

Care UK Community Partnerships Ltd

Brook Court

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

The inspection was unannounced and took place on 17 May 2017. We arranged with the registered manager to return on the 19 May 2017 to finish our inspection.

The home is registered to provide accommodation and nursing care for a maximum of 67 people. There were 59 people living at the home on the day of the inspection. The home is split across three floors comprising a nursing unit, a unit for people living with dementia and a residential unit. There was a registered manager in place. 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.'

At the last inspection on 28 April and 3 May 2016 we found that the provider needed to make some improvements to ensure enough staff were in place and organised in the right way to meet people's needs effectively and people did not always receive support to engage in meaningful activities to meet their personal needs. This inspection found improvements had been made and people were positive about the care and support they received and the service as a whole.

People were safe and well cared for and staff were able to demonstrate they had sufficient knowledge and skills to carry out their roles effectively and to ensure people who used the service were safely supported.

People were cared for by staff who had a good understanding of protecting people from the risk of abuse and harm and who understood how to meet their individual care needs safely. Staff knew their responsibility to report any concerns and were confident that action would be taken.

People needs were met promptly. Both relatives and staff said that there were sufficient staff numbers to meet people's needs and we saw staff responding to people in a timely way. People's rights and freedoms were respected by staff. Staff understood people's individual care needs and had received training so they would be able to care for people in the best way for them.

People told us they enjoyed meals times where they were joined by staff and were supported to eat and drink enough to stay well. People told us they were happy with choice of food they received. There were good links with health and social care professionals and staff sought and acted upon advice received, so people's health needs were supported.

People using the service were positive in their feedback about the service and told us staff were caring. Relatives told us the registered manager led staff to provide care that focused on people and took account of their individual needs and preferences. They told us they felt staff were caring and that they knew how to look after the people who lived at the home and that people's privacy and dignity was respected.

People received care that met their individual needs. People received care that met their individual needs. People were encouraged to join in activities and social events which they enjoyed. People said staff listened to them and they felt confident they could raise any issues should the need arise..

Relatives and staff told the home was well managed and improvements made had improved the care to people. Staff spoke highly of the management team and of the teamwork within the service. Staff were supported through supervisions, team meetings and training to provide care and support in line with people needs and wishes. The quality of service provision and care was monitored and actions taken where required to improve people's experience of living at the home.

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 were cared for by staff who had the knowledge to protect people from the risk harm. They received their medicines when needed and were supported by enough staff.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training and on-going support to enable them to provide good quality support.

Staff were knowledgeable about people's support needs and sought consent before providing care.

People enjoyed a choice of meals and input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good ●

The service was caring.

People and relatives praised the care of staff and the registered manager and said support was provided with dignity and kindness.

People and relatives valued the positive relationships they had with staff. Relatives were free to visit whenever they wanted, they felt welcomed and supported by staff too.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs. Staff provided care that took account of people's individual needs and preferences and offered people choices.

People and their relatives were supported by staff to raise any

comments or concerns about the service.

Is the service well-led?

Good ●

The service was well led.

People, their relative's and staff were complimentary about the overall service and felt their views were listened to.

The provider monitored the quality of care provided and the experiences of people living at the home to ensure people were happy with the service they received.

Relatives and staff felt the management team had made positive improvements to care provided.

Brook Court

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 undertook an unannounced comprehensive inspection of Brook Court on 17 and 19 May 2017. The inspection team consisted of one inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

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. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to focus our inspection.

During our inspection we spoke to 11 people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with eight relatives of people living at the home during the inspection and two relatives who contacted us following the inspection to share their experiences. We also spoke to one healthcare professional following the visit.

We spoke to the regional director, the registered manager, the deputy manager, three unit managers, three nurses and five care staff. We also spoke to the lifestyle lead worker and the head chef. We looked at records relating to the management of the service such as, care plans for ten people, the incident and accident records, medicine management and staff meeting minutes.

Is the service safe?

Our findings

At our comprehensive inspection of Brook Court on 28 April and 3 May 2016 we found that the provider needed to make some improvements to ensure enough staff were in place and organised in the right way to meet people's needs effectively. This inspection found improvements had been made and people now told us staff were available when they needed them and responded when they needed care and support.

