

## Brookfield Residential Care Home Limited

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### Inspection report

St Ann's Road  
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#### Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



#### Overall summary

This was an unannounced inspection which took place on 12 March 2015. We had previously carried out an inspection on 18 September 2013 when we found the service had complied with all the regulations we reviewed except supporting workers and staff training. We revisited the home on 25 March 2014 and found that Brookfield Residential Care Home Limited had complied with the requirement to improve in those areas.

Brookfield provides accommodation for up to fourteen people with mental health needs who require support with personal care. Fourteen people were living at Brookfield time of our visit.

The service had a manager who was registered with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The home was tired in appearance both inside and out and malodours were detected in communal toilets, and liquid hand wash and paper towels were not always available to use. Systems for assessing and monitoring the service would benefit from being improved.

You can see what action we asked the provider to take at the back of the full version of this report.

All the people we spoke with who used the service told us they felt safe in Brookfield. Staff had received training in safeguarding vulnerable adults and children's procedures. They were able to tell us what action they would need to take if they had any concerns about the care people received in Brookfield. The staff we spoke with were confident any concerns they might raise with the registered manager would be taken seriously and acted upon.

Recruitment processes in the service were not sufficiently robust to ensure the protection of people from the risks of unsuitable staff being recruited. We found staffing levels were appropriate to meet the needs of people who used the service.

There were appropriate systems in place for the administration of medicines.

Staff told us they enjoyed working at Brookfield and considered they received the training and support they needed to safely carry out their role. Training records showed that staff had received the basic training they needed.

The registered manager demonstrated their knowledge about the process to follow should it be necessary to place any restrictions on a person who used the service in their best interests. At the time of our inspection we were told that there were no restrictions to people's liberty.

People who used the service told us they enjoyed the food that was available and we saw that they were offered food and drink frequently throughout the day.

All the people we spoke with gave positive feedback about the staff in Brookfield. During the inspection we observed frequent and friendly interactions between staff and people who used the service. The atmosphere at the home was calm and relaxed.

People were supported to maintain their independence and the majority of people were involved in activities that met with their personal preferences.

All the people we spoke with told us the registered manager of the service was very approachable and would always listen and respond if any concerns were raised.

# Summary of findings

## 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 not safe.

Evidence to support that all staff had been safely recruited was not available.

Malodours were detected in communal toilets and liquid hand wash and paper towels were not always available for people to use.

Requires improvement



### Is the service effective?

The service was effective.

Staff knew people well and had received the training and support they required to deliver effective and safe care. Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to help ensure that people were not subject to restrictions which had not been legally authorised.

People told us they enjoyed the food they received.

Good



### Is the service caring?

The service was caring.

People appeared well dressed and cared for.

People who used the service gave positive feedback about the attitude and approach of staff. This was confirmed by the interactions we observed between people who used the service and staff during our inspection.

Good



### Is the service responsive?

The service was responsive.

Most people were able to take part in activities every day and maintained contact with relatives and friends.

All the people we spoke with told us they would feel confident to raise any complaints or worries they had with the registered manager and their concerns would be acted upon.

Good



### Is the service well-led?

The service was not well-led.

Quality assurance systems were not always in place to help support the manager monitor the service. Policies and procedures needed to be updated to reflect current standards and legislation.

The home had a manager who was registered with the Care Quality Commission and was qualified to undertake the role.

Requires improvement



# Summary of findings

People we spoke with told us the registered manager was always approachable and supportive.

# Brookfield Residential Care Home Limited

## 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.

Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and commissioning teams and no concerns were raised by them about the care and support people received from Brookfield Residential Care Home. Some concerns were received from a placing local authority in relation to a quality assurance check that they had carried out.

We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. However we had not received a response to our request. The registered manager told us they had not received a request to complete the PIR and we are looking into why this was the case.

The inspection took place on 12 March 2015, was unannounced and involved one adult social care inspector. During the inspection we spoke with 4 people who used the service and a visiting community psychiatric nurse (CPN). We also spoke with the registered manager and two support staff. We looked at a range of records relating to how the service was managed; these included staff files, training records, the registered manager's quality assurance systems and some policies and procedures.

