

# Christian Residential Homes For The Elderly Limited

## The Brooklands

### 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

The Brooklands is located in the village of Bakewell. It is registered to provide personal care for up to 18 older adults, which may include some people living with dementia. This inspection was unannounced and took place on 5 May 2016. At the time of our inspection there were 16 people living there.

There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At our last inspection in January 2014 the provider was fully compliant in all areas inspected.

During our inspection we observed that staff were friendly and approachable. We observed staff delivering care which met people's individual needs and which supported them in a respectful and appropriate way. There was training and processes for staff to follow in place to keep people safe and staff followed these. People's physical and mental health was promoted. Medicines were stored appropriately and they were administered and recorded as prescribed.

We saw staff ensured people were comfortable and had a newspaper, magazine or puzzle of their choice to occupy them. We saw people were supported in a relaxed and unhurried manner. Staff were caring and communicated well with people. Staff joined people for lunch and ensured the occasion was social as well monitoring people's nutritional activities.

Staff focused on people they were caring for rather than the task they were carrying out. Staff spoke in a positive manner about the people they cared for and had taken the time to get to know people's preferences and wishes. Staff had a good understanding of people's needs and this was demonstrated in their responses to people and recognition of when people required additional support.

People's privacy was respected. People had their independence promoted. They were offered choice on how they wanted their care delivered and were given choices throughout the day. The service endeavoured to provide end of life care so people had a choice about where they spend the end of their life. Relatives were offered the opportunity to stay with their relative at this time.

Staff were appropriately trained and confident to meet the needs of people they cared for. Staff had access to additional training specific to the needs of people using the service, such as palliative care, dementia awareness and falls management.

People, relatives and staff spoke very highly of the registered manager and felt the home was well-led.

People were supported to maintain relationships with family and friends. Visitors were welcomed at any time and offered refreshments or meals if visiting over a meal time.

Records we looked at were personalised and included decisions people had made about their care including their likes, dislikes and personal preferences. There was a varied activity programme for people based on individual and group preferences. Activities included one-to-one time and outings or time in pursuit of personal hobbies or interests

The service was managed in an inclusive manner. People and staff had their input respected. Staff were aware of their roles and responsibilities for people's care. The registered manager had systems in place to review the service and to ensure the service responded to the current needs 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 knew how to keep people safe and how to report any concerns.

Risks were identified and managed which meant people were kept safe from potential harm.

There were systems in place for the storage and administration of medicines. Staff understood these and administered medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff received training to meet the varied and specialised needs of people using the service.

Staff knew people and their individual care needs.

People had their nutritional needs understood and met. People were supported to ensure their physical and mental health was promoted.

### Is the service caring?

Good ●

People were cared for in a caring atmosphere by staff who knew what was important to people. The manager and staff ensured all aspects of people's lives were recognised and responded to.

Staff were caring and compassionate and spent time getting to know people. Staff ensured mealtime was a social occasion. They ensured people were not isolated and had the opportunity to have an enjoyable experience while using the service.

Staff ensured they always had people's consent prior to assisting them. They ensured the privacy and dignity of people using the service was always promoted

The service ensured people had a choice of end of life care within

the service. Families and relatives were supported at this time.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans contained good information about the person. Staff assisted people, where possible, to draw up their own care plan. The care plans were informative, easy to read and easy to obtain information from.

People were offered the opportunity to participate in the local community as well as having the opportunity to pursue their interests and hobbies.

There was a complaints process in place that people knew how to use if they needed to make a complaint.

### **Is the service well-led?**

**Good** ●

The service had a registered manager in post.

People and their needs were put at the centre of the service. This created an open culture that invited the opinions of people and staff leaving people and staff feeling valued.

Staff felt supported by the manager who was available to staff for support and guidance.

There were good quality assurance systems in place to review the service.

# The Brooklands

## **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.

The inspection took place on 5 May 2016 and was unannounced. It was carried out by one inspector.

Before the inspection we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

As some people were living with dementia at The Brooklands, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us

During this inspection we spoke with four people and two relatives. We spoke with four staff members and the registered manager. We observed how care was delivered and reviewed the care records and risk assessments. We checked medicines administration records and reviewed how complaints were managed. We looked at three staff recruitment records and staff training records. We also reviewed information on how the quality of the service was monitored and managed.

