

Mrs V Rattan

Brook Care Home

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 

Overall summary

The Inspection took place on the 7 and 8 April 2015.

Brook Care Home provides accommodation and personal care without nursing for up to 20 persons who may be living with dementia or have mental health issues. At the time of our inspection 17 people were living at the service.

The registered manager had left the service at the beginning of March 2015. A new manager has been recruited and is currently being inducted into the service by the acting manager. 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been

Summary of findings

recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The acting manager was up-to-date with recent changes to the law regarding DoLS and knew how to make a referral if required.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care

records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor, district nurse and mental health professionals.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint; complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including talking with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe at the service. Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



Is the service effective?

The service was effective.

Staff were supported when they came to work at the service as part of their induction. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to, and there was adequate diet and nutrition available

People had access to healthcare professionals when they needed to see them.

Good



Is the service caring?

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs. People accessed activities in the local community.

Complaints and concerns were responded to in a timely manner.

Good



Is the service well-led?

The service was well led.

People and staff were complimentary of the management and the support they provided.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



Brook Care Home

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.

We inspected Brook Nursing Home on the 7 and 8 April 2015 and the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a 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. We also reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection 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 six people, three members of care staff, the acting manager and provider. We reviewed six people's care files, four staff recruitment and support files, and quality assurance information.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, “I always feel safe, the staff look after us.” Another person said, “It’s a very safe area, I never worry when I go out.”

Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff said, “If I have any concerns I would tell the manager straight away.” Another member of staff said, “If I was worried about anyone here I would tell the appropriate authorities.” Staff knew they could contact outside authorities such as the CQC and social services to raise any concerns. The service had a policy on whistle blowing and staff confirmed they knew how to do this. The manager knew how to report safeguarding concerns to the local authority and shared information as required for any investigations.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessments covered people maintaining their independence in the community, preventing falls, moving and handling, and how to support people’s mental health for example when active symptoms of their mental illness was present. Staff were trained in first aid, should there be a medical emergency and they knew to call a doctor or paramedic if required.

Staff carried out regular fire drills with people and recorded their responses to evacuation and what assistance they required; everyone had a personal evacuation plan in place.

People were cared for in a safe and well maintained environment. For day to day maintenance the manager employed a handy person which meant issues could be addressed quickly with minimal impact on people. The provider had a refurbishment program in place and was in the process of having new flooring fitted to part of the service.

There were sufficient staff available to meet people’s needs. Staff were not rushed during their interaction with people. Staff said, “We have enough staff on each shift.” People received care from a consistent staff team. The manager did not use any agency staff support at the service and any shortfalls of staff were covered by them or other members of staff. The manager assessed the level of staff required to support people’s needs on a regular basis and told us when necessary the staffing number was increased to meet people’s changing needs.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, “I came in for an interview, and provided references and had a DBS check, it all took about a month and then I started working.”

People received their medications as prescribed. One person told us, “I get my medication three times a day, always on time.” Medication was stored safely. Senior staff who had received training in administration and management of medication supported people with their medication. Staff told us that they had just renewed their training.

We observed part of a medication round. This was done efficiently and in a timely manner. Staff checked medication administration records before they dispensed the medication and they spoke with people about their medication. We saw staff ask people if they required extra pain medication. The manager told us that she observed staff practice regularly when administering medication and kept regular audits, to ensure safe practice was being completed.

The manager had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us that they had been supported to achieve nationally recognised qualifications in care. One staff member told us, “I have just completed my national vocational qualification level 3 diploma in care.” Another staff member told us, “We are always doing training to help us with our job.”

People said they thought the staff were well trained. One person said, “The staff know how to use all my equipment, I feel very safe when they hoist me from my chair to bed.”

Staff felt supported at the service. New staff had an induction which included working with more experienced members of staff sometimes known as ‘shadowing’. New staff also completed a comprehensive induction program to equip them with the skills and knowledge they needed to support people. Staff received regular supervision from senior staff and had just received their yearly appraisal. Staff told us, “I feel really supported working here.” They also said, “If I am ever doing anything wrong staff always correct me in a nice way to help my learning.”

Staff knew how to support people in making decisions and how people’s ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people’s rights and ensure people received the care and support they needed. Staff had received training in Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. Appropriate applications had

been made to the local authority for DoLS assessments. We saw assessments of people’s capacity in care records. Staff knew to check that people were consenting to their care needs during all interactions.

People said they had enough food and choice about what they liked to eat. We saw throughout the day people were provided with food and drinks. People told us they enjoyed the food and were very complimentary of the chef, one person said, “The food is lovely.” Another person said, “I have no complaints about the food, the chef is great and we always have plenty to eat.” The manager told us that they tried to promote healthy eating with people. The chef spoke with people daily about the choices of food to see what people preferred to eat that day.

During a mealtime we saw this was a very social occasion. Some people needed support with eating and we saw staff sitting with them, talking to them and offering food and drink at their pace.

Staff monitored people’s weight and where appropriate made referrals to other professionals such as a dietician. The chef was provided with the information they needed from staff to provide specialist diets as required for people, for example, diabetic diets.