# Is the service safe?

## Our findings

The kitchen was seen to be clean and tidy. Records of fridge and freezer temperatures were kept to ensure that food was being stored correctly. A temperature probe was used to check that meat was cooked thoroughly to an appropriate temperature. There was a cleaning schedule for the kitchen in place. We noted that new equipment had recently been purchased for the kitchen, for example a new cooker and dishwasher.

We looked around the home. We saw that the home was tired in appearance both on the inside, particularly the communal areas and one bedroom, as well as the outside of the home which needed painting to prevent further damage to the wooden window frames and improve the overall appearance of the home. We were told by the registered manager that two bedrooms had recently been decorated. There were no plans in place to carry out any improvements to the home.

Colour coded mops and buckets were used to ensure that, for example, mops used in the toilet and bathroom areas were not used in the kitchen. Malodours were detected in the communal toilets and bathrooms although they were seen to be visually clean. Paper towels and liquid hand wash were not always available in all communal toilets and bathrooms. Two toilet seats were seen to be broken and in need of repair or replacement.

This was a breach of Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2014 premises and equipment should be clean and properly maintained.

There was a quiet and relaxed atmosphere at the home. The registered manager was visible throughout our visit spending time talking with people who used the service. People we spoke with told us they felt safe. One person said I feel safe and if I didn't I would speak to the registered manager or my keyworker. Another person said "I feel safe. There is no bullying and it is better that there are no women here." "I love it because it is so quiet. Just the opposite to the hospital. No-one is kicking off!"

The home had an internal safeguarding policy and procedure and had a copy of the local authority policy and reporting procedures on the home's computer. The staff team training matrix showed that all staff had undertaken both safeguarding adults and safeguarding children training.

The two staff members we spoke with were able to tell us what action they would take if they had any concerns about a person who used the service. They told us they were confident they would be listened to by the registered manager if they were to raise any concerns. They were also aware of what action they must take in reporting poor practice on the part of a colleague, also known as whistleblowing. They told us they were aware they could approach the local authority adult care services and CQC should they feel that appropriate action had not been taken by the registered manager or the registered provider. They told us they had no concerns about the home.

Staff we spoke with told us they felt safe and comfortable to work at the home alone. The registered manager was always on call if they needed advice or support or they could ring another member of the staff team if necessary.

People who used the service were happy with the security arrangements at the home. They said they were asked to let staff know when they were going out and when they came back in. People told us that the main gates to the home were locked during the night.

On the people's records we saw there was an environmental risk assessment to help identify areas where people might be at risk around the property. We noted that one person had recently broken a bone which was in plaster following a fall at the home. We had not been formally notified about this injury which is a legal requirement on the part of the home.

People who used the service who we spoke with told us that they thought there were enough staff on duty to support them. From our observations there were sufficient staff on duty throughout the day to meet people's needs. The registered manager told us that the home was fully staffed and there were no vacancies. Outside agency staff were not used by the home so people who lived there received consistent care from a staff team who knew them well.

We looked at the recruitment and selection procedures for three members of staff who worked at the home. We saw that systems were in place which met the requirements of the current regulations which included a criminal record check. However we found on one file that there was not a clear audit trail in relation to the person's employment history, start date and their criminal record check details could not be immediately located. This information must

## Is the service safe?

be available as it provides information to show that staff who work at the home are suitable to support and cared for vulnerable people. Recruitment information would also benefit from being better organised.

People told us that they always received their medicines on time and they never ran out of medicines. On the day of our inspection visit a pharmacist was at Brookfield setting up a new medication system for the home.

We saw that medicines were stored securely in the office. We were told by the registered manager that all staff were trained to administer medicines. Medicines were supplied to the home in a monitored dosage system (MDS). We noted the medication administration sheets (MARs) contained a photograph of the person for whom the medicines were prescribed; this should help ensure medicines were given to the right person.