# Is the service safe?

## Our findings

People who lived at The Brooklands told us they felt safe. One person said, "Yes it's lovely and safe here, we can go outside have a wander around and be as safe as houses." Another said, "The staff are always around, we are never left on our own." A relative told us, "This place is absolutely safe, safe as at home, maybe more so as there is always someone around."

Staff were trained to keep people safe and knew how to recognise and respond to signs of abuse. Staff told us, "It's our job to keep people safe." Another said, "The most important thing to us is that people are safe, if people are not safe we are failing them." All the staff we spoke with said they had received training on keeping people safe and were able to demonstrate that they had a good understanding of how to do this. All knew the procedures to follow if they suspected abuse had occurred. They assured us that they would follow up on concerns until they were sure the issues had been dealt with. The registered manager was aware of their duty to report relevant incidents of concern to the local authority and to the Care Quality Commission and had done this.

People had individualised risk assessments which looked at risks to their health and well-being. Each assessment identified the risk to the person, the steps in place to minimise the risk and the steps staff should take if an incident occurred. Risk assessment was ongoing. This ensured that the level of risk to people was still appropriate for them. Staff understood and respected people's right to take reasonable risks so that their independence was promoted. One person said, "I love the garden there are paths all around to keep us safe." We saw the paths were even and offered a smooth surface to ensure people who needed a walking aid for assistance were safe.

We saw that staff understood the risk to people and followed written risk reduction actions in the care plans. Risk assessments included ensuring people were assisted to move safely. For example the risk assessment gave detailed information to staff on how to assist people to move safely.

People told us there were always staff around to call on should they need assistance. Our findings supported this. Staffing numbers and the deployment of staff met the needs of people and kept them safe. This approach to care protected people from avoidable harm. The manager had a recognised staffing tool to determine the staffing levels in the service.

People said staff were easy to talk to and they were encouraged to discuss any fears they may have. For example one person told us, "I worry about getting out of my chair. The girls know this and they reassure me all the time." People who didn't have verbal communication showed signs such as a smile and thumbs up to let us know they felt safe.

People were protected from risks posed by the environment because the provider had carried out assessments to identify and address any risks. These included checks of window restrictors, hot water and fire systems. The provider had contingency plans for staff to follow in the event of an emergency such as a gas or water leak. Staff were aware of these plans and what they needed to do. This enabled staff to know

how to keep people safe should an emergency occur.

We found thorough recruitment procedures in place. These ensured the staff had the right skills and attitude, and were suitable to support people who lived at the home. The provider checked whether the Disclosure and Barring Service (DBS) had any information which might mean a person was not suitable to work in the home. The DBS is a national agency that keeps records of criminal convictions. They also ensured that they checked staff references. We saw from staff records that they did not commence employment until all the necessary checks were completed.

People's medicines were administered safely and as prescribed by their GP. Staff had been trained to administer medicines safely. Medicines were stored appropriately within a locked cabinet. We looked at the medicines administration record (MAR) for two people and found that these had been completed correctly. There was a system to return unused medicines to the pharmacy. Protocols (medicine plans) were in place for people to receive medicines that had been prescribed on an 'as when needed' basis (PRN).



## Is the service effective?

### Our findings

People told us they were happy with the way staff cared for them. One person said, "The staff are really good they know what they are doing and how to do it." Another said, "I don't need much help right now but I can see they are good at what they do." Relatives told us they were content with the care offered by the service. They told us their family members are well looked after and that they did not have to worry about their care. A second relative said, "It's such a relief to know all is well here. You read such horrors."

Staff we spoke with understood the requirements of the Mental Capacity Act (MCA) and the importance of acting in people's best interests. The assistant manager told us how they put the principles of the MCA into practice when providing care to people. Records we looked at showed where people lacked capacity to make a decision about their care or support, mental capacity assessments had been completed and decisions taken in their best interests.

The 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.

The registered manager and staff we spoke with understood the circumstances which may require them to make an application to deprive a person of their liberty and were familiar with the processes involved. 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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that they had done this appropriately and were in the process of assessing and referring a number of people for a DoLS assessment. This meant that people's rights were protected.

Forms in relation to 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) were on some people's care plans. These had been completed by the visiting GP in conjunction with people or their representatives.

Those people without family or representatives had access to advocates who gave independent advice and acted in their best interest.

Staff told us they felt supported and that they received sufficient training in key areas for delivering safe and effective care. One staff member told us the provider and manager ensured training was provided to meet the needs of people. Another member of staff told us they had received specialist training on how to care for people who are living with Dementia. They were able to explain how the training helped them to improve the care for people.

