Brook House Dorset Limited

Brook House Residential Care Home

Inspection report

213 Barrack Road
Christchurch
Dorset
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Brook House is residential care home that was providing personal care to seven people aged 65 and over at the time of the inspection.

People's experience of using this service:
• People told us they felt safe and consistently spoke positively about the care they received describing staff as friendly and kind. People were supported by a small team of staff that were flexible to people's changing needs and had not changed since our last inspection. Staff received training and support that enabled them to carry out their roles effectively. We found that some refresher training was overdue, and the registered manager told us they would review this and put it in place immediately.
• Risks to people such as falls and skin damage, environmental risks and risks of preventable infection were regularly assessed and understood by staff. Any identified risks were managed in the least restrictive way recognising people's freedoms and choices.

• People had their eating and drinking needs met and described the food as really good. Meals were varied and well balanced.

• Staff were responsive to people's changing care needs and supported people access healthcare when needed. People had their medicines administered safely by trained staff. Some people had medicine prescribed for as and when needed (prn). Additional recording was required to detail the effectiveness of prn medicines, but this had not been completed. During our inspection the registered manager told us they would review best practice guidance on prn medicines and make any necessary changes to the recording of prn medicines.

• Care and support plans were person centred and recognised people's cultural and spiritual needs and lifestyle choices. People were protected from discrimination as staff had completed equality and diversity training and respected people's individual life choices. Care plans were reviewed regularly, and people told us they felt involved in decisions about their care. People had opportunities to discuss their end of life wishes including whether they wanted resuscitation to be attempted.

• People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

• Leadership of the home was visible and created an open, positive culture which enabled people, their families and the staff to share ideas, concerns and feedback. Audits and quality assurance processes were in place to monitor the quality of service delivery. Information about national health and social care accidents and incidents was reviewed and used as an opportunity for reflective learning and service improvements.

A full description of our findings can be found in the sections below.

Rating at last inspection: The service was rated 'Good' at our last inspection carried out on the 14 October 2016.

Why we inspected: This was a planned inspection based on previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Brook House Residential Care Home

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by a single adult social care inspector.

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

Brook House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

What we did:
Before the inspection we looked at notifications we had received about the service and we spoke with social care commissioners to get information on their experience of the service. We looked at information on their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with four people who used the service and one relative. We spoke with the Registered Manager and deputy manager. After our inspection we spoke with a social worker who had

experience of the service.

We reviewed two peoples care files and had discussions with people and staff to check their accuracy. We checked two staff files, health and safety records, medication records, management audits, staff meeting records and the results of quality assurance surveys.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• People and their families told us they felt safe. One person told us "I wouldn't want to live anywhere else. They (staff) are very good in every way they treat me". A relative said "(Name) is in safe hands; we haven't heard of anything going wrong".
• Information had been shared with people, their families and visitors to the home about how to report suspected abuse which included contact details of external safeguarding agencies.
• People were protected from discrimination as staff had completed training in equality and diversity and we observed staff respecting people's lifestyle choices.
• Staff had been trained to recognise signs of abuse and understood their role in reporting concerns.

Assessing risk, safety monitoring and management
• Assessments had been completed to identify risks to people including falls, malnutrition and skin damage. Staff understood the actions needed to minimise avoidable harm. Some people required the assistance of a member of staff when mobilising and we observed call bells were in reach to summon help. Risks were reviewed at least monthly or in response to a person's changing care needs.
• People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.
• Records showed us that equipment, such as the stair lift were regularly serviced.

Staffing and recruitment
• No recruitment had taken place since our last inspection in November 2016 with the staff employed remaining unchanged.
• Staff files included criminal record checks to ensure staff were suitable to work with vulnerable adults.
• People were supported by enough staff to meet and respond flexibly to their care needs. One person told us "If I call for help they are here in a minute". We observed call bells being responded to in a timely way.