There were no controlled drugs being used by the home. We were told that no-one who used the service was being given PRN (or as required) medication to help manage behaviours. We were also told that no-one was being given their medication covertly which means without their knowledge and consent.

Some people were taking an 'off label' medicines prescribed by their doctor. Systems were in place to ensure that people had a monthly blood test to check that there were no adverse effects to people's health.

Three people were self-medicating. We saw that there was a system in place for staff to carry out random risk assessment checks to ensure that medication was being stored safely and being taken as prescribed.

We saw that people were given their medicines in private and water was offered to people to help them swallow their medicines.

# Is the service effective?

## Our findings

The people who used the service we spoke with were confident that the staff knew what they were doing. One person said “Of course they do!”

The staff we spoke with told us they had received all the necessary training they needed to support people who used the service effectively and to keep them safe. We saw on staff records that there was an induction training sheet. A staff member told us that when they started they had read the home’s policies and procedures and spent time observing what was happening and shadowing experienced staff until they were confident to work alone and unsupervised. Staff records that we saw did not demonstrate that staff had received recent formal supervision. Staff told us they were able to approach the registered manager at any time should they have any problems or concerns.

The staff team training record, which did not include the registered manager, showed that staff had received training in first aid, moving and handling, health and safety, medication, infection control, food hygiene, safeguarding children and vulnerable adults and mental health awareness.

Staff we spoke with told us that it was important that there was a consistent staff approach. One staff member said “It’s all about building trust with people.” Another said “We know people well and understand triggers and can quickly recognise changes in a person’s behaviours.” And “We work well together as a team.” A community psychiatric nurse told us they thought that the consistency of staffing was one of the reasons why the four people they were monitoring were doing well.

Staff training records that we saw showed that the care staff team had completed a training course in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DOLS). This legislation is intended to ensure people receive the support they need to make their own decisions wherever possible.

We were told that everyone currently living at the home had the capacity to make their own decisions about their

lives. Staff we spoke with were aware that they needed to keep people’s capacity under review for example if a person’s needs changed due to their physical or mental health. They were also aware that people’s capacity could fluctuate.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DOLS) and to report on what we find. This legislation is in place to ensure people’s rights are protected. No-one living at the home at the time of our visit was being unlawfully deprived of their liberty.

We saw that people had access to the kitchen at all times to make drinks and where people were unable to do so for themselves staff made drinks for them. We saw that there was plenty of food available for people to eat. There was a set menu in place but people told us if they did not like what was on the menu then they could have something else. One person said I don’t like lamb chops so I have pork instead. I can always have something else.” Another person said “The food’s alright. You get loads. I don’t like fish so I have something else.” Another person who had recently moved into the home said “I am getting more food now.” Meals were provided which met religious and cultural needs.

We saw evidence which confirmed that people’s nutrition was risk assessed and weights were monitored when necessary.

People told us they had access to the health care professionals they needed. An optician came into the home on a regular basis to check people’s eyesight. People had access to mental health care professionals as needed. People were supported by staff to attend health appointments as appropriate.

We were made aware that some people who had lived at the home for a long time had moved on to other settings where their physical and age related needs such as dementia and Parkinson’s disease could be better met. Other people who had also suffered from physical health needs for example a stroke and hip replacements had been supported back to better health by the staff team.



# Is the service caring?

## Our findings

During our inspection we observed the atmosphere in the service was relaxed and friendly. One person who we spoke with who had previous experience of living in a care home and hospitals said, "I love it here because it is so quiet." And "Everything in my life has improved since I have been here. I am well and I have regained the trust of my family. I have no worries or concerns." Another person who was new to the service said, "Everything is better [than the last home they lived at] about being here."

The community psychiatric nurse told us they thought the home was always calm and that the staff were always welcoming and that they, "Really liked the home."

None of the people who we spoke with raised any complaints about the staff. We observed that there was a good rapport between people who used the service and the staff supporting them. From discussions with staff and from what we observed staff demonstrated that they knew the people they were supporting well.

