

St Helens Council

# Brookfield Support Centre

## 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 the 10 May 2016.

At the time of the inspection the service was providing support to 17 people. The service offers temporary care and support to people for a period of up to six weeks. Assistance is offered to people who require an assessment of their future care needs, or who require therapy support to improve their confidence and levels of independence with day to day tasks.

There was a registered manager in post within the service. 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.

Staff had completed training in a number of areas including safeguarding, manual handling and infection control. However staff had not completed training in the Mental Capacity Act 2005 (MCA), which the registered provider was working to rectify. Despite this, people's rights and personal wishes were respected in line with the MCA.

New staff were supported through a programme of induction. They were required to complete training and to familiarise themselves with the registered provider's policies and procedures. This helped ensure that new starters had the necessary skills and knowledge to carry out their role effectively.

People were protected from the risk of abuse. Staff had a good understanding of the different kinds of abuse that could occur and how to report their concerns. The registered provider had an up-to-date safeguarding policy in place which was accessible to staff, and staff were also familiar with the whistle blowing policy.

Recruitment processes were robust and ensured that staff were suitable to work within the service. Prospective staff were required to complete an application form, outlining their previous experience and qualifications, and also went through an interview process. New staff were subject to a check by the disclosure and barring service (DBS). The DBS carry out checks to ensure staff are suitable to work with vulnerable people.

Staff received supervision on a regular basis which enabled them to discuss development opportunities and any training needs. They also allowed the registered manager to discuss any performance related issues. This helped ensure that any performance or development needs were addressed.

People were supported to take their medication as prescribed. Staff appropriately completed the medication administration record when medication was given to people. People's medicines were securely stored in their own rooms in locked cabinets. These were accessed by staff who had received appropriate training in the administration and management of medicines.

People's care records were personalised and contained relevant information around their likes, dislikes and any preferences. People also had an individualised therapy plan which was updated to reflect any changes or developments in their abilities. This helped ensure that staff had access to up-to-date information on people's needs.

People were provided with appropriate dietary options. Their care records contained information around their dietary needs and kitchen staff kept a record of people with special dietary requirements. During meal times people received appropriate levels of support from staff. People made positive comments about the quality of the food available.

People told us that they would feel confident in being able to make a complaint. The registered provider had an up-to-date complaints policy in place, which was on display at the entrance to the building. People also received a copy of the complaints procedure on admission into the service.

People and staff spoke positively about the service and the management team. People told us that the registered manager was approachable and they felt confident in approaching her with any issues. The registered provider carried out audits of the service to ensure the quality of the service was maintained. These focussed on areas such as medication, care records, and people's experiences.

The registered provider had sought feedback from people on their experiences of using the service. People had provided positive feedback about the standard of the service they had received. The staff and management teams had also received a number of 'thankyou' cards from people and their relatives.

## 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.

There were robust recruitment processes in place to ensure that staff were suitable to work with vulnerable people.

Staff had received training around safeguarding vulnerable people and knew how to report their concerns.

People were supported to take their medication as prescribed, by staff who were appropriately trained.

### Is the service effective?

Good ●

The service was effective.

Staff had been supported to access training necessary for their role, and the registered provider was working towards staff completing training in the Mental Capacity Act 2005.

People were provided with appropriate food options, and told us that they enjoyed the food available.

### Is the service caring?

Good ●

The service was caring.

People appeared comfortable and relaxed, and a good rapport had developed between people and staff.

People told us that they were treated with dignity and respect, and staff gave appropriate examples of how they would maintain people's privacy and dignity.

People's confidentiality was protected. Records containing personal information was appropriately stored in secure offices.

### Is the service responsive?

Good ●

The service was responsive.

Staff had access to people's care records which contained

personalised information about their likes, dislikes and preferences.

People's care records were reviewed on a regular basis to ensure that they remained up-to-date and reflected people's current care needs.

People were aware of the complaints process and how to raise any concerns they may have.

**Is the service well-led?**

**Good** ●

The service was well-led.

People and staff told us that the registered manager was approachable and supportive.

The registered provider had sought feedback from people about their experiences, which enabled them to identify areas of improvement.

The registered provider had completed quality audits, to monitor and assess the quality of the service being provided. Action was taken to address any issues identified.

# Brookfield Support Centre

## **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 10 May and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection we contacted the local authority quality monitoring and safeguarding team who did not raise any concerns. Before the inspection, 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.

During the inspection we looked at the care records for four people and spoke with five people using the service. We also spoke with two relatives, and six members of staff including the registered manager. We looked at the recruitment records for four members of staff and records relating to the management of the service.

