

Brookfield Residential Care Home Limited

# Brookfield Residential Care Home Limited

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This was an unannounced inspection, which took place on 20 and 28 April 2016. We had previously carried out an inspection on 12 March 2015 when we found two breaches in the regulations relating to good governance and maintenance of the property. At this inspection, we found that both breaches in the regulations had been met.

Brookfield provides accommodation for up to fourteen people with mental health needs who require support with personal care. Fourteen people were living at Brookfield time of our visit.

The service had a manager who was registered with us. 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 and associated Regulations about how the service is run.

All the people we spoke with who used the service told us they felt safe in Brookfield. People said, "I feel safe. Yes I do because it is wonderful here," "It is calm here," "It's quiet. That's important" and "I feel safe because there are no bullies here. They are alright with me. I have got friends here."

Recruitment processes in the service were sufficiently robust to ensure the protection of people from the risks of unsuitable staff being recruited. We found staffing levels were appropriate to meet the needs of people who used the service.

The service's infection control systems had been assessed by the local health protection nurse with a good outcome. There were appropriate systems in place for the administration of medicines.

Significant improvements had been made to the property since the new owner took over the service with ongoing improvements planned. One person said, "[New owner] has made this place look a lot better."

A person who had moved into the home recently told us, "I had good support from my social worker. They brought me to look round first and then I started to visit and stay overnight. Gradually increasing until I moved in."

The people who used the service we spoke with were confident that the staff knew what they were doing. One person said, "The staff here are wonderful. [Staff] is number one for support and [the registered manager] is the number one manager." One relative stated in a returned questionnaire, "The management and staff of the home do their job and duties to 110%. We are very pleased with all the care, time and attention they give to people."

During our inspection, we observed the atmosphere in the service was calm, relaxed and friendly. People who used the service told us, "Its lovely here everyone gets on well together I am happier than I was a year

ago when we spoke. My room is lovely. I can sit here see the trees and like watching birds fly in and out of the bird box. It is quiet here and that is important to me. I get a good night's sleep" and "It's quiet here. We are all the same age and we interact well together."

A community based professional commented in a quality assurance questionnaire, "The care is excellent. All the staff are very caring and treat patients with dignity." A relative commented, "Management and staff give full and thorough updates regarding our [relatives] wellbeing and we are very happy and our [relative] is doing amazing at Brookfield. That means everything to us, peace of mind is a great thing."

People were supported to maintain their independence and the majority of people were involved in activities that met with their personal preferences. People were encouraged to maintain contact with their family and friends where appropriate. One person commented, "I see my family and that is important to me. My children are happy and if they are happy, I am happy."

People who used the service and staff spoke highly of the registered manager and the new owner. They told us that the registered manager was always approachable and supportive and that the new owner had made changes to the home that they appreciated. They said, "[The new owner] is going through all the house and this has made a big difference" and "[The new owner] was very clever he's a good lad."

## 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.

People told us they felt safe at the home and staff knew what action to take should they witness or suspect abuse take place.

Evidence was available to show that staff had been safely recruited.

Significant improvements had been made to the property since the new ownership of the service and good infection control measures were in place.

### Is the service effective?

Good ●

The service was effective.

Except for the new starter, staff knew people well and they had received the training and support they required to deliver effective and safe care.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to help ensure that people were not subject to restrictions, which had not been legally authorised.

People told us they enjoyed the food they received.

### Is the service caring?

Good ●

The service was caring.

The atmosphere at the service was calm, relaxed and quiet.

People gave positive feedback about the attitude and approach of staff. This was confirmed by the interactions we observed between people who used the service and staff during our inspection.

### Is the service responsive?

Good ●

The service was responsive.

People were able to take part in activities every day and maintained contact with relatives and friends.

All the people we spoke with told us they would feel confident to raise any complaints or worries they had with the registered manager and their concerns would be sorted out.

**Is the service well-led?**

The service was well-led.

The home had a manager who was registered with the Care Quality Commission and was qualified to undertake the role.

People we spoke with told us the registered manager was always approachable and supportive.

The new owner had made improvements to the quality assurance and monitoring systems at the service. They had also updated policies and procedures to reflect current legislation and standards.

**Good** ●

# Brookfield Residential Care Home Limited

## **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.

Before our inspection, we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and commissioning teams, they raised no concerns about the care and support people received from Brookfield Residential Care Home, and improvements had been noted.

We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

The inspection took place on 20 and 28 April 2016, was unannounced and involved one adult social care inspector. During the inspection, we spoke with six people who used the service, the new owner, the registered manager and two support staff.

We looked at a range of records relating to how the service was managed; these included staff files, training records, the registered manager's quality assurance systems and some policies and procedures.