We were assured by people who used the service that they were treated well. We saw in records that people who lived

at the home were able to choose the staff member they would like to be their keyworker. People knew who their keyworker was and knew they could speak to them if they had any worries or concerns. One person said "There is always staff around to help you. I have no worries or concerns."

On the day of our visit everyone we saw that people looked well dressed and cared for. We saw that people were able to come and go as they pleased. We saw that before staff entered people's bedrooms they always knocked and checked with the person that it was alright for them to enter their room and post was given to them unopened.

People were encouraged to be as independent as possible. People told us they were involved in keeping their bedrooms clean and tidy and took responsibility for changing their bedding and washing their clothes. Some people did additional jobs around the home. One person told us that they enjoyed going shopping for the home and local errands. They also made drinks for people who could not do so themselves. They said "I like to help other people."

# Is the service responsive?

## Our findings

The registered manager told us that an assessment was always carried out by them prior to a person moving into the home to ensure they could safely and effectively meet the person's needs in the context of the existing group of people.

We spoke with two people who had moved into the home recently. They told us that they had visited the home before they had moved in to see if they liked it. They said they had stopped for meals and had the opportunity to meet people. One person who used the service told us "I came for meals and had time to think about it." Another said "They made me feel very welcome."

We looked at three care plans and found them to give basic information about people and how they were to be supported. One person we spoke with told us they had been involved in talking with their keyworker about their care plan but they were "Not really interested in it." Some care records we saw were in need of review.

People we spoke with told us support was available when they needed it. We saw throughout the day that staff were available in the lounge and dining areas to support and chat with people. We saw a person ask for support to purchase new clothes and this was arranged.

We talked with people about activities they were involved in. We were told that there were very few activities provided by the home and most people who lived at Brookfield lived independent lifestyles or had interests that did not need the support of staff.

One person said "I can please myself what I do. I like to watch the news and current affairs on television. I do not want to do activities" Another person said "I like to go out for a walk and I have my bus pass that I use." One person attended yoga sessions at a local group and another visited a local café every day. Other people enjoyed music and watching DVD's.

A visiting professional said "There is no great emphasis on activities here but it works well for the people I monitor." This was because people had stayed well and made progress. However ways to occupy the small number of people who were limited in their ability and motivation to pursue personal interests independently should be considered.

People we spoke with told us they had no complaints. They knew they were able to speak to the registered manager if they had any worries or concerns. The registered manager told us there had been no formal complaints received about the home since our last inspection visit.

# Is the service well-led?

## Our findings

A comprehensive set of policies were available for staff to use. However it was noted that although most had been reviewed regularly they did not reflect current standards and legislation and would benefit from updating. The registered manager had no administrative support and limited computer experience.

A quality assurance survey had not been undertaken since in August 2013. Quality assurance surveys can be a useful way to get feedback from people who use the service, their relatives where possible and community based professionals on areas they feel the service does well and areas that might require improvement. There were no other meaningful audits available.

These matters were a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance to assess, monitor and improve the service and maintain complete records about people who use the service and staff.

The service had a manager in place who had recently registered with the Care Quality Commission (CQC) as required under the conditions of the service provider's registration.

The people who used the service and staff spoke very highly of the registered manager. They said that the registered manager was always approachable and supportive. The staff who we spoke with told us that they considered the home to be well led and they had confidence in the manager. Staff told us that they enjoyed working at the home. It was clear from discussion with the registered manager that they knew people who lived at the home very well and knew what action to take if people's needs and behaviours changed.

Prior to our visit we contacted the local authority safeguarding and commissioning teams and no concerns were raised by them about the care and support people received from Brookfield Residential Care Home. Because of the home's location it provided accommodation to people from five local authorities. There were no issues identified from four but an outstanding action plan was in place for one though some of the issues had been addressed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

**The provider must ensure that the property is properly maintained.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Improvements are needed to systems to assess, monitor and improve the service.**