Barchester Healthcare Homes Limited

Brookfield

Inspection report

18 Brookfield Road
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Ratings

Overall rating for this service

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

Overall summary

This inspection took place on 5 August 2014 and was unannounced. At our last inspection in August 2013 the service was meeting the regulations inspected.

The home has a registered manager with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

Brookfield Residential Care Home provides personal care and accommodation for 31 older people. The service is owned by Barchester Healthcare. It is a three storey property comprising of 25 single bedrooms and three double rooms. It is located in the village of Lymm close to local amenities. There is a range of communal space's and a large conservatory. Toilet and bathroom facilities are dispersed throughout the building. There is a car park provided for visitors.

We found the service needed further development in training their staff and in understanding of supporting

Summary of findings

people when they lacked capacity, including the requirements of the Deprivation of Liberty Safeguards and in obtaining consent when supporting people with 'Do not attempt resuscitation' orders. We noted that support was needed for staff to fully support people who lacked capacity to make decisions for themselves.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

We found care plans to be detailed and focused on the individual person. They contained guidance to enable staff to know how to meet service users' needs and how they wished to be supported. Staff had a good understanding and knowledge of people's individual care needs. We noted that two people cared for in their bedrooms did not have access to their call bell system as staff had forgotten to ensure they had access to it. The registered manager advised they would review access to call bell systems on a regular basis so that everyone had access whenever they needed to call for staff.

People living at the home, relatives and staff were very positive about staff however we received mixed opinions in regard to the staffing levels. The majority of people thought the service needed more staff, yet two relative's thought the staffing levels were fine.

We observed how staff spoke and interacted with people and found that they were supported with dignity and respect.

We noted the service had a complaints procedure and complaints that had been made were

recorded with actions taken. People were confident that they could raise their opinions and discuss any issues with senior staff.

The service operated safe staff recruitment and ensured that staff employed were suitable to work with vulnerable people. Appropriate pre-employment checks were being carried out and application forms were robust to enable the management of the home to have adequate information before employing staff.

Staff had not always received regular formal supervision and training to assist them in their job roles and in their personal development.

Various audits at the service were carried out and some that needed further improvements had action plans developed by the registered manager and registered provider to help ensure that adequate standards were maintained throughout the service. This meant that that improvement could be made and an audit trail could be followed to ensure all actions were met.

Summary of findings

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 required improvement.

Requires Improvement

We found staff needed further training to develop their understanding of supporting people when they lack capacity to make informed decisions, including the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Further work was also needed to support staff in relation to how consent from people living at the home was obtained with regard to 'Do not attempt resuscitation' orders.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were clear about the process to follow if they had any concerns in relation to people's safety and welfare especially in regard to managing safeguarding and keeping people safe.

The majority of people living at the home and staff thought the service needed more staff and felt the service was often short staffed. Although they shared their opinions about staffing levels we found no issues effecting care needs during this inspection.

Care plans contained risk assessments so that risks to people were managed and they were supported to be cared for as they wished.

A thorough recruitment procedure was in place and sufficient staff were available to keep people safe.

Is the service effective?
The service required improvement

Requires Improvement

Mandatory training was provided however training records were not always up to date and some staff still needed updated training in dementia and the Mental Capacity Act to help them to support staff to care for people appropriately.

Staff felt supported however they had not always received regular formal supervision to assist them in their job roles and in their personal development.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

People's health needs were managed well by staff who co-ordinated appointments and visits across a range of visits from healthcare professionals, such as GPs; opticians; care managers and dentists.

Is the service caring?
The service was caring.

Good

Summary of findings

We saw that people were treated with respect and dignity by the staff at the service.

Visitor's felt their relatives were supported well and cared for.

Staff were aware of individual's needs and how they liked to be cared for.

Is the service responsive?
The service was responsive.

Good

Care plans demonstrated that people were involved as much as possible in the decisions about their daily lives. Staff were knowledgeable about people's needs and responded well.

Complaints made were fully recorded and actions taken had been documented.

The service provided various activities for people to take part in if they wished so that people were involved in social activities they liked and requested.

Is the service well-led?
The service was well led.

Good

People living at the home, relatives and staff said that they felt the registered manager was approachable and would listen to them.

The service had procedures in place to monitor and improve the quality of the service and actions were taken to address any issues that were found.

Care Quality Commission

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 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 5 August 2014 and was unannounced.

