

# Brookfield House Care Home Limited

# Brookfield House Care Home

## Inspection report

Brookfield Park  
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Nantwich  
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Tel: 01270624951

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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 House Care Home is a residential care home providing personal care to 41 people at the time of the inspection. The service can support up to 51 people.

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

People and their relatives were positive about the care and support provided at Brookfield House. People felt safe and appropriate systems were in place to protect people from avoidable harm and abuse. Staff took action to minimise risks and people were supported to have as much choice and control over their lives as possible. However, we noted on occasion that call bells were not in reach of people, the registered manager took action to address this.

There were enough staff to respond to people's needs. Several new staff had been recruited which meant there was a permanent staff team, who had been safely recruited. Staff managed the safety of the environment and equipment through checks and actions to minimise risk. The provider was in the process of arranging refurbishment works including a new shower room, due to start within the next few weeks. The home was clean and infection prevention and control measures were in place.

Medicines were safely managed, and people were supported by staff who received appropriate training and supervision.

People's nutritional needs were met. However, we noted records in some cases had not been updated, this was addressed straight away. Staff were responsive to any changes in their health needs. 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. We noted that records could be more detailed in relation to some best interest decisions.

There was a homely and friendly atmosphere. Staff were caring, knew people well and had built effective relationships. People were treated as individuals and staff respected their preferred lifestyle choices. The management team promoted a culture which respected people's privacy and dignity.

Staff had access to people's electronic care plans, which contained person-centred information about their needs and overall were kept up to date. People were supported to take part in activities and were able to maintain relationships with those important to them. There was an activity coordinator, who was due to increase the time spent in that role to focus on activities. The service had received positive feedback about the support they had provided to people at the end of life.

People knew how to complain should they need to and felt managers would be responsive.

The service was well-led. Managers engaged well with people, visitors and staff. There was a focus on

person-centred care and continuous improvements. The provider had effective governance systems in place to monitor the quality of the service. The service worked in partnership with others.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us 1 May 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 14 March 2020.

#### Why we inspected

This inspection was prompted by a review of the information we held about this 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.

#### 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 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 House 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. 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 2 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

Brookfield 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. Brookfield House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 22 people who lived at the home and gathered their feedback. We also gathered feedback from the relatives of 4 people. We spoke with 12 staff members; this included the registered manager. We observed people in areas throughout the home and could see the interaction between people and staff. We watched how people were being cared for by staff in communal areas, this included the lunchtime meal.

We reviewed records at the home. These included recruitment and training records, accidents and incidents and quality assurance audits. We looked at numerous medicine administration charts and 5 care plans, along with other relevant documentation to support our findings.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from the risk of abuse.
- People felt safe living at the home. One person commented, "I'm well looked after and never hear any arguing or shouting or anything like that."
- Safeguarding concerns had been appropriately reported to the Local Authority where necessary. The registered manager kept clear records to demonstrate how these were investigated and/or addressed.
- Staff had completed safeguarding training and understood their role in recognising and reporting concerns of abuse or poor practice.

Assessing risk, safety monitoring and management

- Risk assessments were undertaken, and staff took action to minimise risks. They did this in the least restrictive way and people were supported to have as much choice and control over their lives as possible.
- People had their individual risks assessed and plans were in place to help manage these risks. For example, actions had been taken to try to reduce the risks of people falling. However, records would benefit from further detail in some cases to show all options considered.
- Where people used call bells to alert staff, on occasions staff had not left them within reach. The registered manager took action to remind staff about the importance of this.
- Staff managed the safety of the environment and equipment through checks and actions to minimise risk. A fire risk assessment, personal emergency evacuation plans, and regular health and safety checks were undertaken.
- Whilst fire drills had been carried out, these were not always regularly planned to include worst case scenarios. The registered manager amended procedures to address this straight away.

Staffing and recruitment

- There were enough staff to respond to people's needs effectively. The provider used a dependency tool to calculate the minimum levels for safe staffing.
- Staffing levels were flexible and the registered manager was in the process of increasing staffing in the evening, as this had been identified as a busy period.
- The provider had recently recruited several new care staff; this meant the service was no longer reliant on the use of agency staff. Recruitment to other roles was also in progress with some housekeeping staff due to start.
- Systems were in place to ensure staff were recruited safely and relevant checks had been carried out. These checks included DBS checks and references from previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police

National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed safely. People were supported by staff who had been trained and their competency checked.
- Processes were in place for the ordering and supply of medicines. Managers were working with the local GP surgery and pharmacy to ensure arrangements for people temporarily supported by the service were efficient.
- Medicines administration records (MAR) indicated people received their medicines at the right time. Appropriate guidance was in place for staff, including protocols for when to administer "as required" medicines.

#### Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. We noted staff did not always robustly follow guidance in relation to the removal of gloves. Whilst face masks were no longer required, where staff chose to wear these they were not always worn in line with guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

- Visiting was taking place within the service. We saw numerous visitors, who were not required to make an appointment.

#### Learning lessons when things go wrong

- Where accidents and incidents occurred, these were recorded and reviewed to consider any themes or trends and to consider actions to prevent any occurrences.
- The registered manager understood how to use information as a learning opportunity to improve the service where necessary.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were assessed on admission to the home using assessment information provided by various health and social care professionals. This information was used to help develop people's care plans.
- Staff had completed some detailed assessments for people. However, other people had less detailed assessment information recorded via an electronic record. We discussed with the registered manager about ensuring each person had a current detailed assessment in place, they informed us they would re-introduce the previous assessment documentation.
- The provider used a range of nationally recognised tools to help assess and monitor risks, for example, in relation to the risk of malnutrition.

Staff support: induction, training, skills and experience

- People were supported by staff who received appropriate training and supervision. Where specific training had been identified, this had been provided.
- New staff completed an induction to their role, including shadowing and training. Staff new to care were required to complete The Care Certificate. The Care Certificate provides a framework to ensure that all support workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care.
- Staff were positive about the training and support they received.
- Managers undertook appropriate staff competency checks and provided one to one supervision and development meetings.

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

- People's nutritional needs were met. They were provided with adequate food and drink and overall people were satisfied with the food choices available.
- Staff had access to information about people's dietary needs, However, one person's records had not been updated to reflect current guidance from a speech and language assessment. Whilst staff were following the correct guidance, this could lead to confusion. The registered manager ensured the records were updated straight away.
- Systems were in place to monitor people's weights and respond to any concerns.
- People's individual preferences were respected during lunchtime. Staff supported people sensitively where they needed assistance with their meals.

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

- Staff knew people well and were responsive to any changes in their health needs.
- Feedback from a health care professional indicated staff worked exceptionally well with other relevant professionals to provide effective care to people.
- Where necessary staff advocated on behalf of people, including with health and social care professionals. Staff sought appropriate guidance and support when there were changes to people's needs.

Adapting service, design, decoration to meet people's

- People lived in an environment suitable for their needs. There was an accessible garden and a lift between floors. Some signage was available to support people to find their way around the building.
- The provider had facilitated ongoing decoration and new flooring had been fitted. However, aspects of the building looked tired and in need of redecoration. The provider was in the process of arranging refurbishment works including a new shower room, due to start within the next few weeks.
- People's rooms were personalised to their individual tastes and communal areas were generally well presented and homely.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was meeting the principles of the MCA. Staff sought people's consent to provide care.
- Appropriate legal authorisations were in place to deprive a person of their liberty, where necessary. The registered manager had made DoLS applications and reviewed these regularly.
- Staff received training in the MCA and understood people should be supported to make their own decisions where possible.
- We discussed with the registered manager that where decisions had been made in people's best interests, these needed to be fully recorded in all cases. They acted to address this straight away.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 told us they felt happy and at home at Brookfield House. Comments included, "Oh they're very good (staff), we are very well looked after" and "I wouldn't be anywhere else, the staff are brilliant."
- Relatives were positive about the way their relatives were treated and told us staff were caring. One relative said, "The staff are really lovely with her(relative)."
- There was a homely and friendly atmosphere. Staff knew people well and had built effective relationships. We observed staff being patient, kind and caring in their approach.
- People were treated as individuals and staff respected their preferred lifestyle choices. Staff undertook "This is me" assessments, which included obtaining information about people's backgrounds, cultural and/or religious needs.
- There was an equality and diversity policy in place and staff had received relevant training.

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

- The provider had systems in place to ensure people were involved in decisions about their care. People were able to make decisions and staff respected their choices.
- People expressed their views about how the service was delivered through ongoing communication and surveys. The registered manager sought feedback from people and their relatives on a regular basis. A relative said, "They are very good, and they do keep in regular contact with us."