People were supported to access healthcare as required. The service had good links with other health professionals, such as, chiropodist, district nurses, GPs, psychiatrists and mental health nurses. We saw people also had regular optician and dentist check-ups. The manager supported people to attend hospital out-patient appointments for health screening as required. A district nurse was at the service on the day of our inspection attending to a person’s health care needs.

Is the service caring?

Our findings

Staff provided a very caring environment. Throughout our observations there were positive interactions between staff and people. One person told us, “I like to have a banter with the staff, it gets you through the day.” People were very complimentary of the staff. We received many comments such as, “The staff are lovely.” And, “They are all very caring.”

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff always approached people face on and at eye level, we saw many occasions of this, with staff discretely asking people if they needed assistance with personal care to preserve their dignity.

Staff knew people well including their preferences for care and their personal histories. Staff supported people with expressing their religious beliefs at the service. People were supported to access religious services in the community and one person chose to take holy communion at the service. People were supported to have their

individual routines by staff, for example staff knew the times people chose to get up or retire to bed. Some people liked to retire to bed early to watch television in their rooms and staff supported them to do this.

People told us they were involved in their care, one person told us, “I have a care plan, and the staff discuss this with me.” Staff told us that they used a key worker system; this meant people had a named care worker who took care of their support needs and reviewed their care with them.

People had privacy at the service and there were many different areas where they could have private visits with family if they wanted. For example, one person told us they liked having visits in the conservatory with their family. People could also have visits in their rooms if they chose. Staff promoted people’s dignity and we saw staff remind people to close the door to bathroom areas when they were using the facilities to maintain their dignity. Staff were also respectful of people’s personal space, ensuring they knocked on people’s doors and waited to be invited into their rooms.

Staff encouraged people to be as independent as possible, one staff member said, “It would be easy for me to do everything for people, but if you allow time they can do most things for themselves and keep their independence.”

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service the manager undertook an assessment of their support needs to ensure they could be met. People and their families were encouraged to visit the service to see if they liked the service and if they felt they would be comfortable living there. One person told us, "I came and saw it and felt this would suit me."

Staff had a good understanding of people's care needs and routines. They were able to describe how people liked to be supported and what their preferred routines were. The care plans were individual to people's needs and described how to best support them. The care plan was regularly reviewed, at least monthly. Staff also updated the care plans with relevant information if care needs changed. This told us that the care provided by staff was up to date and relevant to people's needs.

People were encouraged to follow their own interests at the service or in the community. People were supported to keep community contacts and to remain in touch with friends and family. We saw two people going out independently to follow their own interests. One said, "I like to go for a walk to the shops every day." Another person told us, "I like to go to the local café for a coffee."

People told us that they liked to go out in group outings to pubs and for trips to the seaside. The service has its own minibus to support these trips out in the community.

One person told us they could not access the minibus due to their wheelchair needs; however they said the staff would call them a special taxi that can facilitate their wheelchair when they wanted to go out. This meant that the staff ensured that everyone could access the community and took people's specific needs into account when supporting them.

People enjoyed varied pastimes and the management and staff engaged with people to ensure their lives were enjoyable and meaningful. Some people were enjoying knitting, doing puzzles and watching television. We also saw staff giving people manicures and generally sitting and talking with them. The manager encouraged staff to bring their pets to work and we saw two small dogs. People were delighted to see the dogs and stroked and cuddled them. One person said, "I have loved this dog since he was a tiny puppy."

People we spoke with said if they had any concerns or complaints they would raise these with the manager. One person told us, "If I had a problem I would see the boss." Staff knew how to support people in making complaints. The manager clearly displayed the complaints procedure for people and their relatives to see. The manager said for everyday issues the service tried to resolve these quickly and informally.

Is the service well-led?

Our findings

The registered manager left at the beginning of March 2015. In the interim the provider has an acting manager in post who was previously the deputy manager so knew people and the service well. The provider has appointed a new manager who is going through the induction process and will then register with the Care Quality Commission.

Staff felt very supported at the service by the acting manager and in turn the acting manager felt very supported by the provider. The manager and provider were very visible within the service. People knew them both and engaged with them easily.

Staff shared the manager's and provider's vision of the service. One staff member told us it was, "To support people as if they were in their own home." Another member of staff told us, "To help people maintain their independence and support them to be happy."

Staff had regular supervision and meetings to discuss people's care and the running of the service staff said, "We get supervision regularly, I feel supported in my role." Staff had meetings daily to discuss people care needs, any issues at the service and share information.

The manager gathered people's views on the service through regular meetings with people as a group at least monthly. During the meetings they gained feedback from people on the care they received and if they needed to make any changes. In the meeting minutes we saw that people had discussed having more outings and we were told these were being arranged. This meant that the provider took on board people's comments about the service they received and worked to continually improve the service they received.

Each year the provider sends out a questionnaire to people who use the service, their relatives and other stakeholders such as healthcare professionals. We saw that there was positive feedback on the service from last year's survey, with a good response rate.

People's confidential information was stored securely inside offices, so that only appropriate people had access to the information.

The manager also had a number of internal quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example, they carried out regular audits on people's care plans and medication management. They used this information as appropriate to improve the care people received.