The inspection team consisted of a lead adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using a service or caring for someone who uses this type of service. In this case they had experience of services for older people both in the community and within care home settings.

During the visit, we spoke with a variety of people including: 11 people living at the home; four relatives; three visitors; two visiting professionals, four staff on duty and the registered manager. We spoke with people throughout the home and observed how support was provided to people during the day.

We used a number of different methods to help us understand the experiences of people who live at Brookfield. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of service users who could not talk with us.

We looked at a sample of documentation in relation to staff recruitment; four staff files showing supervision and training; medication records; risk assessments; quality assurance audits and policies and procedures. We looked at a total of four care plans for people that lived at Brookfield.

Before our inspection the service provided us with a provider information return [PIR] which allowed us to prepare for the inspection. 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 looked at any notifications received and reviewed any other information we held prior to visiting. We also invited the local authority safeguarding, quality assurance and commissioning functions to provide us with any information they held about Brookfield.

Requires Improvement

Is the service safe?

Our findings

People living at the home told us they felt safe at the service. They made various positive comments such as:

“I feel very safe here and know who to speak to if I have any worries. I am very content”; “I feel very safe and have confidence in the staff to do what is right. It’s a very good home with very good staff” and “I feel very safe, they’re there for you when you need them, they always make sure I get into bed safely at night.”

We found that Brookfield had a policy in place with regard to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) says that before care and treatment is carried out for someone it must be established whether or not they have capacity to consent to that treatment. If not, any care or treatment decisions must be made in a person’s best interests. We found that staff had limited understanding in regard to the Mental Capacity Act and few of the staff had received this training. Staff spoken with had little understanding and knowledge of how to ensure the rights of service user’s with limited mental capacity to make decisions were respected.

We noted two people’s records had ‘Do not attempt resuscitation’ orders within their care files. These records had been signed by medical practitioners with ticks to say either the person or their family had been involved with the decision. There was no other evidence of any signature from next of kin or the person to show they had agreed or had any capacity assessment in place to show why they had not been involved with such a decision. There was limited evidence to explain why people were not given the opportunity sign to show they agreed with such orders if they had the capacity to understand them. The registered manager advised that they would be arranging for all ‘Do not attempt resuscitation orders’ to be reviewed with both people living at the home and their medical practitioners.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as there was no evidence that they had suitable arrangements in place for obtaining and acting in accordance with consent of people living at the home in relation to ‘Do not attempt resuscitation’ orders.

The registered provider had an adult protection procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and that people living at the home were protected from possible harm. We saw that staff had received training with regard to safeguarding and staff we spoke with were aware of procedures to follow regarding any suspicion of abuse or if any mistreatment was suspected. All of the staff that we met told us they would not

hesitate to report any concerns or any signs of abuse. Staff were aware of their responsibilities to keep people safe. This included individual risk assessments for areas such as moving and handling and those people being at risk of falls. These assessments were clear and up to date. These assessments minimised the risks to people living at Brookfield.

Staff were also aware of the whistle blowing policy which was in place to support staff. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. Prior to our visit the Care Quality Commission had received two anonymous concerns regarding the care of people who were cared for in their bedrooms due to their increasing needs. We referred these concerns to the local authority. We noted that the service did not have any hoists to assist people who wanted to get out of bed and who needed the assistance of staff and a lifting device. The local authority had organised updated management reviews with care managers. The local authority staff provided swift feedback and were happy with the care provided to the identified individuals. The registered manager had also organised for people to be reviewed by their GP to ensure their care was appropriate and up dated with end of life care and with the management of their medications.

We looked at the duty rotas and found that there were a mixture of care staff/domestic/ administration and activity staff on duty. People were generally very happy with the staff and their conduct and attitudes towards them. Their main opinion with regard to staffing was that they felt they did not have enough staff on duty.

People living at the home raised comments about the staffing levels stating:

“There are not enough staff really. Especially at meal times”; “I’m not sure there are enough staff as they have such a lot to do”; “They could do with more staff, not enough of them so no time to sit and chat even for a few

Is the service safe?

minutes. They talk to you when they bring you tea or are dressing you but not really a chance to talk about things properly" and "They could do with an extra pair of hands at busy times."

However, two relatives had no issues with the staffing levels and commented positively with:

"You never get the impression that they are rushed off their feet. They present as quietly efficient" and "I think there are enough staff. I have never seen it as a problem. I can always find someone if I need assistance or want to ask someone."