During the inspection we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People using the service told us that they felt safe, and that they were well looked after. Their comments included, "Yes I feel safe" and "I do feel safe here". People's relatives also commented positively on the wellbeing of their relatives. One relative commented; "There's no doubt that [name] is safe here". We also spoke with one visiting professional who did not raise any concerns about people's safety.

People told us that there were enough staff to support them. Their comments included, "There are enough staff here. I don't wait long for them if I need help" and "Yes there are enough staff here". We looked at rotas which showed that staffing levels were consistent, and spoke with staff who told us that they had enough time to spend with people. Throughout the inspection we saw examples of staff spending time talking with people.

The registered provider had a robust recruitment process in place to ensure people's safety was maintained. New staff had been required to complete an application form which provided details of their previous employment and qualifications. In addition to this they attended an interview, during which the registered manager used a scoring system to determine their eligibility for the role. New staff had also been subject to a check by the disclosure and barring service (DBS). The DBS carries out checks on new staff to ensure that they are suitable to work with vulnerable people. This helps employers determine whether people are suitable for the role.

People were protected from the risk of abuse. Staff had completed safeguarding training and were aware of the different kinds of abuse that may occur and how to report any concerns they may have. Their comments included, "I would report any concerns to my manager or the safeguarding team" and "We can whistleblow if there's any concerns". Whistleblowing is where staff can raise their concerns inside or outside of the organisation without fear of reprisals. The registered provider had a whistleblowing policy, and an up-to-date safeguarding policy, both of which were accessible to staff.

The registered manager kept a record of accidents and incidents that had occurred. These included details incidents that occurred, the cause and the action taken to ensure the person's safety and wellbeing. There were appropriate examples where people had been supported to access relevant health care professionals following an accident. People's care records were updated in response to accidents or incidents to ensure that the care being provided was up-to-date and met people's needs.

The registered provider carried out checks on the environment to ensure that it was safe for people. Checks had been completed on hoists and slings to confirm that they were in working order. Other electrical equipment had also been checked to ensure that they were safe. The registered provider completed monthly inspections on water outlets to ensure that they were clean, and to prevent the risk of infection. Water temperatures were monitored to ensure that they were not too hot, or too cold to prevent people from scalding themselves.

Personal protective equipment (PPE) was available for staff to use when attending to people's personal care

needs. During meal times, or when accessing areas such as the kitchen or laundry we observed staff wearing PPE. This helped minimise the risk and spread of infection.

During the inspection there were extensive refurbishment works being carried out to the premises. Measures were in place to minimise the disruption to people using the service, and to prevent any accidents. Areas where work was being carried out were shut off to prevent access from unauthorised individuals. People told us that they felt the work was being managed appropriately, and that they did not feel unsafe or uncomfortable because of this. One person commented, "The works have not been disruptive at all".

People were supported to take their medication as prescribed. People's medicines were kept in their own room in a locked box, which were accessible by staff with appropriate training in the safe administration of medication. Controlled drugs were kept in a locked cabinet in a secure room, and those medicines which needed to be kept cool were stored in a designated fridge, to prevent them from losing their efficacy. Staff completed medication administration records (MAR), to confirm when medication had been given. We looked at a selection of these and saw that they had been signed appropriately.



## Is the service effective?

### Our findings

People told us that staff were skilled and that they were good at their job. Their comments included, "Staff seemed skilled at what they do" and "They're so helpful. They're great at their job". One person's relative also commented, "They're really helped [name] to improve with their walking".

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 so that they can 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 are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection there was nobody subject to DoLS, however the registered provider had an up-to-date policy and procedure in place, and the registered manager was aware of situations where these would be required.

Training records indicated that staff had not completed training around the MCA. We raised this with the registered manager who informed us that they were arranging for this to be completed. Staff were not always clear on their roles and responsibilities with regards to the MCA, however we observed examples where staff offered people choice, and gave them control over how their support was delivered. People told us that they chose their own clothing in the morning, and we observed staff offering choice of drinks during meal times, rather than making choices on people's behalf. Care records also indicated that staff had asked for people's consent prior to engaging in activity with them. One person commented; "I've been involved in discussions about the future, and I've decided I'd like to go home, which staff here have respected".

Records indicated that staff had completed training in areas such as safeguarding, manual handling, infection control and the administration of medication. There was a two week induction period in place for new members of staff, during which they were required to shadow experienced members of staff, and complete training in areas such as those outlined about. New staff were also required to familiarise themselves with the registered provider's policies and procedures.

