Rosecare Chesterfield Limited

Brookholme Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Brookholme Care home is a residential care home providing personal care and accommodate for up to 40 people. The service provides support to older people and people with physical needs or living with dementia. At the time of our inspection there were 36 people using the service.

People's experience of using this service and what we found
The providers quality processes were not always in place or the required audits used to identify where changes may be needed. The home was not cleaned to a high standard and we saw some areas of the home required attention to detail to--in ensure it looked well cared for. Cleaning schedules and oversight of the home had not been completed to ensure the standards were being met.

Other audits had been used to reflect on people's safety. For example, reviewing accidents and incidents. Measure were put in place to mitigate risks, or observe people post fall.
Medicines were managed safely by staff who had completed training and had their competencies completed.

There were sufficient staff to meet the needs of people, following a dependency tool being completed to access the levels of need. Staff were recruited safely and completed induction and training to support their roles.

Learning from incidents had promoted further training to ensure all staff had the required skills and knowledge when completing moving and handling techniques.

The provider worked with health and social care professionals. Referrals were completed and their advice detailed in the care plans and shared with staff.

People, relatives and staff views were considered and used to drive changes. All the relatives we spoke with complimented the staff on their kindness and attitude. They reflected on the range of activities available, communication and information around managing COVID 19.

Overall infection prevention and control was managed well. People's safety was considered, and risk assessments were in place. Staff understood the importance of protecting people from harm, safeguards had been investigated and any learning shared.

All complaints were investigated, and duty of candour considered. Notifications to us were completed to enable us to monitor the service.

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

Rating at last inspection and update: The last rating for this service was Good (published 27 July 2018).

Why we inspected
The inspection was prompted in part due to concerns received about safety and risks to people. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements in relation to their auditing processes to drive improvements and maintain quality.

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, however we have rated the well led section as requires improvement.

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

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. Details are in our safe findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our safe findings below.	**Requires Improvement**

Brookholme 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.

Inspection team
The inspection was completed by one inspector and a nurse specialist. We also had the support of an Expert by Experience who completed telephone calls to relatives. 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
Brookholme Care home 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. Brookholme Care Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
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 reviewed notifications we had received about the service and spoke with the local authority for this location to obtain their feedback. We used all this information to plan our inspection.

During the inspection
We spoke with some staff on site and other staff by telephone after the inspection. These included, eleven members of staff including senior care staff, registered manager, domestic, the cook, activity workers and care staff. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment.
We also spoke with two people who received care and observed staff providing care to people.

After the inspection we looked at training data and quality assurance records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

The day after the inspection the Expert by Experience made telephone calls to eight relatives, to obtain their views on the care their relative had received.

Good

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. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse;
- People felt safe having support from the staff. A relative told us, "[Name] is very safe I feel, security is good, they have done really well through COVID 19."
- When safeguarding concerns were identified, action was taken to protect people from further harm and incidents were reported to the local authority safeguarding team and to us.
- Staff received training and were knowledgeable about safeguarding and could explain the processes to follow if they had concerns. Safeguarding was a regular item on the staff team's agenda to ensure any safeguarding concerns were reviewed.

Assessing risk, safety monitoring and management
- Risks to individuals were assessed, managed and reviewed.
- Risk assessments had been completed to consider how to manage risks. For example, people at risk of sore skin, had regular turns or pressure relief in place. Other people who were at risk of falls, had sensor mats in place to alert staff when a person had fallen.
- Relatives we spoke with felt risks were well managed. One relative said, "[Name] is very safe they have a security mat in their bedroom, when they have had the occasional fall, staff always inform me." Another relative said, "They use a Rotunda to help get [name] up and a wheelchair, all these needs are handled well."
- The maintenance of the home was well managed. We saw the required servicing and regular testing of equipment and appliances was completed. The was an ongoing programme of repairs and refurbishments to enhance the communal spaces or people's bedrooms.
- Emergency evacuation plans were in place and all related risk assessments in line with fire prevention. This meant should people be required to be evacuated the appropriate information was to hand.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment; Learning lessons when things go wrong

● There were enough staff to support people's needs.

● The registered manager used a dependency tool to reflect people's level of need. This ensured the required numbers of staff were allocated. Any absences or holiday were either supported by bank staff or regular agency staff. This provided a consistent approach to the staffing numbers.

● Relatives we spoke with felt there were enough staff, who were kind and considerate. One relative said, "{Name] is safe due to efficient staff, [name] would soon say if they were not looked after properly, they enjoy the games, crafts and never complain about the food." Another relative said, "Staff are lovely, they treat [name] like they are their relative. The staff all seem very fond of them and [name] enjoys living there."

● Staff were recruited safely; we saw references from previous employers and DBS checks had been completed. 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.