People told us staff were available when they needed them. One person said, "There's always someone [staff] you can ask for help." Another person said that staff always responded when they pressed their buzzer to call staff. They commented, "They come when I need them." Relatives told us that staff responded to and supported people when needed. One relative said, "They [staff] respond when [family member's name] needs support. Always happy to help and always with a smile."

Six staff members we spoke with told us people were safe and staffing levels were suitable to meet the needs of people living at the home. One member of staff told us staffing levels were, "The right level to respond to people." Another member of staff said, "There is enough staff and staff are more proactive." They told us that the staff group had become more settled and everybody including the registered manager worked together as a team. They told us this had improved the support to people. The registered manager told us that staffing levels were based on people's needs and were reviewed to reflect any changes in their health?. They told us following a recent review an additional member of care staff had been recruited and was due to start shortly.

People told us they enjoyed living at the home and they felt safe. One person said, "I feel safe here and that's important to me." Another person told us, "I enjoy it here...They [staff] look after me well...I like being here." Relatives we spoke with told us their family members were safe and staff knew the support they needed. One relative said, "[Family member] is safe and without a doubt well looked after. There always seem to be enough staff to cater well for all of their needs. We have no worries at all." Another relative said of their family member, "Right from the outset the service has been brilliant. We know as a family they are safe here."

Staff we spoke with told us they knew the action to take if they identified potential signs of abuse or any concerns about people's care or well-being. This included telling the registered manager or their unit manager, so plans could be put in place to keep people safe. The registered manager recorded any concerns and information had been shared with the local authority and Care Quality Commissions where appropriate. The staffing team understood their role in ensuring information was correctly documented and shared when required.

People felt supported, one person told us, "Two staff hoist me to keep me safe. " Staff we spoke with were clear about the help and assistance each person needed to support their safety. People's risks had been assessed and had been reviewed and were recorded in people's care plans. For example, we saw that where one person had a fall their care plan had been updated to reflect this. During the inspection we saw staff helping people with their mobility; this was done safely with staff giving reassurance throughout. For

example, we saw people encouraged to walk from their rooms to the communal lounge. Staff ensured they observed people as they walked and stayed within reach of the person should they need assistance.

Any accidents and falls that people had were recorded, which the registered manager then reviewed and monitored. The review looked to see if there were any risks or patterns to people that could be prevented.

We spoke to a new member of staff who told us of the employment checks made before they started work at the home. We also checked one staff file and saw records of employment checks completed, which showed the steps the provider had taken to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

People's medicines were managed by nursing staff at the home. Two people we spoke told us about their medicines and were happy that they got these when needed. One person said, "I've no concerns, I get them as I need them." We spent time with a member of the nursing staff during a medicine round and looked the medicines records for 12 people. People were offered their medicines with the nurse offering support and guidance.

Nursing staff kept records of the medicines they had given and when. Where people required pain relief 'when needed,' we saw that staff talked with people about their pain levels and asked if they wanted medicines. For example, we saw a member of staff consult a nurse when someone expressed they were in discomfort and pain relief was offered. Another person told us, "If I'm in pain they sort out tablets for me."

We found appropriate systems were in place for the storage of medicines. There was evidence of checks on nurse competencies to administer medicines. Checks of the MAR (medicine records) were completed and action taken if required.

Is the service effective?

Our findings

People were supported by staff that understood them and knew how to provide their care and support. One person said, "They [staff] know me well, [they] know what I like." One relative told us their family member could be reluctant to accept support, but they said staff were knowledgeable and, "Know what to do." Two relatives spoke positively about the staff and how they supported their family member's health needs. One relative said, "I can't tell you the difference being here has made. I can't speak highly enough of them [staff]."

We saw people were supported by staff that received regular training and knew how to meet people's needs. The staff we spoke with explained how their training increased their knowledge and improved their practice. For example, three members of staff told us dementia awareness training had provided them with greater knowledge of people living with dementia and had improved how they supported people. One member of staff told us that the provider was looking to recruit dementia champion staff to do additional training and provide a lead within the home. They told us they had put their name forward for the training.

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.