Most of the staff spoken with said they felt they needed more staff and that if they had an increase they would offer a lot more choices to people especially when getting up and with personal care and bathing. Despite this we saw that people were clean and comfortable and were being supported to engage in social activities throughout the day. However, the registered manager did not have any type of evidence/document to show how staffing levels were managed or calculated at the service. She had no information in regard to how each person's dependency needs were monitored to ensure the service provided the right numbers of staffing levels.

The registered manager advised they would review their comments with them and the registered provider and would work at developing evidence to show how staffing levels were calculated and monitored to ensure they met everyone's needs. We found no issues affecting staffing levels and the care provided during our inspection.

We were told by people living at the home and their relatives that staff usually responded quickly to call bells;

"They respond quickly if you call and you don't hear them going unanswered" and "If we need them I usually go down and find someone and they will come straight away."

We observed that two people who were being cared for in their bedrooms could not reach their call bell to summon help. One call bell was on the floor and the other on a chair. Both were working and when pressed staff responded immediately. The registered manager advised that she would ensure that the staff team enabled everyone to have access to their call bell to request staff assistance at all times. She advised that this would be checked on a regular basis amongst the staff team.

We looked at four staff files including a newly recruited member of staff, to check that the appropriate checks had been carried out before they worked with people. Personnel files were organised and included appropriate checks to show safe recruitment and management of staff especially in checking references and criminal record checks so that the management could be assured they were safe to work with vulnerable people.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us they were happy with the way the service was delivered and how the staff cared for them. They felt their needs were being met by staff at Brookfield.

Staff told us they had received regular training and that they were provided with all the training they needed to help them with supporting people who lived at the home.

We were unable to access all information about staff training that they had attended. The staff training records were not kept up to date. The registered manager advised they would review their training records in order for them to identify who needed updated training and to assure themselves that all of their staff were up to date with all necessary training. The registered manager submitted various information after our visit with the details covering all of the provider's mandatory training indicating that the majority of staff were updated in these courses. Seven staff had received training with regard to dementia awareness and the manager told us that further dementia training was planned for the outstanding numbers of staff.

Staff felt well supported and were very complementary regarding the support they received from their senior staff and managers. Staff told us they received regular supervision and appraisals. We checked records and staff files and they did not always contain evidence that supervision sessions had been consistently provided for each staff member. Supervisions are regular meetings between an employee and their line manager to support staff development and to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs. All staff should expect to be provided with supervision to help with their development within the service to ensure they provide a consistent level of good quality support to service users.

People living at the home told us they enjoyed their meals and had plenty of choice and alternatives were available if requested. People made positive comments such as:

"The food here is very good but if there is nothing to your liking they ask what you fancy and get you something else" and "My daughter often stays for lunch and she says the food is excellent."

People living at Brookfield and relatives told us that they could choose where to eat and that breakfast time was flexible although they felt other meal times were set.

We carried out a Short Observational Framework for Inspection (SOFI) tool in the morning and in the afternoon at lunch time and found interactions between staff and people living at the home were positive. We observed that the food looked appetising and appealing and well presented. The dining area was pleasant and welcoming with small tables, linen cloths and fresh flowers. Where necessary staff checked frequently that people were managing to eat their food and offered appropriate support when needed. Additional drinks were offered during the day and people had a choice of snacks when needed. People who required assistance were provided with discreet and sensitive support. The catering staff had already identified various special diets for some people and ensured they were catered for at each meal including, soft diets; diabetic and fish free meals. People's weights were monitored as part of the overall care planning process. This was done to ensure that people were not losing or gaining weight inappropriately.

We saw that communication with family members was recorded. Relatives confirmed they were informed of any changes to care and asked their views on the care and support that was in place. People living at the home and relatives felt that the service was very good at providing support with their health and in keeping them updated with good communication and contact with the staff team. Staff were quick to access clinical staff including the GP, District Nurse, and podiatrist. Positive examples and comments made by relatives included:

"Mentioned his increased back pain and the next day the home got the GP in and physio"; "The district nurse comes regularly to check for pressure areas and skin breakdowns, do dressings and the like and to raise any issues with the home if needed. The home also gets the GP to call periodically to check on her" and "Our relative is always comfortable and well cared for, that is why we chose this home when they came out of hospital."

Good

Is the service caring?