Using medicines safely
• People had their medicines administered by staff trained in the safe administration of medicines. Medicine administration charts included a photograph of people and any known allergies. Topical cream application was detailed on body charts which provided clear guidance about where the cream needed to be applied.
• People were involved in reviews of medicines. The deputy manager told us "(Name) came in with anti-depressant's but they didn't even know what they were for. We liaised with them and their GP and the GP has now weaned them off".
• Some people had medicine prescribed for as and when needed (prn). Additional recording was required to detail the effectiveness of prn medicines, but this had not been completed. During our inspection the registered manager told us they would review best practice guidance on prn medicines and make any

necessary changes to the recording of prn medicines.

Preventing and controlling infection
• People were protected from avoidable risks of infection as staff had completed infection control training and were following safe protocols. We observed the home and equipment was clean and in good order. Hand sanitising dispensers were placed around the home with posters detailing safe hand washing practice.

Learning lessons when things go wrong
• The registered manager explained how national accidents and incidents had been used to reflect on practice and learning. An example had been a nationally reported accident involving a person drinking cleaning fluid in mistake for squash. They explained "It led to us revisiting our practices and COSHH (Control of Substances Hazardous to Health) guidance with all the staff".

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People, their families and both social care and health professionals with knowledge of the person had been involved in pre- admission assessments. Information gathered included details of a person's care needs and lifestyle, spiritual and cultural choices.
• Assessments had been completed in line with current legislation, standards and good practice guidance and used to create people's initial person-centred care and support plans.

Staff support: induction, training, skills and experience
• Staff had completed a range of training that enabled them to carry out their roles effectively. This had included older age health conditions such as arthritis, activities and exercise, catheter care, dementia awareness and skin care. Records showed us that staff had completed safeguarding and moving and handling training, but refresher training was overdue. The registered manager told us they would arrange this immediately.
• Staff files contained an annual staff appraisal but limited supervision records. The registered manager told us that a lot of supervision took place as an informal chat due to the small family staff team. These had not been recorded and the registered manager told us this would be implemented to demonstrate staff support needs were being met. The registered manager told us "When staff complete training we always sit and discuss any issues it may have identified".

Supporting people to eat and drink enough to maintain a balanced diet
• People spoke positively about the food. One person told us, "The food is really good and there's always something different. There's always plenty of food, tea and water". Another person said, "They're not stingy with the food. When I first got here I wanted (name) and they went and got it special".
• Food was home cooked and provided a balanced diet. Staff were aware of people's likes and dislikes and ensured they were met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Records showed us that staff had worked with other health teams to enable consistent, effective care. Examples included working with district nurses to manage a person's catheter care.
• When people were transferred to another agency, such as hospital, important information about their care and communication needs, medicines and key contacts was provided to ensure consistent care. The deputy manager explained how they had organised a discharge home to correspond with an occupational health home assessment visit. They said, "It meant as well somebody would be there to meet them".
• People had access to a range of healthcare services including chiropodists, opticians and audiologists for

both planned and emergency situations.

Adapting service, design, decoration to meet people's needs
• People had access to both private space, an area to meet and socialise and an enclosed garden. A stair lift provided access to the first floor to people who were unable to use the staircase. Adaptations had been made to the entrance to enable wheelchair access. A walk-in bath provided specialist bathing facilities for people who were unable to access a standard bath.
• People's personal space was reflective of their individual interests and lifestyles. One person told us "I asked staff to change the layout of my room and they did. I really like it; it's given me more space".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Ensuring consent to care and treatment in line with law and guidance
• We found the principles of the MCA were being met. Staff had completed MCA training and were committed to ensuring people's freedoms and choices were fully respected. MCA records showed us that people had been able to consent to their care and were able to make their own decisions about their day to day lives. At the time of our inspection there were no DoLs in place.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; respecting equality and diversity
• People, their families and external care professionals spoke positively about the care provided. One person told us "What the staff do for me sometimes is brilliant; I'd give them 10 out of 10". Another said, "The staff are as good as gold". Another told us "They (staff) always make me comfy in bed". A relative explained "I'm always made to feel welcome, met with a smile and offered drinks". We read a compliment that said "(They) came home looking like the queen".
• Staff had a good understanding of people's past histories and lifestyle choices. We observed people having these lifestyle choices respected. For some people this meant living a private, secluded life in their own room.