We saw that where it was assessed people lacked mental capacity, records showed decisions where they would need help and best interests meetings had been held. Staff told us they did not make assumptions about people's capacity and that they sought people's consent before providing care and support and we made observations that supported this. Staff told us people's choices were also sought and respected. For example, we saw one person being given the choice of where they would like to eat lunch and supported with help when they later chose to move.

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) We checked whether the service was working within the principles of the MCA and saw the registered manager had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty.

People told us they chose how to spend their day and where they like to be. One person told us, "I choose what I do. I like to get up early. It's my choice and they listen to me." A second person told us they chose to spend time in their bedroom, they said, "I like to stay in my room, it's my choice."

People told us they enjoyed a good choice of food. One person said, "I am well satisfied here. The food is good; I like it as you get a good mixture and choice." Another person told us they had come to enjoy meals more since they lived the home. They said, "I couldn't be bothered with food at home but it is nice here."

We saw people enjoy a lunchtime meal, on the Wilton unit for people living with dementia two options were shown to people to aid their choice. We saw people enjoy their meal and where people were not able to eat independently, they were supported with staff assisting them individually. We saw that if people wanted something different to the options offered staff would sort this for them. For example, we saw when one person didn't want either of the sweet choices; they were offered an alternative, which we saw them enjoy.

People's nutritional needs had been assessed and referrals were made where more specialist support was required, for example to a speech and language therapist. The head chef was knowledgeable about people's preferences and dietary needs. For example, where people required softened meals or disliked certain foods. They told us as part of the resident of the day scheme, kitchen staff met with people to receive feedback on meals and updates on people's likes and dislikes. We saw that people were offered a choice of drinks when meals were served and were supported to have drinks throughout the day.

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. People had seen opticians, dentists, chiropodists and were supported to see their GP when they required it. One person said, "If I feel unwell, they arrange for me to see my doctor."

Relatives told us they were happy with the actions taken by the staff in monitoring people's healthcare needs. One relative told us that when their family member was unwell; staff had sought advice from the GP and their condition had now improved. Another relative said, "Liaison with their [family member's] GP is thorough and repeated." During the inspection we saw the unit manager booking GP appointments for two people, ensuring notes were recorded and the appointments entered into the diary.

Is the service caring?

Our findings

People spoke positively of the staff and said they were very caring. One person said, "They are all very nice and very good to me.They are all very friendly." Another person told us, "I love it here, staff are very caring." Relatives also told us staff were caring. One relative said, "Nothing is too much trouble, when [family member] lost their appetite staff themselves brought in a previous favouriteto see if they could coax [family member] to eat." Another relative told us how they had helped their family member choose to live at Brook Court. They said, "We saw a lot of homes, the level of care here is the best we saw."

Staff approached people in a friendly manner and we heard staff chatting with people as they walked around the home, offering people support and reassurance where necessary. For example, when one person was anxious we saw one member of staff ask, "Would you like to join me for a cup of coffee? I would like someone to talk to." One relative said, "Staff are proactive, they deal with people when they are anxious."

Staff knew people well and used this knowledge to care for them and support them. One relative told us staff knew their family member and their life history, because that made a difference to the way their relative was now. They commented, "Staff understand." We also observed staff talking to people about their families and family events which they knew was important to the person.

Staff showed kindness to people and interacted with them in a positive way. We also saw staff showed the warmth of touch which was important to people. For example, we saw when people needed a hug this was provided. One relative told us how they appreciated the care given to their family member, they said, "[Family member] loves to get a hug and affection." Another relative told us of the attention given to their family member. They said, "Their face lights up when carers come in the room. They [staff] are all good, there's not one bad carer."

People were able to make choices about when to get up in the morning, what to eat, what to wear so they could maintain their independence. One person told us, "I stay as independent as I can but staff help me when I need it." We saw at lunchtime that people were encouraged to eat their meals themselves before being offered assistance if required. When one member of staff supported a person with their meal, we saw they chatted with them and shared a joke and provided assistance in a dignified manner. We also saw people enjoying daily tasks, for example, we saw three people happily dusting with a feather duster. We saw from their facial expressions and body language how much they enjoyed doing this. A relative we spoke to told us, "I often see people using the duster or carpet sweeper. They like to keep busy."