Records indicated that staff received supervision on a regular basis. Supervision enabled staff to discuss any development opportunities or concerns they may have. Staff received appraisals on an annual basis which allowed goals to be set for the year ahead. Team meetings were held during which information was shared around any updates or developments to the service. Weekly multidisciplinary team meetings also took place during which professionals met to discuss people's future care needs. This meant that relevant professionals remained up to date with people's needs and could provide the appropriate support.

Care records contained information about any special dietary requirements people may have, for example if they needed a diabetic diet. We spoke to kitchen staff who kept a list of people who required special diets,

so that they could ensure that appropriate options were provided. This also meant that if kitchen staff were absent, there was a written record that replacement staff could use to access this information.

People told us that they enjoyed the food that was available. Their comments included, "The food is gorgeous. You get a taste of the different options available", "The food is very good. You're spoilt for choice" and "The food is very nice and there's very good choice". During meal times people were able to choose where they would like to eat their meal. Some people chose to sit in the lounge whilst watching TV, whilst others chose to sit in the dining area around the table. Meals were well presented, and staff were attentive and ensured that people received the support they required.

People were supported to access support from relevant health and social care professionals where required. Care records contained details of visits by health professionals in response to concerns. Where more serious issues arose around people's health and wellbeing, there were examples where paramedics had been contacted appropriately by staff.

## Is the service caring?

### Our findings

People spoke positively about staff and the support that they provided. Their comments included, "The carers are always here for me", "The carers are like my own daughters. They're great" and "The staff are helpful. Just as you'd expect". Staff conducted themselves in a professional manner and spoke in a kind and caring way towards people. We saw examples where staff and people were laughing and joking together which indicated that good relationships had developed between them. One person told us; "I have a good rapport with staff, and we can have a laugh and a joke. This helps me stay positive".

Staff had a good knowledge of the people they were supporting, and had a good understanding of their life histories and what was important to them. Staff spoke fondly about people and were aware of people's individual objectives, strengths and limitations. One staff member commented, "We try to get people to participate in their care as much as possible, but when people struggle we obviously offer our support". This helped ensure that people remained at the centre of the support being provided.

People told us that staff were respectful towards them. One person commented, "I've never had to have anyone help with my personal care before. They cover me up and respect my dignity at all times. I never feel embarrassed because they talk to me, which makes me feel normal". Staff gave appropriate examples of how they would ensure people's privacy and dignity would be maintained, for example by ensuring that curtains and doors remained closed. One staff member commented; "I always explain to people what I'm doing if I'm giving support. People need to be involved. It's their care after all".

People's relatives told us that they were made to feel welcome when they visited the service. One person's relative told us, "I'm made to feel welcome here. The staff are excellent". There was a relaxed atmosphere throughout the service, and we saw examples where people were sat having a drink and a chat with visitors. People told us that they felt comfortable and at ease within the service, their comments included, "I am very comfortable here", "It's wonderful here" and "It's homely and comfortable".

We saw that staff had access to information about advocacy which they could provide to people who used the service. Audit records contained information which evidenced that advocates had previously been used for one person with sensory loss. Advocates are able to offer independent support to people, to help ascertain their wishes and feelings and to ensure that these are taken into account by the registered provider. The registered manager was aware of those situations where support from an advocate would be appropriate.

Care records contained the relevant paperwork for those people who did not want to be resuscitated in the event of their death. This information was placed prominently at the front of the care record so that staff could easily access this information if they needed to. We spoke with staff who were aware of those people who did not wish to be resuscitated.

People's confidentiality was maintained. Records containing personal details were stored securely in offices on each of the different units.

## Is the service responsive?

### Our findings

People told us that they received care and support that was well suited to their needs. One person commented, "Staff don't overload you with support. They provide just the right amount". During meal times for example, we observed that staff were on hand to offer support where people were struggling, however they gave people space to be as independent as possible.

People's care records were personalised and contained relevant and up-to-date information around their care and support needs. Referrals to the service included details of the person being referred, such as their ability to consent to the referral, their physical and mental health needs, and the objectives that the person hoped to achieve by coming to the service. The management team used this information to determine whether they needed to meet with the person to carry out a more in depth assessment, which would then be used to decide whether the service was able to meet the person's needs.

