

Brookdale Care Home Limited

Brookdale Care Home

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

About the service

Brookdale Care Home is a residential care home providing personal care and support to up to 58 people. The home comprises of the main house and a specialist dementia unit. At the time of the inspection there were 48 people living at the home.

People's experience of using this service and what we found

People and their relatives told us staff were kind, caring and respectful. People said they were cared for in a way they wanted and needed. We observed warm and friendly interaction from staff with people and their visitors.

A range of activities and opportunities were made available to promote people's independence and choice, in and away from the home. The home's coffee shop provided a welcoming space for people and their visitors to enjoy their time together, as well as enabling people to develop friendships with each other.

Management systems provided clear monitoring and oversight of the service. Plans were in place to help identify areas of continuous improvement and learning.

People were involved in the assessment and planning of their care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received their medicines as prescribed. Immediate action was taken to address the shortfalls identified during the inspection.

People's dietary needs were met. Kitchen staff were aware of people's dietary needs and provided balanced and nutritious meals. Advice and support was sought from healthcare professionals where risks to people's health and well-being had been identified.

Safe recruitment processes were in place. Staffing levels were regularly reviewed to ensure these met the current and changing needs of people. A range of training and development opportunities were provided to support staff. Staff said they were supported in their role and the team worked well together.

A good standard of accommodation was provided. Hygiene standards were maintained throughout the home. Suitable aids and adaptations were available to aid people's mobility and promote their safety. Servicing and maintenance checks were carried out to ensure the premises and equipment were kept safe.

Effective systems were in place for the recording and reporting of any safeguarding concerns and complaints. People, their relatives and staff were confident their views were listened and responded to.

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

Rating at last inspection

The last rating for the service under the previous provider was Good, published on [20 February 2019].

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

Brookdale 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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team comprised of 2 inspectors and an Expert by Experience. 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

Brookdale 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. Brookdale 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and the relatives of 7 people. We also spoke with 10 members of staff including the registered manager, care, and ancillary staff plus a visiting dietician.

During the inspection visit we looked at the management of people's medicines and reviewed 2 care plans. We also looked at areas of health and safety, staff recruitment and management systems. Additional evidence, sent to us electronically, was reviewed remotely.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help safeguard people from abuse and avoidable harm.
- Records showed that training in adult protection had been completed by staff. Staff knew who to report any concerns to and were confident these would be acted upon.
- People and their family felt they were safe living at Brookdale. We were told, "It gives me peace of mind that [relative] is here and is being looked after very well" and "I do feel very safe here and I know the staff well and they know me."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were kept safe. Guidance was detailed within electronic records to help mitigate identified risks.
- People's records were regularly reviewed and updated, particularly when needs changed.
- On 1 record we identified the use of moving and handling equipment was not clear and for 2 people the correct setting for the pressure mattress was not recorded. Immediate action was taken to address this.
- Servicing and maintenance checks were completed. Any actions required to ensure the safety of equipment and the premises had been addressed.
- Aids and adaptations were provided throughout to help keep people safe. Additional 'dementia friendly' signage was to be displayed to help orientate people as well as promote independence.

Staffing and recruitment

- Safe recruitment processes were in place.
- Relevant information and checks, including Disclosure and Barring Service (DBS) and Right to Work checks, were carried out prior to new staff commencing ensuring their suitability and eligibility for work.
- Sufficient numbers of staff were available. These were regularly reviewed by managers to ensure people current and changing needs were met.
- Staff were visible and responded to people's requests for assistance in a timely way. People and family spoke with told us, "The staff are amazing they are really friendly and patient with [relative] and they are really nice with us also, very approachable" and, "The staff are very helpful and treat us very well. They are so friendly and caring."

Using medicines safely

- People were supported to receive their medicines safely.
- Medicines administered records were fully completed. We found some records could be improved, including PRN (when required medicines) protocols and stock quantities. Immediate action was taken to

address this.

- Systems were in place to check staff were competent in the management of people's medicines. This included observations of practice, training, and audits. Any areas of improvement were addressed with staff.
- People we spoke with said they took medication on a regular basis, which was given to them by the care staff. One person's relative said, "Staff give [relative] all the medication, they manage it, so I have no worries about them now."