Supporting people to express their views and be involved in making decisions about their care
• People had their communication needs understood by the staff team which meant people were able to be involved in decisions about their day to day care. People told us they felt involved in their care and had a voice. One person said, "If I want to go to bed I'll tell the staff the time and they do it". A social worker explained how one person was adamant they didn't want to leave their room and their wishes were respected.
• People had access to an advocate if they needed somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence
• People had their privacy, dignity and independence respected. We observed people being called by their preferred names and their wishes for privacy being respected.
• People had their personal care needs met in line with their individual wishes whilst ensuring their dignity and independence was maintained.
• Confidential data was stored in a secure place ensuring people's right to confidentiality was protected.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People had care and support plans that reflected their individual needs and choices, were understood by the care team, reviewed regularly and responsive to changes.
• Care plans reflected people's diversity and included information about how a person's cultural and spiritual needs were met. The registered manager explained "(Name) had a priest visiting fortnightly. We have churches locally who we can contact if people want to be involved".
• People's communication needs were clearly assessed and detailed in their care plans. This included information about a person's hearing and sight and whether they required aids. The registered manager explained "We can use the iPad to enlarge print for people. In the past we have also used the Royal National Institute for the Blind for guidance and support".
• Activities were person centred and promoted people's independence. One person told us "I go down to the shop with (staff name) to get things I need". Another person told us how they went for a drive most days with a member of staff. One person told us how they enjoyed regular trips out to visit family. A social worker told us "(Name) gets taken to the post office to sort out their money".
• When people chose to spend time in their rooms they had access to daily newspapers of their choice, TV's and books. One person told us they loved TV and explained "They're (staff) getting me a new TV magazine this afternoon; I never get bored".
• People were supported to stay in touch with families. The registered manager explained "Some families use Skype. A friend sends me photo's (on computer) and I'm able to share them with (name).

Improving care quality in response to complaints or concerns
• People and their families were aware of the complaints process and felt if they raised a concern appropriate actions would be taken. A complaints policy, in each room, included details of external agencies complainants could contact if they felt their complaint had not been dealt with appropriately. There had been no complaints recorded since our last inspection.

End of life care and support
• People had an opportunity to develop care and support plans detailing their end of life wishes which included any cultural requirements and decisions on whether they would or would not want resuscitation to be attempted.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• People, their families and visiting professionals consistently spoke positively about the management of the home and the family run approach to care.
• Leadership was visible as the registered manager and deputy provided a large amount of care. A social worker described the management as "committed and passionate" and "has a firm handle with what is going on". A relative told us "I feel I would be able to talk to (registered manager and deputy manager) if there was a problem".
• The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. Since our last inspection there had been no recorded occasions where the duty of candour applied..

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.
• Staff understood their roles and responsibilities. The registered manager explained "I'm aware of the stress staff can experience and am open to staff speaking in the privacy of the office about anything. They are family but understand the parameters of professional working".
• An annual quality assurance survey had been completed which captured feedback from people and their families. The results reflected the positive feedback we gathered when talking to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care
• People, their families and staff had opportunities for developing the service and sharing information and learning through meetings. Meetings were not well attended but the invite included a section that could be completed to provide feedback about the service.
• Audits were in place to monitor quality standards and included health and safety and medicine management. When issues were identified actions had been taken in a timely way.
• New information was shared in writing with staff and people when it had an impact on them. An example had been changes in the law about how personal data could be used.

Working in partnership with others

• The staff team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included national organisations linked with clinical and social care practice such as Skills for Care and Care Home Association.