Our findings

Comments from both people living at the home and relatives regarding staff were positive and included:

“Staff are kind and we have a good rapport. I cannot criticise then at all, carers do their best under great difficulties as not enough of them”; “Caring staff, more or less. Some better than others but most are good. I am satisfied with the care. They are very patient with me”; “The staff are just brilliant, my relative keeps saying he is very lucky to be living here”; “They are very kind and very thorough. If you ask for help they respond quickly”; “They are alright, some are nicer than others, but no one I don’t’ like”; “They always treat me with respect. Knock rather than just walk in and ask me what I want to do” and “Staff are very professional and I have every confidence in them. They talk to my relative properly and show respect for his feelings. Staff know being smart has always been important to my relative but if he spills food now, staff change him if this happens, to maintain his dignity.”

We observed positive interactions between staff, people living at Brookfield and relatives. Staff were described as being kind and caring and were observed to treat individuals with respect. We noted that the staff knew the people they were caring for and treated them in a manner appropriate to their needs. Relatives comments supported this:

“They all seem to know a lot about our relative and what he needs. I think they must have had lots of chats with him” and “Staff do seem to go out of their way at times to get residents what they want, the night staff fetched him fish and chips the other week as he said that was what he fancied.”

It was evident from speaking to both people living at the home, relatives and also from the observations on the day that Brookfield was pro-active in encouraging visitors without placing any undue restrictions. Comments made included:

“They are brilliant with visitors, staff always offer a cup of tea and ask if we are ok”; “When the family come up for birthdays, we can all have a meal together in the library” and “The manager has told us to pop in whenever we want to see him.”

We noted there was photographic evidence on display of people enjoying events at the home in which family had been involved.

We spent some time in lounges observing interactions between staff and people living at Brookfield. We saw people walking around the home when they wanted to. We observed them being able to choose what they wanted to do. The atmosphere in the home was friendly and relaxing. During the day we observed staff interacting with people and they were comfortable and relaxed with staff and were chatting, some were laughing and having friendly banter with them. Throughout our inspection we saw that staff were caring and patient when supporting everyone. Staff were seen to respect people’s privacy and dignity. When one person was struggling with her clothing after going to the toilet and shouting for help, staff were quick to respond and put her clothes straight before she came out.

Staff addressed people in an appropriate manner, asked before carrying out caring interventions and where necessary explained what they were going to do before doing it. Staff smiled and were attentive when carrying out tasks. People could choose where to spend their time, although it was evident individuals favoured certain areas of the home. Staff were aware of these preferences but did not make assumptions and still offered various choices. For example, staff were heard to ask someone where they wanted to sit after lunch. This person told us:

“They still ask where I want to be which is good, even though they know I will say the library as it’s quieter in there.”

Other people shared how the staff supported them with their choices and requests within the service such as:

“I like to spend the afternoon in my room or watching TV, but I am mobile and independent so I come and go as I please”; “I like to go out into the garden every day if I can and sit in the summer house. Staff have to help me to get out though” and “I like to sit here in the conservatory as I can see who is coming to visit, as well as what is happening in the lounge and I always chat to them.”

Good

Is the service responsive?

Our findings

Both people living at the home and relatives were keen to share their positive experiences about this service. They made various comments about how their care was provided and the flexibility and choices offered. Comments included:

“I can get up and go to bed when I like. Never pressurised at all. It’s my choice”; “I choose my bed time. I tend to go at the same time but all I have to do is ask the staff to take me when I am ready. In the morning, staff tend to come at the same time but if I am not ready to get up they leave me till I am ready”; “When I am ready I ask them if I can go to my room and they take me and make sure I am ok. I am ready to get up at about 8.30am and they know this and so usually come at a certain time to ask if I want to get up. They know us and what we like”; “I never have a shower but this is my choice. Staff help me (if needed) to have a good strip wash, but I could ask for a shower if I wanted” and “I have an en suite and they shower me about once a week I think but I do forget.”

People were happy with the staff supporting them and everyone told us the staff were good. Staff were knowledgeable about each person they supported and explained they had got to know each person’s like and dislikes over a period of time. Staff told us they had the stability and support of the same staff team which helped them to get to know each person a lot quicker and in more depth. They felt this gave them a lot more consistency in getting to know each person’s needs and choices. We observed staff communicating with people in a respectful manner; quietly interpreting individual needs and requests.

Everyone had a plan that was personal and individual to them. These plans were used to guide staff on how to involve each person with their care plan and provide the care and support they needed and requested. All of the plans we looked at were well maintained and were up to date. The plans were reviewed regularly so staff knew what changes, if any, had been made.