New staff received induction training before they cared for people. This included time to get to know people through interaction and by reading all the information the home held on them including care plans and risk assessments. The staff we spoke with were confident their training had given them the required skills to be

able to care for people. Records we looked at confirmed that staff had access to a variety of training courses felt necessary by the provider and the local authority.

The registered manager and staff confirmed staff supervisions and appraisals were taking place on a regular basis. Supervision is a supportive meeting held with a senior staff member and an individual or group. We saw team meetings took place regularly and staff said they were very useful and good for keeping up with changes in care practices and training available. This meant that staff had been supported to deliver effective care to meet people's needs.

People told us the food was good. One person said, "It's chicken pie today and I like that." Another said, "Not sure what it is today but it will be good you can be sure of that." People had access to drinks and snacks throughout the day. People were served their food in a manner that allowed them to eat sufficient to ensure they had their nutritional needs met. This included pureed food and snacks for those who found the process of eating a full meal sitting at a table difficult. Fresh fruit and vegetable were available and the manager ensured people had access to a balanced diet.

The manager had systems in place for staff to call local health care professionals should people's health needs change outside the regular visits by the GP and district nurse. People were supported to have good health. They were supported into the local town to visit their dentist on a regular basis. Opticians and staff who supported good foot health visiting the home on a regular basis. This meant people were supported to have optimum health.

# Is the service caring?

## Our findings

People told us staff were caring and very kind. One person said, "You couldn't get nicer more caring staff." Another said, "[staff] know I like dogs and they bring in their dogs every day so we can have a play in the garden. That's what they are like." Another said, "You would have to travel a long way to meet kinder caring girls."

Our observations supported this. We saw staff show kindness and compassion to all people. For example one person was struggling with their jigsaw and staff discretely assisted. Another was looking anxious and staff recognised that this meant they needed to use the toilet. This was done with utmost discretion so that the dignity of people was promoted. Care delivery was focused on meeting people's needs, we saw staff stop doing tasks and go to assist people or just go to talk to them.

People showed signs of being happy with their care. We saw people smile and laugh and joke with staff and each other. People said they cared for each other and the staff made it easy to consider the service a home. For example one person said, "I know I can no longer be at home, this is the next best thing."

People's independence was encouraged. For example small tasks such as folding laundry were done in one of the sitting rooms. People were encouraged to join in and staff chatted as they worked. People were thanked for their assistance in doing the tasks. We saw they liked this.

Staff joined people for lunch. They did this to encourage people to eat, to observe if people were eating and also to make lunch an enjoyable experience. We saw the staff were skilled at this and were able to keep conversation going and to include people in the dining experience. We saw people were gently encouraged to eat. One person said they didn't want lunch but were encouraged to eat half their main course and all of their dessert. This showed people were supported and encouraged to eat a healthy and balanced diet that was suitable for their individual needs and personal tastes.

Staff were continually kind and compassionate and sought people's consent to care before they offered assistance. We saw staff ensured they knew people's needs and wishes before proceeding. For example they repeated what they understood the person to have said to ensure they knew what was needed. We saw people smile to show staff got it right. People's skills were respected and staff encouraged people to do as much as they wanted or could do.

Staff brought their dogs to work with them as they knew this provided comfort to many people. We saw they were outside in the extensive grounds and people were taken outside to spend time with them. We saw people really enjoyed this time with pets. Families and friends were welcomed to the home at all reasonable times.

The home endeavoured to provide care for life. Where possible people were given the opportunity to have their end of life care in the service. No one had chosen to go to hospital for end of life care in the past year. The registered manager said the local GP was very supportive and they worked well with the service and

families. The local nursing service provided end of life pain relief such as a syringe driver and medication to control pain. The service provided additional space and refreshment for families who wanted to spend time with their relative at this sensitive time.

Staff were trained to ensure people's dignity was promoted at all times. We saw people were offered the opportunity to use the toilet in a discreet manner. People were taken to their rooms so that their care could be administered in private.

## Is the service responsive?

### Our findings

People had their needs assessed and a plan of care drawn up to assist staff to look after people. Two people said that the staff made sure they go through the care needed together with them so that the staff can be sure they are being cared for as they wish. The plans included information on people's care needs, how they communicate, behavioural and care needs and detailed how people wished to be supported. People and their relatives had been included when the plans were developed and updated. This ensured the care delivered was what people wanted.

