

Prestwick Care Limited

Brooke House

Inspection report

Ronald Drive
Newcastle Upon Tyne
Tyne And Wear
NE15 7AY

Tel: 01912748484
Website: www.prestwickcare.co.uk

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Ratings

Overall rating for this service	Outstanding ☆
Is the service safe?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service

Brooke House is a residential care home providing nursing and personal care to up to 50 people. The service provides support to older people, some of whom are living with dementia-related conditions. At the time of our inspection there were 34 people using the service.

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

Brooke House continued to be outstanding in the way it was managed by the provider. Relatives said the management and staff had gone "above and beyond during the pandemic" and described the service as "superb" and "superior".

The service continued to work in exceptionally collaboratively ways with other care services for the benefit of people and the wider community. Care professionals commended the dedicated leadership and knowledge of both management and staff to provide a "higher standard of care".

The provider promoted a strong ethos of personalised care and an exceptionally positive culture. The management team was extremely committed and offered a high level of support to staff and relatives. Staff fully valued the people they supported and put them at the very centre of the service. The management team used a range of robust audits to monitor and review the quality of the service and continuously improve the outcomes for people.

The service was safe. Staff knew how to report any concerns and said these would be acted upon. Medicines were managed in a safe way. Safe infection control and prevention practices were followed. People and staff had regular testing for COVID-19. Staff received training in the appropriate use of PPE.

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 outstanding (published 4 February 2020).

Why we inspected

This inspection was prompted by an outbreak of COVID-19 at the service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

We had initial concerns about the exposure of people to risks from catering equipment. As a result, we widened the scope of the inspection to become a focused inspection which included the key questions of Safe and Well-led only. The provider took immediate action to mitigate the risk.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brooke House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Brooke House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Brooke House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brooke House is a care home with nursing care. 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 14 relatives and spent time with people during a teatime meal. We received feedback from a range of care professionals, including dementia support and commissioning teams. 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 a variety of staff including care staff, nurses, the registered manager, operations manager, maintenance and catering staff. We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We also contacted a further eight staff for their views.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate the evidence we found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- During the first inspection visit, we found people with dementia-related conditions had been left unattended in dining areas where there was access to hot catering equipment and fridges. This posed potential risks of harm to people. The service took immediate steps to minimise the risks including locks to fridges and re-instructing staff.
- The provider assessed and monitored risks to people's safety. People's care records included information about individual risks, such as pressure care and mobility, which were kept under review. Care professionals told us any change in risks to people had been escalated to them in a timely manner.
- Safety checks relating to the premises were carried out, such as fire systems and lifting equipment. The home was clean and very well-maintained.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding systems in place to protect the people who lived at the home. Staff understood their responsibilities to report any concerns.
- Care professionals told us they had no concerns and the service took "appropriate action" if there were accidents or incidents.
- Overall, relatives said the home was a "safe" place to live. Their comments included, "My relative is always safe and well looked after" and "I'm so pleased with the home, it gives me 100% peace of mind." One relative did not think the home was a safe service. The provider was aware of this and was involved with other agencies to look into their concerns.

Staffing and recruitment

- The provider had systems for the safe recruitment of staff. Sufficient checks were carried out prior to staff appointments to ensure they were suitable to work with vulnerable people.
- There were sufficient, appropriately trained staff on duty throughout the day and night.
- Relatives had mixed comments about staffing levels. Some said, "There's always plenty of staff around to ask any questions or get updates." Other relatives said staff were "busy" and "rushed" but appreciated this was due to COVID-19 absences. A care professional told us, "During reviews the home has appeared well-staffed and the staff have been helpful."

Using medicines safely

- Medicines were managed in a safe way. Staff had training and competency checks in medicines management.
- Medicines records were clear and up to date. A record was also kept of when people were given 'when

required' medicines, such as simple pain relief, and whether these had been effective.

- The service had set up a weekly ward round with the local GP and pharmacist and worked collaboratively with them. This meant people's medicines were regularly reviewed by the relevant professionals so any changes could be made in a timely way.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. On one day of inspection, appropriate screening checks were not carried out of a professional visitor but were on other visits. The provider needs to ensure this is consistently carried out for all visitors.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.
- Relatives confirmed there were clear arrangements in place for them to visit their family members. Their comments included, "The staff are good at communicating the changes in the government rules" and "They're very stringent and we always wear PPE and do tests."