## Is the service safe?

### Our findings

There was a calm, quiet and relaxed atmosphere at the home. People said, "I feel safe. Yes I do because it is wonderful here," "It is calm here," "It's quiet. That's important" and "I feel safe because there are no bullies here. They are alright with me. I have got friends here."

People who used the service were happy with the security arrangements at the home. They said they were asked to let staff know when they were going out and when they came back in. People told us that the main gates to the home were locked during the night.

The home had an internal safeguarding policy and procedure and had a copy of the local authority policy and reporting procedures on the home's computer. The staff team training matrix showed that all staff had undertaken both safeguarding adults and safeguarding children training.

The two staff members we spoke with were able to tell us what action they would take if they had any concerns about a person who used the service. They told us they were confident the registered manager would listen to them if they were to raise any concerns. They were also aware of what action they must take in reporting poor practice on the part of a colleague, also known as whistleblowing.

Staff we spoke with told us they felt safe and comfortable working at the home alone. The registered manager was always on call if they needed advice or support or they could ring another member of the staff team if necessary. A staff member said, "I have always felt safe and comfortable working here alone."

We looked at the recruitment and selection procedures for a new member of staff who worked at the home. We saw that systems were in place, which met the requirements of the current regulations, which included a criminal record check.

People who used the service who we spoke with told us that they thought there were enough staff on duty to support them. From our observations there were seen to be sufficient staff on duty throughout the day to meet people's needs. The registered manager told us that the home was fully staffed and there were no vacancies. Outside agency staff were not used by the home so people who lived there received consistent care from a staff team who knew them well.

On the people's records, we saw there was an environmental risk assessment to help identify, areas where people might be at risk around the property. Checks had been undertaken in relation to the premise, for example, gas, electrical safety certificates and fire equipment. We also saw that Personal Emergency Evacuation Plans (PEEPs) that would help to inform the emergency services about what action they would need to take to evacuate people from the service.

People told us that they always received their medicines on time and they never ran out of medicines. They said, "I always get my medicines on time and they never run out" and "I am taking my medicines myself to prepare for when I move on."

We saw that medicines were stored securely in the office. The registered manager told us that all staff were trained to administer medicines. Medicines were supplied to the home in a monitored dosage system (MDS). We noted the medication administration sheets (MARs) contained a photograph of the person for whom the medicines were prescribed; this should help ensure medicines were given to the right person.

There were no controlled drugs being used by the home. We were told that no-one who used the service was being given PRN (or as required) medication to help manage behaviours. We were also told that no-one was being given their medication covertly which means without their knowledge and consent. One person said, "I see my Community Psychiatric Nurse CPN for my injection. It is always on time."

Some people were taking an unlicensed or 'off label' medicines prescribed in their best interest by their doctor. Systems were in place to ensure that people had a monthly blood test to check that there were no adverse effects to people's health. One person told us, "My bloods have been high but they are okay again now."

We saw that people were given their medicines in private and water was offered to people to help them swallow their medicines. We saw that the registered manager had undertaken an audit of the medication system on 15 April 2016.

We looked around the home. At our last inspection we saw that the home was tired in appearance both on the inside, particularly the communal areas and one bedroom, as well as the outside of the home which needed painting to prevent further damage to the wooden window frames and improve the overall appearance of the home. We saw that since the new owner had taken over significant improvements had been made to the property with more planned.

Improvements to the building included, cleaning out guttering and cutting back trees to protect the fabric of the premises as well as decorating and re-carpeting the downstairs communal areas, which had brightened up the home. People who used the service particularly liked having an additional television and seating in the conservatory. Plans were in place to start replacing the wooden single framed windows whilst preserving the stain glass windows. A maintenance book was also in place for staff to use to identify any repairs that needed to be done. One person said, "[New owner] has made this place look a lot better."

At our last inspection, we detected malodours in the communal toilets and bathrooms although they were seen to be visually clean. Paper towels and liquid hand wash were not always available in all communal toilets and bathrooms. Since our last inspection, the local health protection nurse had undertaken an assessment of infection control practices. We saw that the service had achieved an initial score of 88 out of 100. The new owner said that they had now completed all outstanding actions and these were in the process of being signed off by the health protection nurse. These included the purchase of a new washing machine that could wash items at higher temperatures.

## Is the service effective?

### Our findings

A person who had moved into the home recently told us, "I had good support from my social worker. They brought me to look round first and then I started to visit and stay overnight. Gradually increasing until I moved in." The registered manager told us that an assessment was always carried out by them prior to a person moving into the home to ensure they could safely and effectively meet the person's needs in the context of the existing group of people. We looked at the records of one person who had moved into the home recently.