One person we spoke with said "The staff know I like to spend time in the garden. They make sure I get to do this." Another said "The girls are great and always check what I want." Records we looked at detailed decisions people had made about their care and recorded people's likes, dislikes and personal preferences. People's care plans had been reviewed and regularly updated by the staff team and, where possible, with people. This showed that people's individual needs, wishes and preferences had been taken into account and staff had up to date information on people's needs and wishes. Staff told us that this helped them assist people to get the most out of their life. The people we spoke with confirmed this. The service used, "This is me" care plans devised by the Alzheimer's Society. This detailed people's personal and individualised wishes and plans for future care. Staff were aware of these and knew how the information contained in them helped them to understand what was important to people. This included people's histories and what, and who, were important to them.

As well as their care needs, staff were aware of people's interests and hobbies. Staff knew what was significant to people in assisting them to live well. We saw people were supported to pursue their hobbies. On the day we visited people were busy and were in and out of the service pursuing their social life. Several people were assisted to go to the local park, others were accompanied in the gardens and there was a Holy Communion service being held at the service during the afternoon. Four other people were making a cake to celebrate the 'Queen's 90 birthday.' Staff oversaw this and discreetly assisted when needed. Some people were supported with quieter activities such as jigsaws and reading. This approach to care ensured people had the opportunity to live a full life.

Staff told us they kept up to date with people's changing needs and preferences through handovers which took place at the beginning of each shift. Records supported this. This meant that staff were made aware of changes in people and were able to respond appropriately.

The home had a complaints policy in place. The home was proactive in receiving feedback and was open to listening and making changes before they became a problem. Details on how to make a complaint were freely available. No complaints had been made since the last inspection. One person said "Everything here is in the open, we can talk to [registered manager] about anything and [registered manager] will sort it out." A relative told us there is such an open approach to problem solving, "Nothing becomes an issue so there is no need to make a complaint."

## Is the service well-led?

### Our findings

The service had a registered manager who was well established in the post. People using the service knew who the registered manager was. They said they had a really good relationship with them and that they understood their needs and their personalities. "[Registered manager] is always around somewhere looking after us." Relatives told us the registered manager, "Knew their stuff," another said the registered manager was, "Doing an amazing job and, "knows what needs to be done before you have thought of it yourself". Another relative said, "[The registered manager] is one of those people who makes things work, without making a fuss. They just get on with it."

Staff were positive about the registered manager and how they manage the service. All agreed they put the people at the centre of all they do in the service. The result of this was a well led service where people and staff were invited to have input into all aspects of the service. This was done through staff meeting and an open door policy. For example staff were encouraged to bring their dogs to work because some people missed their pets. People we spoke with loved this and got great enjoyment from this.

Staff told us they enjoyed working at the service one staff member said, "We have choice around here, where we work, I'm happy here and [registered manger] is fair and good at what [they] do." Another said, "It's not like coming to work here it's like a home from home." A third said, "[The registered manager] makes sure the people are put first all the time."

The registered manager ensured staff were trained to meet people's physical and mental health needs. They understood the need to create an atmosphere where people could participate in the running of the service. This included tasks such as folding laundry to deciding on menus and activities. All people we spoke with felt it was their home and said the staff respected this.

The registered manager understood their responsibilities in relation to the Care Quality Commission (CQC). They ensured notifications were submitted to CQC about any incident or event they were required by law to tell us about. The registered manager told us they liked to keep up-to-date with current best practice such as caring for people living with dementia.

The registered manager confirmed that they received support from the provider of the service who was supportive of their way of working and development ideas. The registered manager told us they were responsible for the quality assurance of the service and conducted regular audits. This included observation of care practice, audits of care records, activities and health and safety records. They also conducted annual resident and family surveys and encouraged people to feedback regularly during resident meetings, care reviews or following activities or events. Records we saw confirmed this. Information and responses to comments and suggestions made by people was also available on the communal notice boards which demonstrated an open and inclusive approach. An example of this was ensuring people were involved in menu planning and planning activities in and outside the home.

There were regular staff meetings and staff were encouraged to share their views and opinions to help

improve the quality of service provided. Staff were involved in developing the service and had opportunities to give feedback at supervision and staff meetings. We saw that staff had contributed to discussions at a recent staff meeting. Staff told us that the culture at the home was very open and person-centred. This meant that the care of people was central to how the home was managed.