● Staff had received the required training for their roles. We saw how lessons had been learnt following an enquiry where staff moving and handling techniques had not been followed. All staff had received a refresher in the training and competencies to assess learning and knowledge.

Using medicines safely

● People received their medicines as prescribed and medicines were managed effectively to reduce the risks associated with them.

● Staff had received training and understood the medicines and administration process in line with guidance and best practice. We saw staff spoke with people at eye level and explained why the medicine was needed.

● When people required medicine on an 'as required' basis, protocols were in place to provide staff with guidance on administration.

● The medicine records were correctly completed, to reflect the administrations.

Preventing and controlling infection

We found overall the provider was meeting the infection, prevention and control measures. However, we were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises. These related to auditing and monitoring, we have reported on these in the well led section of this report.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● 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 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.

● Relatives told us they had been kept informed about the government guidance in relation to visiting. One relative told us, "[Name] always looks clean, tidy and shaved. Prior to our visits we do a test and wear a mask." There was a visiting booth in place and other options were available to family for example video calls, emails or the telephone.

Requires Improvement

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 Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance systems including audits had not always been effective in identifying areas for improvement and driving quality. We saw a consultant had completed a range of audit oversight visits. Some of their recommendations had not been actioned. For example, when using agency making sure they were fully directed. We observed an agency worker with a lack of direction in the communal space, unsure how to support or guide people.
- We found areas of the home lacked the high standards for cleaning and this was supported by the cleaning schedules not being completed and staff comments in the staff survey. This area had not been effectively reviewed by the registered manager to ensure standards were being met on a daily basis.
- Some areas of the home had broken curtain rails or small areas in need of repair. It was unclear whose role it was to address this. . We raised this with the provider who was going to address this situation.
- There was no regular audit for mattresses and pressure cushions. We identified some of these required replacing due to staining or strike through of the covers.
- Other audits were effective. Accidents and incidents were effectively analysed, reflecting themes or trends to mitigate risk and ensure lessons were learnt. The registered manager was also introducing an audit to consider skin tears and any pressure care so these could be analysed, to make improvements.
- We saw medicines audits had been completed and any issues addressed.
- Home maintenance and the environment was also audited, and refurbishment projects were in place. For example, the replacement of carpets or furniture.

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

- People received care that was person-centred and provided them with positive outcomes.
- Staff felt the registered manager was approachable and acted on anything that needed to be addressed.
- Relatives felt there was a positive environment. One relative said, "The atmosphere is generally good, the manager is approachable. I can ring any time, and I have never had to make a complaint."
- We observed people being supported to spend their day how they wished. Previous learnt skills were encouraged. For example, playing the piano or using gardening knowledge for planting or pruning.
- One relative said, "No concerns, excellent care, I am very impressed with the activities going on, good stimulation, there is a Facebook page with photos and a monthly newsletter."

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

● There was an open and transparent approach from the registered manager and provider.

● Notifications in line with the providers registration were completed. These notifications enable CQC to monitor the service and the actions they have taken.

● There was a complaints procedure. We saw any complaints which had been raised, were thoroughly investigated detailing any required outcomes. Apologies or reflections in relation to duty of candour were included.

● Relatives were positive about communication and the activities within the home. One said, "Communication is good via email or telephone." Another said, "[Name] is safe due to efficient staff, they would soon say if they were not looked after properly. [Name] plays games, crafts and themed sessions, and never complains about the food."

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

● Staff, people and relatives reflected they were included in the home's changes and improvements.

● We saw one issue had been raised around visiting. This was addressed with providing more information and a regular newsletter. One relative told us, "We fill out a questionnaire yearly, communication is usually via email or telephone. The staff contacted me to get permission for [name] to have their Covid Booster, I have been kept fully up to date throughout the pandemic."

● Staff we spoke with felt supported. This was reflected in their comments. "It is like a family here, you are looked after," "During COVID 19, the provider was very protective of the staff and took all the right measures," and "You can approach the manager or the provider, they listen."

● Staff reflected on the changes which had been made to the training. From a paper-based exercise to an online platform. One staff said, "You get more detail and scenarios. If you're not sure you can have support."

● Regular team meetings were in place, which reflected any changes to the guidance around COVID 19, refurbishments to the home or any ongoing news relating to the care people received.

Working in partnership with others

● The registered manager and provider engaged and worked in partnership with other health and social care professionals.

●We spoke with a visiting health care professional who told us, "The senior staff always ask and talk things through. If we request monitoring, it is completed. For example, blood pressure." They added they were quick to respond to address any health concerns.

● Relatives we spoke with also reflected positively about the support from other professionals
One relative said, "[Name] can see a GP, Chiropodist and Hairdresser, staff updated me about the Covid Booster."

● Care plans we reviewed showed that referrals had been made to professional when advice was required. For example, when people had lost weight. Any guidance provided around a change in diet or consistency was shared with all the staff including the cook.