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe prevention and control practices.
- People were able to receive visitors without restrictions in line with best practice guidance.
- Good hygiene standards were maintained. We found the home was clean throughout, with no malodours. One person told us "It's always clean and tidy."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Staff knew how to report any incident and accidents. Records were completed and post falls checklist was completed to monitor people over the next 24 hours.
- All incidents were monitored and reviewed by managers. This helped to identify any themes or patterns. Any learning was shared with staff through handovers and team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- People's needs were assessed; care and support were delivered in line with current standards to achieve effective outcomes.
- An initial assessment was completed. Information gathered was used to inform people's care and support plans. Where appropriate, other professionals and family were involved in the assessment process.
- Staff told us they had enough information about to guide them in the support people wanted and needed.
- One person who had recently moved into the home told us, "The staff are good, and I am getting to know them now, they are lovely. Some of them are really nice they will do anything for you."

Staff support: induction, training, skills, and experience

- Staff were supported to develop the knowledge, skills and experience need to deliver effective care and support.
- Staff said training relevant to their roles was provided. This was a mixture of face to face and online training. People we spoke with felt staff were well trained. One person said, "The staff are well trained; I feel comfortable them."
- Staff said they felt well supported by their colleagues and management team. One staff member said, "The staff are very good. We work together and support each other, for example if something's not done we help each other out, it's not a blame game."
- Staff said there were regular team and 121 meetings, where they were able to raise any ideas or concerns. Staff told us, "Staff meetings are more about how staff are doing, not about residents; how we're working together, and any areas to change" and "We discuss areas for improvements. Staff can voice what they want to say if they want to."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- We spoke with the dietician who regularly visited the service. We were told staff acted on guidance provided, which was reflected in people's care plans. Positive improvements had been seen in people's nutritional intake and weight.
- We observed the lunch and teatime period. This was well organised, with staff prompting and supporting people where needed.
- People we spoke with enjoyed the meals provided. They told us, "The food is excellent, and we get a choice" and "If there is something we don't want, they will always make us something else."

- Family members of two people told us they were made welcome and were able to regularly dine with their relative.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives, access healthcare services and support. This included, GP, dietician, district nurses and physio therapists.
- The registered manager said the service was well supported by the local GP and nurse practitioner who visited weekly. People confirmed their healthcare needs were well met. Comments included, "I get my medication on time, and they will call the doctor if I am unwell at all" and "If we are unwell they call the doctor, I feel very safe and looked after here."
- People's relatives said they were kept informed of any concerns. One relative said, "They [staff] will phone if there are any changes and get the GP in if [relative] needs it."

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaptation, design, and decoration of the home.
- The manager had an internal and external refurbishment plan, which identified how they were to further enhance the accommodation provided.
- Appropriate signage was used, and relevant aids and adaptations were in place to aid people's movement and comfort. Colour coded bedrooms and doors helped to orientate people in finding their own rooms. Memory boxes were available outside each room if people wanted to use them.
- In addition to the communal lounge areas, people had access to a conservatory, which led into a small secure outside area and a 'coffee shop', which was well decorated, with a coffee machine and seating.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the Mental Capacity Act. Authorisations were in place to lawfully deprive people of their liberty.
- Care plans contained capacity assessments and information about day-to-day decisions people were able to make.
- People we spoke with said they were able to make their own decisions and follow routines of their choosing. We were told, "I can go to bed when I want to and get up when I want" and "My room is upstairs, but I can come and go as I wish, I do my own thing which is what I like to do."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported and treated in a kind and respectful manner.
- Observations between people and staff were kind, caring and good humoured. One person said, "The staff are always polite and don't take anything for granted."
- It was recognised people's appearance was important to them. One person's relative said, "[Resident] gets her hair and nails done, I feel she is definitely getting well looked after."
- People were complimentary of the staff who laundered their clothes. We saw people were appropriately dressed and looked well groomed.
- Staff responded to people's request for help in a timely manner, providing reassurance and support when needed. We were told, "If I had to choose somewhere to live it would be here. The staff are very helpful and treat us very well."
- People's religious and cultural needs were met. A weekly service was held in the coffee shop each week.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about their care.
- Where possible, people were able to follow routines of their own choosing. People were seen to move around the home mixing and chatting with other residents and visitors. People told us, "I have a choice, I like to spend time in my own room" and "I can do what I want, I like to sit quiet and relax reading a book."
- Managers actively sought feedback from people and their relatives about their views of the service and the quality of care provided. One family member said, "The staff are very interactive with [resident] and the communication between them and us is brilliant."

