

Brookfields P.N.H. Limited

# Brookfields Private Nursing 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?	Outstanding ☆

# Summary of findings

## Overall summary

Brookfields Private Nursing Home is a care home that provided personal care to 32 people at the time of the inspection.

People's experience of using this service:

- There were excellent and detailed systems in place to monitor the quality and safety of the service being provided. People's views of the service were sought through regular meetings, surveys and informal chats. A complaints process was in place and people knew what to do if they had a concern of any kind.
- The provider and management team worked diligently to provide people excellent levels of care and support, and staff a workplace to grow and develop within.
- Staff were not limited from gaining employment due to restrictions such as age or intellectual differences and the provider engaged a culturally diverse staff group that reflected the people in the home.
- The registered manager understood their roles and responsibilities as a registered person. They worked in partnership with the management team and other agencies to ensure people received excellent levels of care and support that was consistent with their assessed needs.
- People told us they felt safe living at Brookfields Private Nursing Home.
- The risks to people had been assessed and people and where appropriate some relatives had been involved in reviewing care plans. Staff were knowledgeable about the range of needs people had.
- People were supported with their medicines in a safe way.
- Training relevant to people's support needs and staffs scope of duties had been undertaken by staff. The staff team felt involved in the running of the home and were supported by the registered manager and wider management team.
- Staff confirmed a safe recruitment process continued to ensure staff were suitable to work at the service.
- People accessed healthcare services when they needed them, and they were supported to eat and drink enough to remain healthy.
- People were involved in making decisions about their care and support and their consent about the care and services offered was obtained. People were supported by a staff team who were kind and caring and treated them in a considerate and respectful manner.

More information can be found in the detailed findings below.

Rating at last inspection: The home was rated Good at the last inspection in May 2016.

Why we inspected: This inspection was planned in line with our regulatory framework and took place within the specified period since the last inspection.

Follow up: We will continue to provide ongoing monitoring of this service.

## 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 remains safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remains effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remains good

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remains good

Details are in our Responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below.

# Brookfields Private Nursing 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 as part of our regulatory functions. This inspection checked 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.

#### Inspection team:

The inspection was carried out by an inspector a specialist adviser and an Expert by Experience. Our specialist adviser was a registered nurse and their experience was in neuro rehabilitation and older people. Our expert by experience's area of expertise was the care of people with mental health needs.

#### Service and service type:

Brookfields Private Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care, this home provides accommodation for up to 36 people. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before the inspection we reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at

least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority who monitor the care and support people receive. We used all this information to plan our inspection.

During the inspection we spoke with seven people using the service and two relatives. We also spoke with the Registered Manager, two Registered Nurses, the Administrator, two Senior Care Assistants and an Activity Co-ordinator. We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included three people's care records. We also looked at associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for three support workers. A sample of the providers policies and procedures and the quality assurance audits the management team had completed were also checked.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: - People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person said, "I feel safe here. I've got a buzzer I press for help to go to the toilet." Another person said, "I'm always carefully hoisted and I always thank them for a safe journey."
- The registered manager had systems and processes in place to ensure people using the service were safeguarded.
- Staff had received training in safeguarding people; they demonstrated they knew their responsibilities for keeping people safe.
- We observed staff who transferred and hoisted people safely.

Assessing risk, safety monitoring and management

- Regular safety checks had been carried out on the environment and on the equipment used in caring and protecting people.
- Risks associated with people's care and support had been assessed when they had first moved into the service and were reviewed regularly. Reviews took account of professional advice.
- Accidents and incidents were recorded. All incidents were investigated and when required reported on to commissioners of services.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward event.

Staffing levels and recruitment

- Staff rotas demonstrated staffing levels were suitable to meet people's physical and emotional needs. We had mixed opinions from people about the time it took for staff to respond to their buzzer calls. One person said, "Sometimes I have to wait a long time." Other people told us they didn't have to wait. Another person said, "I don't have to wait long if I press the buzzer." Overall, we found people's requests for assistance were responded too promptly.
- Staff rotas were compiled using the level of people's needs reflected in the care plan and risk assessment. All staff commented on how supported they felt at the home by everyone from management team to their peers and how well they worked as a team.
- The provider told us they liked to put additional staff on the rota as they didn't like staff under pressure.
- Staff were subject to a thorough recruitment process which promoted people's safety. One person said, "The staff are very good, they're chosen carefully, they get on, they mix well."
- A varied activities programme was offered to people seven days a week. Different activities were offered to people dependant on their abilities, concentration and preference on individual or group events.

Using medicines safely

- People were provided with their medicines in a safe way. "My medicine always comes on time, [nurse] always comes and asks me every morning if I want a [named medicine]." Another person said, "I get my medicine on time and have never run out."
- Nursing staff administered people's medicines in line with the provider's policies and procedures.
- People were asked if they required their 'as and when required' medicines, for example, pain relief.
- Detailed guidance was in place to assist staff in administering 'as and when required' medicines safely and detailed records were completed.
- Staff received training and their competencies in administering medicine were checked.