We saw that the home had received detailed information about the person from their previous placement which included a clinical summary and risk proforma. A recent Community Placement Agreement (CPA) review had also been undertaken.

The people who used the service we spoke with were confident that the staff knew what they were doing. One person said, "The staff here are wonderful. [Staff] is number one for support and [the registered manager] is the number one manager." One relative stated in a returned questionnaire, "The management and staff of the home do their job and duties to 110%. We are very pleased with all the care, time and attention they give to people"

The staff we spoke with told us they had received all the necessary training they needed to support people who used the service effectively and to keep them safe. A new staff member told us that when they started they had read the home's policies and procedures and spent time observing what was happening and shadowing experienced staff until they were confident to work alone and unsupervised. They said that the registered manager and the new owner were always on-call should they have any concerns.

The staff team training record, which included the registered manager, showed that staff had received training in first aid, moving and handling, health and safety, medication, infection control, food hygiene, safeguarding children and vulnerable adults and mental health awareness. We noted that the newest support worker in the staff team had not completed all the mandatory training offered by the home and this was ongoing. The registered manager and the new owner talked about ways of introducing training around specific mental health needs at staff meetings. This would help support workers to understand each individual's needs.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). 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.

We were told that everyone currently living at the home had the capacity to make their own decisions about their lives. Staff we spoke with were aware that they needed to keep people's capacity under review, for example, if a person's needs changed due to their physical or mental health. They were also aware that

people's capacity could fluctuate if they became unwell. People told us that, "No one makes me do anything I don't want to do" and "I do what I want when I want."

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). No one was being deprived of their liberty at the time of our inspection.

Staff training records that we saw showed that the care staff team had completed a training course in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This legislation is intended to ensure people receive the support they need to make their own decisions wherever possible.

Because the staff team, had all worked at the home for a long time they knew people who used the service well and could quickly recognise any changes in their behaviour. One person said, "I still hear voices but I have learnt to live with them here. I want to stay here for the rest of my life." Another person said, "They are very experienced here. They understand me." Specialist input can be accessed by the service should a person's mental health deteriorate which included a recall to hospital for some people under certain conditions.

People told us they had access to the health care professionals they needed. An optician came into the home on a regular basis to check people's eyesight. People had access to mental health care professionals as needed. People we asked told us that they chose not to see the dentist. Staff supported people to attend health appointments as appropriate.

We saw that were people had suffered from physical health needs, for example, a stroke and hip replacements continued to be supported back to better health by the staff team with good results. A relative commented in a returned quality assurance questionnaire, "[Relative] is very happy at Brookfield. He has had a very traumatic year but everyone has helped to try and ensure that he returns to full mobility." We saw that this person was undertaking their daily walk to support their continuing progress.

We saw evidence, which confirmed that people's nutrition was risk assessed and weights were monitored when necessary. One person said, "I have put on weight since I have been here and my overall health has improved." We were told where there were concerns about a person's health that they had started to monitor and record the person's intake.

People told us that they liked the food. They said, "The food is really good" and "I can have what I want." On the day of our inspection, we saw that homemade chilli and rice with garlic bread had been made for the main meal of the day, which smelt and tasted delicious. A takeaway night had recently been re-introduced to the service on a Thursday night.

We saw that people had access to the kitchen until 11pm to make drinks and where people were unable to do so for themselves staff made drinks for them. We saw that there was plenty of food available for people to eat. There was a set menu in place but people told us if they did not like what was on the menu then they could have something else. One person was vegetarian and foods they liked were bought in for them.

## Is the service caring?

### Our findings

During our inspection, we observed the atmosphere in the service was calm, relaxed and friendly. People who used the service told us, "Its lovely here everyone gets on well together I am happier than I was a year ago when we spoke. My room is lovely. I can sit here see the trees and like watching birds fly in and out of the bird box. It is quiet here and that is important to me. I get a good night's sleep" and "It's quiet here. We are all the same age and we interact well together."

None of the people who we spoke with raised any complaints about the staff. We observed that there was a good rapport between people who used the service and the staff supporting them. One person said, "The staff are great you can have a laugh with them."

A community based professional commented in a quality assurance questionnaire, "The care is excellent. All the staff are very caring and treat patients with dignity." A relative commented, "Management and staff give full and thorough updates regarding our [relative's] wellbeing and we are very happy and our [relative] is doing amazing at Brookfield. That means everything to us peace of mind is a great thing."

People knew who their keyworker was and knew they could speak to them if they had any worries or concerns. The registered manager said that they thought the staff at Brookfield took a non-judgemental approach when supporting people who came to use the service. We saw throughout the day that staff were available in the lounge and dining areas to support and chat with people.