Respecting and promoting people's privacy, dignity, and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff supported people in a discreet and dignified manner. Staff were seen to knock on doors before entering and care was provided in private. One person's relative said, "My [resident] has really settled in well. It has been a god send for us. I cannot fault it at all. It's given us peace of mind that [resident] is being looked after very well."
- People were encouraged to maintain their independence. One person told us they had only recently moved into the home, adding, "I have found a friend and we go for coffee and a chat together each day to the coffee shop which is nice."
- People's right to a family life was encouraged and supported. Visitors were seen to come and go throughout the day. People's spouses and family members told us they enjoyed being able to regularly dine

at the home, enjoying time with their relative.

- People used equipment to help promote their safety and independence such as profiling beds, Zimmer frames, walking sticks, recliner chairs and hoists.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests, and take part in activities that were relevant to them.
- Designated staff were responsible for coordinating the activities and opportunities both in and away from the home. We observed a range of activities taking place throughout the day. These included; a Halloween quiz and themed buffet lunch, a movie, an exercise session and crafts.
- The home had a 'coffee shop', which was visited throughout the day by people and their visitors. We saw the coffee shop was full, with people and their visitors socialising together, chatting, and drinking coffee.
- People's family and friends were also encouraged to spend time at the home, joining people for social events such as, Wednesday's breakfast club, fish supper on a Friday or Sunday lunch. A church service was also held each Sunday.
- People and family members spoken positively about the opportunities provided and the importance of spending time with each other. We were told, "I like to do the exercises we do and puzzles and word searches. There is usually always something we can do" and "We come in to eat with [relative] for fish and chips on Friday and Sunday lunch. We're very happy with [relative] being here."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- Electronic care records reflected all interactions and support provided. Care plans were personalised and included individual routines, choices, and preferences.
- Daily notes and monitoring of people's well-being were also completed. Records had been reviewed to make sure they reflected the current and changing needs of people.
- We observed and people told us, staff were kind and caring when offering support and clearly understood the individual needs of people. One person told us, "All staff work as hard as possible."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were understood and supported.
- From our observations and review of records we saw people were able to verbally communicate the

wishes and feelings.

- To assist people less able to express themselves, information was available in different ways, such as; a pictorial activity board and menus, large print or easy read documents and interactive games linked to the TV, which enabled people to see the questions and answers.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to and acted upon, helping to improve the quality of care provided.
- People and their family knew who to speak with if they had any issues and felt confident these would be responded to.
- Comments received included; "It's brilliant, it's superb, I have no grumbles", "I do not have a bad word to say but I feel I could speak to any of them if I had any problems" and "If I had an issue I would feel happy in talking to anyone about it, but I don't have any real issues."

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- People's end of life wishes were noted in care records where they had been willing to discuss them. Care plans were completed for those people wanting to outline their wishes and feelings about their care at the end of their life. This included if they wanted hospital treatment, funeral arrangements, and any family to be involved.
- The team liaised with relevant healthcare professionals, ensuring people needs and wishes were met.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider understood their responsibility under the duty of candour. There was a clear management structure that monitored the quality of care to help improve service delivery.
- The service benefitted from consistent management. The registered manager was enthusiastic about their role and was proactive in identifying areas to further enhance the home.
- The registered manager and deputy manager completed a range of audits and checks to help monitor and review the service provided. These included, the environment, recruitment, care records, kitchen and accident and incidents.
- Managers understood their duty to report any issues affecting the service to CQC and local authority, such as safeguarding concerns or serious incidents.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems to provide person centred care that achieved good outcomes for people.
- People and their relatives were involved in the running of the service. Feedback surveys were completed exploring areas such as, management and communication, standards of care provided, environment, quality of food and menu choices and activities. Actions were implemented where improvements could be made.
- People and their relatives told us they felt able to speak openly with the registered manager and staff and were confident they would be listened to. We were told, "As a family we come in several times during the week, communication between ourselves and the care staff is very good" and "I feel very comfortable with the carers, the manager and owner of the care home."
- Daily handover meetings and monthly staff meetings were held. These helped to keep staff informed and involved about events within the home. Staff said the registered manager was supportive and approachable. Staff said, "I can speak to [registered manager] whenever I need to; she's so approachable and understanding" and "The managers were approachable and would listen to any ideas or concerns."

Continuous learning and improving care

- Manager supported a culture of learning to help improve the quality of care people received.
- Action plans were completed where areas of improvement had been identified. Discussion about what

could be learnt or improved were held in staff meetings and supervisions.

- Managers had developed a service improvement plan detailing how they intended to enhance the service and experiences of people.

Working in partnership with others

- The team worked in partnership with outside agencies, so people's assessed needs were appropriately met, and their health and well-being was maintained.
- Prior to the inspection we contacted the local authority and professionals who work with the service to seek their feedback. We were not made aware of any issues or concerns.