#### Preventing and controlling infection

- The environment was very homely, clean and well maintained.
- The staff team had received training in infection control and food hygiene. There were signs throughout the home promoting hand-washing. Wash hand basins were equipped with antibacterial gel, soap and paper towel dispensers. Staff were provided with personal protective equipment (PPE) to help prevent the spread of infections. We saw staff and people following safe food hygiene practises when preparing and serving the main meal.
- Staff were provided with personal protective equipment (PPE) to help prevent the spread of infections.
- Nursing staff had additional information displayed on topics that required extra diligence. For example, information on signs and symptoms of sepsis.
- Good practice around prevention of infections was shared with all staff as part of team meetings or supervisions.

#### Learning lessons when things go wrong

- Information from any outcomes from complaints, investigations or updates was shared with the staff through individual or group meetings.
- Changes to people's care plans and risk assessments was made from information shared from professionals to the staff group.

# 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

Good: 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 individual needs had been assessed prior to them moving into the service. One staff member said, "It's important to get the right residents to fit in with the group we have here."
- Risks associated with people's care and support had been assessed, reviewed regularly and reflected people's needs.
- People using the service were supported to make choices about their care and support.
- Staff provided care and support in line with national guidance and best practice guidelines. For example, for a motor neurone disease, where the signs and symptoms to look out for were included in their plan of care.

Staff skills, knowledge and experience

- People received care from a staff team that were trained to meet people's individual needs. Although one person said they thought the dementia training and understanding of some conditions could be improved. Another person said, "I think staff are trained. They know how to hoist me safely." One relative said, "The training of the staff is good." The provider said they were 'proud of the body of staff which is our greatest asset.' They went on to explain they strived to ensure the staff were the best they could employ and were only engaged if they could get over at interview 'the need to want to make a difference.' The staff group were made up from 16 Nationalities and included people with reduced abilities working alongside and as standalone members of the team.
- The diverse blend of staff met people's individual cultural needs.
- Newly commenced staff received an induction and ongoing training to enable them to carry out their roles. One staff member said, "[Registered manager] is great they make time for you and encourages us to learn."
- Longer term staff were encouraged to source courses that would enhance their personal learning and improve the lives of people in the home. For example, nursing staff have completed additional specialist courses on Parkinson syndrome and motor neurone disease. That resulted in staff having more detailed and specialised knowledge which resulted in a better lifestyle for people being cared for. Another member of staff was a trained councillor.
- Domestic staff were also trained to assist in hoisting and feeding people. We saw evidence of this at the inspection where domestic staff were provided with a change in uniform to enable this to happen.
- Staff working in the kitchen were provided with an in-house training course on safe use of knives. This was to ensure staff were trained in safe use of knives and enhance their knowledge and safety.
- Staff demonstrated their knowledge and understanding around people's individual needs and subjects such as safeguarding and whistleblowing.

- Staff received support from the registered manager and nursing staff where all received with regular supervisions and appraisals. Staffs' knowledge was regularly overseen to ensure they were compliant with the training provided.

Supporting people to eat and drink enough with choice in a balanced diet

- One person thought the catering fell short of their standards. A person said, "The food is variable. I think the cook is being taught." But then added, "They get you things you like for example chocolate yoghurt, soya milk, sweet potatoes, croquet potatoes." However, the majority opinion was the catering was good. Another person said, "The food is good, there's a good choice, we choose in the morning and there's a three-course meal at lunch."
- We found that catering was personalised and meals were produced to meet people's individual choices. For example, one person had a certain type of meal every day, as it was what they enjoyed most. Specific meals such as ostrich steaks and lumpfish roe were provided to enhance people's dining experience.
- There were regular themed lunches which were planned once a month. For example, a 'Romanian' lunch was planned the day following our inspection. The craft activities supported this where people were making table decorations and flags to enhance the experience. We saw photographic evidence of the catering and meals supplied at the recent St. David's Day event, which people stated they had enjoyed greatly.
- People who required prompting and assistance to eat, was offered by staff trained to do so. For example, all staff we saw adopted good eye contact and held meaningful conversation at appropriate times.
- The recent employment of a catering manager had improved the scope of overall food and resulted in an improved experience for people with difficulty with swallowing. The catering staff still produced 'pureed' food and improved the presentation to enhance the persons experience. This had a beneficial impact on people where meals were excellently presented.
- People were referred to health professionals for dietary advice where people were at risk from malnutrition through swallowing difficulties.
- The mid-morning and afternoon drinks trollies contained a good selection of hot and cold drinks and snacks. These included adapted cups for people who had difficulty in drinking and pureed food and mousses for people with swallowing problems.
- Staff ensured people received food that met their dietary and cultural needs.
- People were encouraged to eat and drink and maintain a healthy balanced diet.
- Staff offered people choices throughout the day that met their individual needs. For example, the drinks trolley included puréed fruit for those who could not snack on biscuits or cake which was also on offer.