People told us support was provided in the way they wanted. One person said, "They [staff] listen to my opinion. They listen to me; they are very caring." Staff took into account people's individual needs and responded accordingly. The registered manager had introduced a resident of the day system, whereby each person had a designated day to meet with staff and discuss their care and also meet with kitchen staff to discuss their likes and dislikes.

People's friends and relatives visited when they chose. Relatives we spoke to said they felt welcomed by

staff. One relative told us, "They [staff] are very welcoming and always speak to us when we come to visit." Another relative told us how they felt supported by staff. They commented, "They [staff] are very supportive to [family member] and the whole family. They have shown true care and professionalism."

Relatives said they felt their family members were respected by the staff and they said staff treated them with dignity. One relative said, "Staff have the ability to deal with people. They deal with people in a dignified way." We saw staff knock on bedroom doors and wait for a response before they entered and speak discreetly when offering people personal care.

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "I love it here....I love the residents and I know they get good support from staff." Another member of staff told us, "I've got the best job....I come in everyday with a smile and I leave with a smile. What I give I get back tenfold."

We spoke to one healthcare professional who provided end of life education and support to staff. They advised that they had provided training sessions to staff and had worked with the registered manager and nursing unit manager to reflect on the training and improvements to end of life care. They told us they had also been invited to attend a relatives meeting to offer support and information to relatives. One relative we spoke with praised the end of life care provided. They told us, "[Family member] has been treated with absolute respect and dignity. They [staff] have been wonderful and have been incredibly supportive to us."

Is the service responsive?

Our findings

At our comprehensive inspection of Brook Court on 28 April and 3 May 2016 we found that the provider needed to make some improvements because people did not always receive support to engage in meaningful activities to meet their personal needs and relatives said communication could be improved. At this inspection we found improvements had been made. People told us they were encouraged and supported to engage in activities and we made observations that supported this. Relatives told us staff were responsive and that communication had improved.

People we spoke with told us they got the care and support they wanted. People said the staff met their needs, one person told us, "If I need anything, they [staff] will soon sort it for me." Another person told us, "They [staff] know what I like." Relatives told us staff supported people in an individualised way. One relative said, "Here [family member] is allowed to be who they are. They are content. Staff attention to detail is exceptional." Another relative told us, "[Family member] is valued as a person, their likes and dislikes, needs and wants are considered."

People we spoke with felt staff were responsive. One person told us, "I had an issue the other day and I was upset and one of the staff listened to my concern which helped me feel better." A relative commented, "They [staff] anticipate his needs and I often feel that they can read my mind! They read the situation incredibly well. They have coped with every change."

Three relatives we spoke to told us communication was good and staff let them know when things changed in their family member's health. One relative told us, "They ring us if anything changes and keep us up to date." Staff were able to tell us about the level of support people required. We saw staff shared information as people's needs changed, so that people would continue to receive the right care.

People and relatives told us there was a weekly plan of group activities. For example, on the first day of our inspection an external entertainer visited the home for a music session. We saw people from across all three units enjoy the entertainment. We saw people, staff and visitors laughing, chatting singing and dancing with a very sociable feeling to the session. One person told us they enjoyed the music sessions. They said, "I enjoy the music, we [people who live at the home] get to do lovely things together." Another person told us, "There's lots of entertainment and always something going on."

We also saw people enjoying individual activities across all three units. For example, we saw one person enjoy reading their daily newspaper; another person watching the TV and other people enjoying a drink and a chat in the homes café area. We also saw staff engaging with people. For example, we saw one member of staff assisting one person by reading an article from the 'Daily Sparkle' (a daily newspaper produced by the homes activity staff). The member of staff read the article and spent time discussing its content with the person. We spoke with one person who told us they although they choose to stay in their room and watch TV, staff did encourage them to join in activities and also made sure they knew what activities were on.

We spent time on the Wilton Unit for people living with dementia. We saw that the dining area had been set

up throughout the morning with various activity items and at the end of each corridor of the unit were small seating areas, each with a theme. One was a children's nursery area, another was an indoor garden with a bench and flowered trellis and there was also a music area decorated with LP's and with music playing. We saw that when one person became anxious this was recognised by staff and they were invited to dance. They were supported to the music area and the member of staff danced with them. We saw the person became settled and read the label names from the LPs used to decorate the walls. They talked with the member of staff about rock and roll and artists from the era. The person smiled and said "I love this room, it is my favourite place." A relative also commented, "I've often seen people really enjoying the music area."