Relatives also thought that the staff and management communicated well, listened and were responsive to changing needs and kept them informed about their relative’s wellbeing. They made various positive comments such as:

“Communications are good and staff do listen to what you say and they do respond if you tell them or ask them something, but I can’t think of anything specific just now”; “They let me know straight away if he is not well and what action they are taking, for example getting in the doctor or the nurse or whatever” and “Any concerns about anything, they ring up and inform the family.”

Visits from health care professionals, such as GPs; district nurses; optician and dentists were recorded within care files, so that people living at the home and staff would know when these visits had taken place and why. When we looked at support planning documentation, we saw that any changes to a person’s requirements were updated within their support plans as needed.

The registered provider had a formal complaints policy and processes were in place to record any complaints in accordance with the provider’s own procedure and were dealt with in a timely way. Staff talked us through what they would do if an individual wanted to raise a formal complaint. Relatives and people we spoke with during the inspection told us they knew how to complain but had no complaints. One person told us about a previous concern that was dealt with swiftly and

with great satisfaction and they were happy with the outcome and how their concerns had been managed. One person living at the home was very confident in regard to being able to raise any comments and told us:

“If I was not happy about anything, then I would tell whichever carer was about there and then and if she couldn’t do anything then I would ask to see the manager.”

During our inspection people we spoke with said that there was a good level of activities on offer. We observed people being asked if they would like to take part in activities and games with the services own activities organiser who worked 25 hours a week. Their role was to organise and plan any activities within the service. Activities were varied with crafts; games; painting, crochet group; reading newspapers, church services and lunches out in local pubs and café’s available. We spoke with the activity co-ordinator on duty and she told us that she had lots of ideas to stimulate a lot more interest amongst people living at the home. She had recently been instrumental in enabling one person to be awarded a special award for the crafts/pictures they had developed which had gained national interest.

Good

Is the service well-led?

Our findings

Brookfield has a registered manager in post who has been working at the service for many years.

She demonstrated that she knew the details of the support provided to each person and knew their needs well.

People living at the home and visiting relatives and friends all knew the registered manager and were on first name terms. People said they would normally be able to speak to her or the deputy whenever they wanted and we were told that the whole staff team (not just hands on care staff) were accessible. They made general positive comments including:

“Very friendly and approachable and there is an open door policy which is great”; “The housekeepers pop in to see if she is okay and have a chat” and “The gardener takes time to talk to him.”

With regard to feedback there was a notice in the entrance advertising a “Residents/ Relatives Meeting” for the following afternoon. Two people were overheard talking about this over lunch and it seemed to generate some interest and communication regarding the meetings set up for people to attend with staff.

We saw evidence that the provider regularly sought feedback from people and their families about the support provided to them. We looked at a sample of minutes of meetings and saw records showing how people were regularly included and encouraged to share their views. Recent annual questionnaires that had been carried out for 2013 and 2014 were very positive about the service provided.

All of the staff told us they felt supported and enjoyed their work. They made various positive comments about the management style of the service. Staff told us staff meetings were held regularly, where they had lots of opportunity to raise questions and speak to senior staff. We looked at a selection of minutes of meetings which had evidence of a wide variety of topics discussed with staff. The minutes showed that the staff were kept up to date with the management of the service.

In the information provided before the inspection the registered provider described a number of ways in which the quality of the service provided was monitored. The registered manager monitored the quality of the support, by completing regular audits which we reviewed during our visit. They covered a large variety of topics and areas throughout the service including: self audits undertaken by the registered manager; medications; care files; environmental audits; minutes of meetings; risk assessments; infection control audits and senior manager unannounced visits.

The registered provider and registered manager evaluated these audits and created action plans for improvement, when improvements were needed. These audits showed evidence of regular monitoring of the quality of care and support being provided. The registered provider had developed an observational tool for staff to use called: ‘A day in the life of a resident.’ The registered manager had already produced five reports and found them very beneficial in being able to gauge exactly what people were thinking and was able to get direct feedback from her staff team, people living at the home and visitors. We noted there was no audit to check on the progress of supervision and training provided to staff. These two areas needed further review to help show improvements in providing regular support to all staff.

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send to the Care Quality Commission by law in a timely way. These records showed that the manager was knowledgeable of their registration requirements and was transparent in ensuring the Care Quality Commission was kept up to date with any notifiable events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment People who use the service were not always provided with suitable arrangements for obtaining their consent in relation to the care and treatment provided to them. Regulation 18