On admission into the service care records were developed which outlined people's care and support needs in more depth. These informed staff of the level of support they were required to provide to people. Information around people's preferences was also included, for example one person's care record stated, "[Name] likes to sleep with the bedroom door and curtains open", whilst another stated, "[Name] would like to be supported by female carers". This enabled staff to deliver care that was in line with people's preferences.

Therapy based support was provided to people who required help with regaining their confidence or improving their levels of independence. An initial assessment was completed by a physiotherapist or occupational therapist, who then developed a therapy plan. 'Reablement assistants' offered support to people on a regular basis with completing this plan. Details around people's progression, or changes to the plan were recorded to help chart people's progress. This information was used to help people to make a decision around their future care needs. For example one person told us, "I've been involved in deciding what to do next. I want to go home".

Care records were frequently reviewed to ensure that they contained up-to-date information, and that they reflected any changes or developments to people's care needs. Daily notes contained information about people's day-to-day wellbeing and the support that had been provided to them. A record of professional visits was also maintained, which outlined the outcome of their visit so that this information was available for staff to view. At the beginning and end of each shift a handover was completed, which meant that staff were kept up-to-date with any changes or issues that had arisen from the previous shift.

People told us that they did not feel socially isolated or lonely, and that they had the freedom to socialise with other people or spend time alone. Their comments included, "I enjoy spending time watching television in the lounge", "I enjoy my own company so I like to sit in my room", "One of the staff took me out to the shop before". We also saw that one person enjoyed going to the local pub in the evenings, which had become part of their daily routine. There was an activities rota on the wall at the entrance to the service which set out the activities for the week ahead. These included games such as dominos, arm chair exercises

and a pampering session.

People told us that they knew how to make a complaint if they needed to. One person commented, "I'd go to the manager with any issues". The complaints process was on display at the entrance to the building, and a copy was also provided in the service user guide that was given to people on transferring into the service. The registered manager confirmed that they had not received any complaints, however they had received a number of thankyou cards. Some of the comments read, "Thanks very much for making my placement so great" and "Thank you for looking after [Name]. We cannot praise you enough".

## Is the service well-led?

### Our findings

The service had a manager who was registered with the CQC. People and their relatives told us that they knew who the registered manager was. One person commented; "Yes I know the registered manager. She seems very approachable". Staff also commented that they found the registered manager to be approachable and supportive, their comments included, "I have confidence in the manager and find her to be supportive" and "Yes the manager is approachable".

There was a positive culture throughout the service. People and their relatives spoke very highly of the support that was being provided, their comments included, "This place is alright. I've enjoyed being here", "It's very good here", "I can't complain at all. It's very nice here" and "It's excellent. Absolutely wonderful". Staff also made positive comments about the service and told us that they enjoyed their work. Their comments included, "It's lovely working here. I get plenty of time to spend with people" and "This is a good service. I enjoy working here".

The registered provider's vision and values promoted people's dignity and the development of their independence. Staff had a good understanding of these values and worked to promote them in their work. One member of staff commented, "It's good to see people's confidence and abilities improving. It's really nice to see people supported back into their own homes. This service is really successful". One person's relative also commented, "They're really helped [name] to improve with their walking". One person told us that they felt anxious about their return home, but they had been given reassurance from staff, "I'm a bit anxious, but they've worked hard here. They've told me I'm going to be ok".

There were systems in place for monitoring the quality of the service provided. Audits were completed by both the registered manager and the registered provider on a regular basis. Care records were audited following people's discharge from the service. Any issues identified were drawn to the attention of the responsible member of staff who was required to rectify the issue. A recent medication audit had also been completed which had identified some minor actions, which had been followed up at the time of our inspection. The registered provider completed three monthly quality checks which used the CQC's key lines of enquiry as a basis for their audit. These had identified areas of good practice. These systems ensured that the quality of the service was maintained.

The registered provider sought feedback of people's experiences on their discharge from the service. This feedback had been analysed, which allowed the registered provider to identify areas that they need to improve on. The feedback showed that people's experiences had been positive. Comments included, "Very pleasant staff. So lovely", "Best place ever" and "Everything is good. The food is excellent". People also commented that they felt able to approach the registered manager or a member of the staff team to raise any immediate concerns.

The registered provider is required by law to notify the CQC of certain incidents that occur within the service. We found one example where the registered provider had neglected to do this, however following the inspection this was rectified. We spoke with the registered manager about this and suggested that they

refresh their knowledge of the guidance to providers on sending notifications.

The registered provider's policies and procedures were up-to-date and accessible to staff. These included policies around whistleblowing, mental capacity and safeguarding. This meant that staff had access to the information they needed to carry out their role.