Dignus Healthcare Limited

Brookfield

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

Brookfield is a care home that provides support for up to six people living with learning and physical disabilities. The service is a domestic type setting, with each person having their own room and shared communal areas. People have access to a well-maintained garden to the rear of the premises. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable people and low level concerns had been reported to the local authority.

Recruitment practices were safe and people which helped protect people from the risk of abuse.

Staffing levels were sufficient to meet the needs of people using the service.

Training was in place for staff to ensure they had the correct skills in place to meet people's needs.

People were supported to have a nutritious diet, and where appropriate special diets were prepared in line with people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring towards people and positive relationships had been developed.

Care records clearly outlined people's needs and provided instruction around how staff needed to support people.

Activities were available for people which helped protected them from the risk of social isolation.

Audit systems were in place to monitor the quality of the service being provided .

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? This service remains Good	**Good**
Is the service effective? This service remains Good	**Good**
Is the service caring? This service remains Good	**Good**
Is the service responsive? This service remains Good	**Good**
Is the service well-led? This service remains Good	**Good**

Brookfield

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.

This inspection took place on 28 September and was unannounced.

The inspection was carried out by one adult social care inspector. During the inspection we spoke with two people and observed interactions between staff and people who were not able to communicate verbally. Following the inspection, we spoke with two health and social care professionals who gave feedback on the service.

During the inspection we spoke with two members of staff, the deputy manager, the manager and a representative from the provider. We reviewed the care records for three people using the service and the recruitment records for three members of staff. We made observations on the interior and exterior of the premises.

Good

Is the service safe?

Our findings

People presented as relaxed and at ease in the presence of staff. We spoke with a health professional who spoke positively about safeguarding procedures being used within the service to protect people. One person told us that they felt safe at Brookfield and because staff were always available to help them when they needed it.

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable adults and were aware of the different types of abuse that could occur and how to report any concerns they may have.

Risk assessments were in place which clearly outlined what action staff should take to mitigate the risk of harm or injury occurring. Staff had received training in physical intervention, for which relevant risk assessments had been completed. Clear procedures were in place which showed the circumstances under which physical interventions should be used, outlining that this was a last resort. Accidents and incidents were being recorded and there were appropriate measures in place to keep people safe.

Staff acted to protect people from any distress. We spoke with a health professional who commented that staff had acted appropriately and "Brilliantly" to raise concerns and get help when they had noticed physical health issues with one person living at the service. Clear information had been kept in this person's care record and it was evident that relevant health professionals had been involved to keep this person safe.

Recruitment processes remained robust. New staff had been required to provide a minimum of two references, one of which was from their most recent employer. They had also been subject to a check by the Disclosure and Baring service (DBS) to ensure they were not barred from working with vulnerable groups of people. This helped the registered provider to make informed decisions about safe recruitment.

Staffing levels were sufficient to meet the needs of people using the service. We observed an appropriate number of staff in post throughout the inspection and rotas confirmed these levels were consistent.

People received their medicines as prescribed. We looked at a sample of medicines and found that the correct quantities were being stored which indicated these had been administered as required. We looked at Medication Administration Records (MARs) which were being signed by staff to show when medicines had been given.

Protocols were in place for those medicines that needed to be administered on an 'as and when required' basis. This meant that a consistent approach was taken.

Environmental checks had been carried out to ensure the home was safe for people. A fire risk assessment was in place and drills had been carried out with staff. Fire-fighting equipment had been serviced to ensure it was in good working order.

The service was clean throughout and staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. Staff used PPE to protect people from the risk and spread of infection.

Good

Is the service effective?

Our findings

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found that they were.

People were empowered to have choice and control as much as possible in their day-to-day lives. One person commented, " I ask them (staff) to do things for me. They know how I like things done and don't do things if I don't want them to."

Staff had completed training they needed to carry out their role. This included training in moving and handling, safeguarding, food hygiene and infection control. Specific training had also been provided around the use of physical intervention.

New staff had been required to undertake a period of working alongside experienced members of staff which helped them to understand how people preferred to receive support. The Care Certificate was also included in the induction process. The Care Certificate is a national qualification that new staff are required to complete.