Respecting and promoting people's privacy, dignity and independence

- The management team promoted a culture which respected people's privacy and dignity.
- Staff had undertaken dignity training and some staff were dignity champions. A staff member gave us an example where they would always ensure doors and curtains were closed when assisting with personal care.
- Staff encouraged people to maintain their independence where possible. People moved freely around the home and staff supported them to use equipment where required. One person commented, "They're very good here, I've got my walker so I can just take myself off and then they'll bring me a cup of tea and biscuit later on."
- Staff respected people's right to privacy and people confirmed this. For example, people could spend time alone. One person told us, "I'm alright, I like my own company and they know that, so they listen, and I stay in here."
- People's confidential information was kept securely. Information held on electronic recording systems required specific access requirements for security.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff supported people in a person-centred way taking account of their individual needs and preferences. People explained how their wishes were respected, for example they said, "I like my jam in a pot, so they put it in a little pot for me, I wanted to have my breakfast first today and then I will go to the lounge" and "Oh they're very good, we are very well looked after. I can get my hair done if I like but I'm growing it at the moment and after lunch we can play a game of dominoes if we like in the lounge."
- Staff had access to people's electronic care plans, which contained person-centred information about their needs and were kept up to date.
- Staff told us they listened to people's wishes and choices. For example, some people preferred to get up later, and some liked to spend time in their bedroom.
- Staff undertook a resident of the day exercise, whereby staff reviewed all aspects of the person's care on a rotational basis, including seeking the views of the person.
- During the COVID-19 pandemic face to face reviews with relatives had been paused, however the registered manager told us these were now being re-introduced.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had an AIS policy and the registered manager was aware of their responsibilities under this.
- The registered manager confirmed information could be provided in alternative formats should this be required. For example, information could be provided in larger print and the service had access to an interpreter.
- People's care records contained information about their ways of communicating and their preferred methods. We observed staff supporting people to wear their hearing aids, to aid communication.

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

- Overall people were supported to take part in activities and were able to maintain relationships with those important to them. There was an activity programme and some planned entertainment at the home.
- People and their relatives commented, "They are so lovely [relative] doesn't like to be on her own so they always sit her in the lounge with people and they play games like picture bingo and dominoes and there are

always people around her" and "They are very good, the other day one of the girls came and took me outside and we walked all the way round."

- The service employed an activity coordinator, who was currently arranging activities on a part time basis. The registered manager told us this was due to be increased to full time support soon following further recruitment at the home.
- Some people had telephones in their bedroom, enabling them to maintain contact with their loved ones. Visitors were able to visit at any time, although mealtimes were protected.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available to read in the reception area.
- There was a system in place to log any complaints and to investigate/address them. There had not been any recent complaints and managers aimed to resolve any issues quickly before they escalated.
- People felt able to raise concerns with staff should they need to. Relatives told us, "The manageress and deputy manager are lovely and if there is ever a problem I can always go and talk to them" and "I did raise only a very small concern and that has been resolved."

#### End of life care and support

- People had care plans in place which considered their preferences and wishes for their end of life care.
- A health care professional shared positive feedback in relation to the end of life care provided by staff. They noted how the service had placed importance on ensuring a person's spiritual needs were met.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The service was well-led. The management team promoted person-centred care. People were positive about the support they received.
- The registered manager and deputy led by example and were very visible, they knew people well and were focused on delivering quality care.
- Staff spoke positively about the registered manager and the support they received. They told us they worked well as a team and felt supported.
- Managers had developed and encouraged effective communication throughout the staff team through various means including regular meetings and updates.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- Staff were clear about their roles. The registered manager had built an effective staff team, with a clear structure and clear expectations about their roles.
- The provider had effective governance systems in place to monitor the quality of the service. Various staff carried out regular audits and checks, including a mock inspection from an external provider. Action was taken to make improvements as required.
- The registered manager was aware of the legal requirement to notify CQC about certain events. They understood their responsibilities in relation to the duty of candour and worked in an open and transparent way.
- The registered manager kept up to date with changes to practice guidance. They were responsive to any areas identified during the inspection and took immediate action to make improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked in partnership with various health professionals to improve people's care and outcomes. Including supporting people from hospital and enabling them to return home where possible.
- The provider sought feedback from people and their relatives. They were asked to complete surveys to help improve the service. Action taken in response was on display in the home.

