who were at risk of pressure wounds, care plans were clear on the actions staff needed to take to ensure the safety and welfare of the person. Staff were aware of the need to promote the skin integrity of people through the use of good moving and handling techniques, the use of appropriate pressure relieving equipment and the regular movement of people.

Staff had a good understanding of the need for clear and accurate care plans which reflected people's needs. Care plans in place gave clear information for staff to meet the care needs of people with specific health conditions such as diabetes. Where people had nursing needs such as wounds and catheter management, the community nursing team visited the home and supported staff to meet these needs.

Staff responded to people's calls for assistance promptly and efficiently. A staff call system was in place for people to request help from staff. People told us they felt staff usually responded to their needs quickly, although this did depend on how busy they were or anything else which was going on in the home; however they knew staff would always attend.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. People could receive visitors at any time and were encouraged to celebrate special events, such as their birthdays, with family or friends in the home. There were pictures around the home as people celebrated birthdays and other events. Relatives were greeted warmly and encouraged to be an integral part of any activity within the home.

An activities coordinator worked in the home every day of the week. They provided a wide variety of activities and opportunities for people which reflected people's requests and preferences. Whilst a clear plan of activities was not allocated each week, some regular events such as art and craft, exercise and 'Music for health' occurred through the month. The art and craft session was supported by two external volunteers who had been visiting the service for many years and were very much an integral part of the home. Activities to celebrate particular events such as Easter and Christmas were prepared in advance and the activity

coordinators had access to a very wide range of games, books and activities to encourage people to remain active. An activities coordinator told us how they matched daily activities to people's requests and preferences. For example, on the day of our visit, art and crafts activities in one area of the home were very well attended and so the activities coordinator took a smaller group of people to play a favourite board game in another area of the home. Funds were readily available for any equipment to support additional activities and people told us they enjoyed the wide range of activities in the home. One person told us, " There is so much choice, we are spoilt." Whilst a group of people enjoyed knitting in one area of the home the atmosphere was fun, relaxed and very friendly. People enjoyed being together in these activities.

The complaints policy was displayed where it could be seen by people. The manager worked closely with people to enable concerns to be addressed promptly and effectively. The registered provider had effective systems in place to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these. They encouraged staff to have a proactive approach to dealing with concerns before they became complaints. For example, staff were encouraged to interact with people and their relatives, whilst maintaining their privacy, to ensure their needs were being met. Staff met visitors in a warm and friendly way and encouraged them to express any views about the service their relatives received. People said they felt able to express their views or concerns and knew that these would be dealt with effectively.

People told us the staff responded to any concern they may have in a prompt and effective manner. Relatives and health and social care professionals said staff were responsive to people's needs.

Good

Is the service well-led?

Our findings

People spoke very highly of the registered provider, the manager and their team of staff. One person told us, "They are just all so very very good." Another told us, "We are all family and look out for each other." Staff felt they were well supported and encouraged to develop their skills by the registered provider and manager. Relatives spoke highly of all staff and felt they worked very well as a team to create a homely and supportive environment for their loved ones. Health and social care professionals felt the manager was very dedicated to the provision of the best care for people and created a very homely environment for people.

A staffing structure in place at the home provided a strong support network for staff. The registered provider, manager and group of senior carers provided a stable management team in the home. The registered provider and manager were always very visible in the service and people told us they were often present in the home at weekends. Staff felt able to speak with senior carers, the manager or provider about any concerns they may have and felt these would be addressed promptly and effectively. They felt supported through supervision and daily handover sessions to encourage the sharing of information such as learning from incidents and new training and development opportunities. Staff were reminded of their accountability in these meetings and were also encouraged to bring new ideas and ways of working to the meeting. Staff felt the registered provider and manager promoted an open and honest culture for working which was fair and supportive to all staff.

Staff worked cohesively as a team and supported each other to meet the needs of people. They shared common values and visions in the service to provide excellent person centred care for each person in a safe and homely environment. Staff spoke highly of the way in which the registered provider and manager promoted an ethos of high standards of person centred care in all that they did. For example, they spoke of the death of two service users recently who had been in the home for a very long time and the impact this had had on staff and people who lived at the home. Whilst supporting people and staff through these difficult times, the registered provider and manager ensured staff remained focused on the needs of people in the home.

People and their relatives met with the manager to discuss ideas and new developments within the service; however these meetings were not always minuted. People and their relatives were encouraged to feedback to the provider on the quality of the service they received through an annual questionnaire. The results of the most recent questionnaire were being collated. The manager told us they would use any comments from these questionnaires to further develop the service provision for people.

The manager held a weekly meeting with senior carers to discuss any concerns, training needs or other items of interest which had occurred in the home, such as feedback from the manager's monthly audit of the home. Whilst the manager took notes from these meetings and identified actions to be taken to address any concerns raised, there were no minutes or action plans for these meetings. The actions identified were completed however, this was not formally documented. For example, the manager told us how they fed back when an audit of a care plan showed incomplete information and we saw this had been addressed. The manager told us they would ensure clear minutes and action plans were completed for these and other

meetings to ensure they could evidence the actions they took in response to any issues raised.

Incidents and accidents were recorded and monitored by the manager who ensured appropriate actions were taken to investigate these and share any learning outcomes from these. For example, for people who had fallen, care records had been updated to reflect this and identified any learning or new actions which were required to ensure the safety and welfare of people. The manager reviewed all incidents and identified how they monitored for any pattern to these incidents for individuals. However, patterns of incidents across the home were not always monitored and the manager told us they would ensure this was more closely monitored in their monthly audit.

A monthly audit to ensure the safety and welfare of people was completed by the manager. This included audits on; incidents and accidents, infection control, medicines, care records and the environment. Actions were taken if any concerns were identified.