We saw that people were able to come and go as they pleased. We saw that before staff entered people's bedrooms they always knocked and checked with the person that it was alright for them to enter their room and post was given to them unopened.

## Is the service responsive?

### Our findings

We looked at two care plans and found that the format had been updated recently to increase the basic information held about people and how they were to be supported. Areas of need included, for example, self-care, mental health, safety to self and others, occupation and leisure, stigma and harassment and relationships.

People we spoke with told us support was available when they needed it and were asked about their support. One person said, "They talk to me about my support" other people we spoke with said they were not interested in their care plan.

We talked with people about activities they were involved in. We were told that there were very few activities provided by the home and most people who lived at Brookfield lived independent lifestyles or had interests that did not need the support of staff.

People we spoke with told us, "I like to watch a DVD and television there is no pressure to do anything I don't want to do," "I like to go on bus rides and have meals out," and "I like to go to Prestwich Village to spend my money." One person at the home was supported to follow their religious beliefs in following daily rituals and attending prayers.

People were encouraged to maintain contact with their family and friends where appropriate. One person commented, "I see my family and that is important to me. My children are happy and if they are happy, I am happy." A relative commented on a questionnaire, "Just like to say that whenever I phone up they are always very polite to me and pass on all my messages to my Dad." We saw one person's girlfriend was visiting the home for lunch.

People were encouraged wherever possible to increase or maintain their independence. Since our last visit one person has moved on to an independent living arrangement and two new people had moved into the home. People told us they were involved in keeping their bedrooms clean and tidy and took responsibility for changing their bedding and washing their clothes. Some people did additional jobs around the home. One person said, "I keep my room tidy and spotless. [Staff] hoovers. Everything is clean."

Residents meetings were held regularly and discussed the upkeep of the property, health and safety and food choices. This gave residents the opportunity to raise any concerns they might have about the service or share ideas for ways to improve the service.

People we spoke with told us they had no complaints. They knew they were able to speak to the registered manager or the new owner if they had any worries or concerns. People told us "You can always speak to [the registered manager] and he will sort things out" and "[The registered manager would listen and sort any problems out."

We saw that the service had a complaints procedure. The registered manager told us there had been no

formal complaints received about the home since our last inspection and CQC had not received any concerns about the service.

## Is the service well-led?

### Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) as required under the conditions of the service provider's registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had worked at the home for over twenty years and knew people who used the service very well and what action to take if people's needs or behaviours changed.

Since our last inspection, there had been a change of ownership of the home. The person now responsible for the home had undertaken work to make improvements to the premises and administrative systems. From our observations, discussion and records we saw it was clear that the registered manager and the new owner complemented each other in skills and experience and this had strengthened the management of the home.

The new owner had funded three staff to attend the Level 5 management and leadership course to help strengthen further the management of the home. The new owner had plans in place to make on-going improvements to the premises. A staff member we spoke with said, "We were worried about the change at first but it has worked out well. The new owner is interested in the people who live here and is supporting [the registered manager] now when previously there was no support. [New owner] is approachable and fair "

People who used the service and staff spoke highly of the registered manager and the new owner. They told us that the registered manager was always approachable and supportive and that the new owner had made changes to the home that they appreciated. They said, "[The new owner] is going through all the house and this has made a big difference" and "[The new owner] was very clever he's a good lad."

We saw that the new owner had updated the policies and procedures for the home so that they reflected current legislation and guidance. Staff were in the process of reading and signing to confirm they understood the content of them. The new owner was a regular visitor to the home and had carried out checks on the day-to-day running and management of the home. They had created a new monitoring form, which they were in the process of developing further and rearrange within to include the five domains safe, effective, caring, responsive and well led.

Arrangements were in place to build a new office outside the home so that the inside office could be used to give people their medicines in private and to hold meetings.

We saw that a quality assurance exercise was carried out by the service in September 2015. We saw that positive feedback had been received from relatives and professionals about the service. A community based professional stated, "All my patients enjoy living at Brookfield. I attend at all times of the day. Staff are always helpful. The food looks great. I have no concerns or complaints." A relative commented, "Both [relative] and I have only positive comments for [the registered manager] and all his staff. The level of care

has been excellent."

We saw that regular staff meetings were held at Brookfield and a record was maintained. Staff meeting gave staff the opportunity to raise any concerns or share ideas they might have to improve the service. The registered manager and the owner had discussed the way staff meeting might be developed and improved in the future.

Prior to our visit, we contacted the local authority safeguarding and commissioning teams and they raised no concerns about the care and support people received from Brookfield Residential Care Home.