

SSL Healthcare Ltd

Brookfield Care Home

Inspection report

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Tel: 01642286507

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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

Brookfield Care Home is a residential care home providing personal care to older people and people living with a dementia. It can support up to 30 people across a single, purpose-built site. There were 27 people using the service when we visited.

People's experience of using this service and what we found

People were happy at the service and received kind and caring support. Staff ensured people were treated with dignity and respect.

Risks to people were assessed and addressed. Medicines were managed safely. Staffing levels were monitored and the provider had safe recruitment processes.

Staff received training, supervision and appraisal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received personalised support based on their assessed needs and preferences. Activities were available and were being reviewed to ensure they reflected people's interests. A clear complaints process was in place.

Quality assurance audits monitored and improved standards. Feedback was sought and acted on. The service worked in successful partnership with external professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 5 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

Brookfield 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

An inspector, an assistant inspector and an inspection manager carried out this inspection.

Service and service type

Brookfield Care Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was absent during our visit, and we were assisted by the nominated individual.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight members of staff, including the nominated individual, care, kitchen and housekeeping staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with an external professional who was visiting the service.

We reviewed a range of records. This included two people's care records and one medicine record. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and eating and drinking records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from abuse. Staff said they would not hesitate to report any concerns they had.
- Accidents and incidents were monitored to see if improvements could be made to keep people safe. Action was quickly taken to learn lessons from incidents.

Assessing risk, safety monitoring and management

- Risks were effectively monitored and addressed. This included health risks and the safety of the premises and equipment.
- Plans were in place to support people in emergency situations and ensure a continuity of care was provided.

Using medicines safely

- Medicines were managed safely and people received them when needed.
- Staff received training and worked with external professionals to ensure they were aware of latest medicine guidance and best practice.

Staffing and recruitment

- We received mixed feedback from staff on staffing levels. We saw that these were regularly reviewed, and the provider was recruiting additional staff.
- Staff and relatives spoke positively about staffing at the service. One person said, "My call bell is there, that button. They come pretty quickly."
- The provider's recruitment process minimised the risk of unsuitable staff being employed. References were sought and Disclosure and Barring Service checks carried out.

Preventing and controlling infection

- Staff were knowledgeable about infection control principles and applied these when supporting people.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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's needs and choices were established before they moved into the service to ensure appropriate support was available. This was regularly reviewed.
- Staff worked effectively in ensuring care was delivered in line with latest guidance and best practice.

Staff support: induction, training, skills and experience

- Training took place regularly to ensure staff had the skills and experience to carry out their roles. One member of staff said, "The training is pretty good."
- Staff were supported with supervisions and appraisals. In some cases there had been a delay in staff receiving these, but this had been identified and was being addressed by the nominated individual.
- Newly recruited staff were effectively inducted into the service. This included completing relevant training and working alongside more experienced members of staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support with eating and drinking, which reflected their needs and preferences.
- People made positive comments about the quality and choice of meals. One person said, "The food is nice, better than it used to be. I get a choice."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Referrals or appointments were quickly sought when people needed to access healthcare services.
- Care plans and support included advice given by external professionals.

Adapting service, design, decoration to meet people's needs

- The premises were adapted for people with a dementia. Further improvements were planned as part of a scheduled refurbishment of the building.
- People were able to personalise their rooms to their preference.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent was sought and recorded. Where people lacked capacity to consent, MCA assessments and best interest decisions were recorded.
- DoLS were appropriately sought and monitored.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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 received kind and caring support from staff who knew them very well. This created a calm and homely environment.
- People were complimentary about the support they received. Comments included, "The staff are very good" and, "They (staff) are all nice."
- Staff helped people to maintain their sense of identity. This included helping them maintain relationships and worship in accordance with their faith.

Supporting people to express their views and be involved in making decisions about their care

- Feedback was sought from people and relatives. Issues raised were addressed.
- Throughout the inspection we saw people being encouraged and supported to make as many decisions as possible for themselves.
- People were supported to access advocacy services where needed. Advocates help ensure that people's views and preferences are heard.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "They (staff) always give me privacy and do things in private."
- Staff supported people to maintain their independence by prompting them to do as much as they could for themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we recommended the provider seek guidance from a reputable source on activities for people living with a dementia or physical support needs. The provider had made improvements.

- The service had appointed a new activity co-ordinator, who was enthusiastic to build links with the local community and create activities based on people's preferences.
- We saw both individual and group activities taking place during the inspection.
- We received mixed feedback on activities. The provider was reviewing the support available to the activity co-ordinator to ensure activities continued to improve.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At our last inspection we found care plans needed further improvement around people's mental health. At this inspection we found improvements had been made.
- Care plans were based on people's assessed needs and preferences and were regularly reviewed.
- Staff were knowledgeable on people's support needs and said they received updates when these changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate and express themselves, and information was made available in the most accessible format.
- The service had begun creating pictorial formats of menus for people using the service, which were going to be implemented soon.

Improving care quality in response to complaints or concerns

- The provider learned from and responded to complaints.
- Information on the complaints process was made readily available to people.

End of life care and support

- Compassionate end of life care was based on people's final wishes and preferences.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff spoke positively about the culture and values promoted by the provider. One member of staff said, "They've been fully supportive of us."
- The provider was open and transparent when things went wrong. Information was shared appropriately, and action taken to address issues.
- People and relatives told us staff helped people to achieve their outcomes. One person said, "I'm quite satisfied."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A range of quality assurance audits were completed to monitor and improve standards at the service.
- Required notifications had been made to us in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were encouraged and supported to give feedback on the service. The nominated individual was reviewing this process to see if it could be improved.

Continuous learning and improving care; Working in partnership with others

- The provider arranged training sessions with external professionals to help ensure staff were aware of the latest best practice.
- The service worked in successful partnership with local organisations and agencies.