Learning lessons when things go wrong

- The provider had a clear system to record accidents and incidents. These were reviewed by management staff to make sure appropriate actions were taken.
- Incidents were analysed for patterns and trends and action was taken to minimise the risk of recurrence.

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 our last inspection we rated this key question outstanding. The rating for this key question has remained outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a strong ethos of individualised care. Relatives praised the home's culture of personalised care. They told us, "We were impressed by the amount of time management took to get to know about our [family member's] needs, through conversation not just a tick box!". Relatives who had experience of other care services described the care at Brooke House as "far superior" and "superb".
- There were examples of significant improvements to the well-being of people due to the person-centred care they received. For instance, where analysis of incidents had identified individual risks to people, the service immediately provided one-to-one support which had led to a remarkable reduction in falls and incidents. Relatives commended the "supportive" and "alternative approaches" to meet people's individual needs.
- Care professionals praised the staff for their person-centred approach. Their comments included, "I have found the carers to be particularly helpful in assisting with patient history and they appear to know and care for their residents very well" and "Management interest and insight into individual people's needs enables a higher standard of care and awareness."

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

- The service continued to be led by a strongly motivated and committed senior management team. There had been a change of manager since the last inspection, but the provider's governance systems were embedded within the service to monitor quality and drive improvement. Numerous regular audits were carried out and any required actions were set out in an overarching action plan which was kept under continuous review by senior managers.
- Relatives described how the management of the service had gone "above and beyond" despite the pandemic. They told us, "When Covid-related issues have clearly been a challenge for the home, the registered manager has led the team by example, coming in at weekends, being in the home late at night, and very early in the mornings, to make sure not only the residents received the care needed but that the staff felt valued and supported."
- Staff understood the responsibility of their role. Relatives told us, "The care during the pandemic has been exceptional" and "The staff here have gone far above and beyond care – they have been so attentive to not just [family member] but to us too."

Working in partnership with others

- The provider and management team continued to work in an extremely collaborative way with other care services. The home held weekly reviews involving a GP, specialist nursing services and a pharmacist. The purpose was to provide a wraparound health service for people and to get quick access to relevant services for them.
- A senior health executive commended the home for helping hospital patients from out of the area to be admitted at short notice to Brooke House so they could spend Christmas there before returning home. They commented, "The manager has been exceptional in her willingness to support hospital discharges when the system has been under pressure. I am aware that the complexity of patients has increased during the pandemic and the need to ensure patients and their families are supported during what is often a very difficult time in their lives. Brooke House have understood these challenges and supported when required."
- A range of care professionals described the excellent working relationships the organisation had promoted for the benefit of people who used the service. For instance, a mental health professional told us, "I find management at Brooke house easy to communicate with and I always feel that my opinion and advice is valued." Another health professional told us, "The insight and support of the nurses and carers at Brooke House has been invaluable."
- The service continued to have positive links with local community resources, including Northumbria University for which it had provided nursing placement for student nurses. More recently, the provider had supported the university in its development of competency tests for overseas nurses. This was a significant benefit for the North and meant nurses would no longer have to travel to other areas of the country to complete this.

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

- Several relatives commented on the excellent communication between themselves and the home. This had given them significant reassurance especially during periods if they could not visit due to COVID-19.
- The service had a very friendly, positive culture. Staff engaged with people who were living with dementia in ways that made them feel involved and included. All staff, including senior managers, had training in dementia.
- Staff described the management team as "very supportive". They told us, "If you have any concerns you know you can approach the manager about them and they will be dealt with" and "Staff are listened to by management team, suggestion forms are around the home for staff to fill in if they have ideas."

Continuous learning and improving care; 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

- The service was rated outstanding at the last inspection in 2020. The provider and management team continually strived to improve the service, despite the challenges of the pandemic.
- The provider had invested in innovative ways to support people's safety. For example, the service continued to provide adapted day and night lighting in all bedrooms. During the night, low-level lights glow which don't stop people sleeping but if they get up they can see their way to their en-suite. In some bedrooms there are small floor level lights which come on automatically when someone moves so they can see where they are walking during the night. This has positively impacted people's well-being as it reduced the number of falls people had experienced.
- Staff told us people were at the very centre of the service. One staff member told us, "It's all for the residents, everything we do and everything new we try, it's all about them. It's their home and we absolutely respect that."
- The provider and registered manager understood the duty of candour and their legal responsibility to be open and honest. The registered manager was praised by relatives for their openness. Relatives described them as "approachable, supportive, very honest and open".