People's nutritional needs were being met. A person told us that everyone was involved in planning a menu each week but that staff would make something different if they did not want what was planned. We saw records of weekly resident meetings where the menu for the next week was discussed and each person's preferences were recorded. Where people had specific needs in relation to the preparation of food this was clearly outlined in their care record.

Where required people had been referred to relevant health professionals, for example their GP, the community nurse or the Speech and Language team. Advice from these professionals had been incorporated into people's care records and was being used in the day-to-day management of their care.

Appropriate adaptations had been made to the service to meet people's needs. For example, one of the bathrooms had been adapted to meet the needs of a person using the service.

Good

Is the service caring?

Our findings

Positive relationships had developed between people and staff. One person told us that staff were very kind. They went on to explain "When I first came here they (staff) were welcoming. I was nervous to come here they reassured me." Throughout the inspection we overheard staff talking kindly and in a friendly manner.

Staff encouraged people to maintain relationships with their families and with the community. One person told us they could speak to or see their families whenever they wanted. During the inspection people had spent time out in the community and care records reflected that this occurred on a daily basis.

Staff were mindful of maintaining people's privacy and dignity. People had the option of spending time in their rooms or in communal areas as they preferred. Rooms could be locked to prevent other people from entering, however staff had keys so they could access these if needed.

People's confidentiality was protected. Personal information about people was stored in an office which was locked when not in use and information that was stored electronically was password protected to prevent unauthorised access.

The service had been decorated to reflect people's preferences. One person preferred had decorated their room with sporting memorabilia which reflected their interests and we saw that other people had decorated their rooms with their own personal items.

Good

Is the service responsive?

Our findings

A health professional made positive comments about the support staff gave to people. They told us how the registered manager and staff worked with health professionals and the person to find ways to reduce the persons anxiety and how this had benefited the person greatly and improved their health.

People's care records provided a clear outline to staff around how they should support people. These included important information about people's physical and mental health needs. Comprehensive information around the management of risk was in place along with an assessment of how this risk had been made manageable through introducing appropriate strategies.

People's care records were personalised and contained details of their likes, dislikes, personal preferences and preferred daily routines. Each person's care records included a list of "dos and do nots" which included ways of interacting with people without causing them to become distressed.

Action was taken to meet people's needs. In one example a person had told the registered manager that they wanted to meet new people and attempt to establish a romantic relationship. The registered manager and staff has supported the person to do this in a number of ways including using a dating website and arranged for staff to take the person to a night club where they could meet new people in a new setting. This showed a proactive response to meeting this person's needs.

The registered manager and the staff were aware of people's needs and reflected what was written in people's care records. This showed that staff were familiar with people and knew how to support them.

Information within people's care records had been reviewed to ensure it was kept up-to-date and accurate. People were supported to regularly engage in activities. During the inspection people came and went from the service to go to activities. Records also showed that activities such as going to church, horse riding, baking and swimming were some of the things people had participated in.

There was a complaints process in place for people and their families to access if they needed to. People confirmed that they knew how to make a complaint and would feel comfortable doing so. At the time of the inspection there had not been any complaints received from people using the service or their relatives.

Good

Is the service well-led?

Our findings

At the time of the inspection the service had a registered manager who had registered with us in April 2018. The registered manager had previously worked at the service, which helped to maintain consistency because they knew the residents well. We received positive feedback from staff and health professionals about the registered manager.

Audit systems were in place to monitor the quality of the service being provided. We saw these had completed regularly and any actions identified were completed in a timely manner.

The registered provider completed monitoring visits to the service. These visits looked at people care records, medicines, accidents and incidents and the environment to ensure that standards were being maintained in these areas. We followed up on the actions required following the most recent audit and found that appropriate action had been taken.

Staff meetings were taking place during which important information about the service was passed to staff.

The registered manager held weekly meetings with residents and regular meetings with relatives which enabled people and relatives to provide feedback about the service and to raise any concerns. We reviewed minutes of these meetings and saw that a parent had requested for more communication from the home. From communication records in their relatives file we saw that this had been acted on and regular calls were made to the family about their relative.

The registered provider is required by law to display the rating from their most recent inspection. During the inspection we observed that this was being done within the service and on their website. The registered provider is also required to notify the CQC of specific events that occur within the service. This was being done as required.