People and relatives told us they felt able to raise any concerns with staff. For example, one relative told us they had raised an issue with the registered manager and it had been quickly resolved. All staff we spoke with told us they knew how to raise concerns or complaints on behalf of people receiving care and support. We saw that where complaints had been received during the last twelve months, these had been investigated and the supporting documentation showed the progression and conclusion of the complaint.

Is the service well-led?

Our findings

At our comprehensive inspection of Brook Court on 28 April and 3 May 2016 we found that the provider needed to make some improvements because action was required to ensure that recent changes were embedded and further improvements made in a timely way. Staff also said they wanted more management support to provide more effective care. At this inspection we found improvements had been made. Systems to check and improve the quality of care were embedded and staff said they were supported through structured supervision and staff meetings.

People we spoke with told us they were happy living at the home and it was well run. One person said, "I love it here, I really do like living here." Another person said, "I enjoy it here...I haven't had any worries or concerns. They look after me well; I am not just saying it either." Relatives also spoke positively of the service. One relative said of the home, "I am so pleased they were able to provide care to my wonderful, lovely, funny [family member] and see them as the person they are."

Staff told us that improvements had been made in the management of the home and these had improved the care provided. One member of staff said, "The [registered manager's name] comes out on the floor, they are very involved and their door is always open." Staff also told us morale was better since the changes. One member of staff said, "Staff morale has improved. It's a good team here now and there's a better spirit." Staff we spoke with confirmed they felt supported and received supervision and attended staff meetings where they could raise any issues or ask for further training.

Relatives also told us the management of the home had improved. One relative said, "Registered manager's name] cares. That influence flows down to the staff. I do feel it's improved over time due to the management." Another relative told us how they felt the home had improved and commented, "[Registered manager] looks into things and deals with them. They are very good."

We saw the registered manager as they talked to people, who showed they were familiar with her and that she knew about things that were important to them. One person told us, "[Registered manager's name] is very good; I like them. She comes and talks; she knows us all."

The provider used a range of measures to assess and monitor the quality and safety aspects of the home. Examples of audits completed were medicines, equipment and care planning documentation. Where shortfalls were identified as a result of the audits actions were put in place to ensure the improvements were made. The registered manager also completed a monthly report of any incident and accidents so that any trends could be identified and action taken so that risks were reduced where possible.

The registered manager told us they had introduced new ideas to improve people's experience of living at the home. For example, 'Tea at Three', this was a time when all staff, including office staff and domestics stopped any routine work and took time to sit with people and enjoy a chat. Staff told us staff and people alike enjoyed this time. One member of staff said, "It's great. People really enjoy it." The registered manager had also sought people's input in the recruitment of new staff. One person living at the home told us they

had been involved in interviewing new staff. They told us, "I really enjoy it. I have my say and they [management team] listen to me." The management team was also looking to make links with community groups. For example, a Dementia Friend's representative had visited the home to speak to people and their families. Since the talk one relative had decided to become a dementia friend and had recently completed training to support other relatives with family members living at the home. They told us the staff had supported them in their training and they were looking to work together with staff in future events and meetings.

The registered manager said they were supported by the provider through the regional director who made frequent visits to the home. Staff also told us that they had felt supported by the provider and the regional director had recently held meetings for all staff to attend. One member of staff said, "it's good we get chance to discuss things and they have listened to us."

We spoke with the regional director; they told us improvements had been achieved at the home and staffing had improved and relatives were now more involved. They said they encouraged an open reporting culture, so any concerns could be picked up and addressed quickly. They told us the registered manager reported to them on all aspects of the home including new admissions, staffing and any accident and incidents, so they were aware of events at the home.

The provider had also sent residents survey questionnaire to all residents to get feedback on the care provided. A report of the results had been produced in March 2017 and showed positive results with people saying they felt safe at the home and with 100% of people who responded saying staff treated people with kindness, dignity and respect.