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

- The premises were adapted to meet people's needs; people could access all areas of the home. A person said, "I would recommend it here. I'm comfortable, it's nicely decorated."
- People could choose to spend time in communal areas suitable for larger groups or areas where there were less people. People's bedrooms were personalised.
- The people who lived in the home, their relatives and friends group had suggested changes to the garden area at the back of the home. This provided people with a secure sheltered area where they could enjoy gardening activities.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare through their GP and other health professionals. One person said, "They're quick to call the doctor."
- Staff knew people well; they recognised when people's health changed.
- Staff arranged specialist health referrals when required.
- Additional support was arranged to support people and guide staff to improve people's ongoing safety.

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 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. The manager and staff team understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care.
- 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). The manager was working within the principles of the MCA.
- Staff had received training in the MCA and DoLS and they understood their responsibilities to report on any potential abuse. However, some staff were unable to recall their training and explain how they would protect people
- People who did not have capacity to make decisions were supported to have choice and control over their lives, some involved close family members in decisions.
- Staff involved people in decisions about their care; and ensured decisions were taken in people's best interests. Some best interests' decisions were not documented in detail. The registered manager said they would review the documents and ensure they met the required legislation.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People experienced positive caring relationships with the staff team. One person said, "They [staff] are very good, very friendly, the staff are kind to me." Another person said, "The staff are friendly, they're genuinely caring."
- Everyone we spoke with praised the caring attitude of the staff, people commented how friendly and helpful they were, how well they communicated and chatted with people.
- Relatives of people who were resident in the home, were supported by staff through individual meetings and the wellbeing focus group. This provided relatives with the opportunity to come to terms with any loss they experienced through their relations admission to the home.
- Where people did not have the ability or relatives to speak on their behalf, advocacy information was available in the home.
- Staff were knowledgeable about people's history, preferences and individual cultural needs. People's individual needs and preferences were recorded and regularly updated on their records.

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

- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences. That included detailed information about people's personal preferences. For example, which staff assisted people with individual tasks.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. One person said, "Staff always knock and are respectful." Another person said, "They respect my privacy."
- Staff were aware of their responsibilities for maintaining people's privacy and dignity when supporting them.
- People were encouraged and supported to maintain their independence whenever possible.
- People were supported to maintain relationships with people who were important to them. Relatives and friends could visit the home at any time and told us they were made welcome by the staff team.
- Every person we spoke with made positive statements about staff, their happy nature, helpfulness and that they had trust in them. We observed a calm, reassuring presence of staff who sat in the lounges with people.
- Staff understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

### Personalised care

- People received care based on their individual assessed needs. A relative said, "They [their relation] are always clean and tidy when we visit."
- People, and where appropriate their relatives, had been involved in the development of care plans.
- People were requested for information about their previous life history and what was most important to them. That helped staff provide care which was based on the person's lifetime preferences and was individualised.
- People were encouraged to remain as independent as they could. One person said, "It's wonderful here, I'm allowed and encouraged to do as much as I want to do." A visiting professional said, "This is a good home, the staff are always looking for ways to help people improve."
- People's care plans had been reviewed regularly or as people's needs had changed.
- People's care plans provided staff with the information they required to meet people's individual cultural and leisure needs. A person said, "I go out in the garden when I feel like it, I go on trips. They take you on shopping trips they'll take you to a large Sainsbury's, so people can shop for bits – that's great – then we'll go for tea and coffee." A relative said, "[Named] doesn't take part in activities and prefers to read the paper and watch TV."
- Activities had been enhanced to include regular visits from external entertainers, petting animals and 'National' days and events such as Remembrance Day. Outings were also regularly organised which allowed people to complete their own shopping and trips to garden centres. Activity staff included people in preparations for special celebration meals. For example, people were making flags for the Rumanian day, where people also had the choice to sample food from that country. We saw evidence of similar activities that had been organised for other national days and festivals.
- The registered manager understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

### Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. None of the people we spoke with had made a complaint. One person said, "I've got no concerns or complaints." A visiting professional said, "I know them well, there's no problems here."
- The provider had a complaints procedure displayed for people's information.
- There had been 12 complaints about the service in the past 12 months. The registered manager demonstrated they recorded any comments made and treated them all equally. That meant people who made the most minor of comments could rely on the provider to investigate the issues thoroughly. All

complaints were dealt with efficiently and people were responded to in writing.

- We also saw where people and their families had complimented staff where they felt the service offered by them was exemplary.

#### End of life care and support

- Staff had received training in how to support people at the end of their life and had a good understanding of this subject.
- The staff have recently been awarded the Derbyshire End of Life Quality Award (DELQA). This was for meeting the criteria for excellence in End of Life care.

## 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

Outstanding - Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service was distinctive because the provider and whole staff team recognised people's need to live a normal life, and then planned to enhance the experience for people by providing a quiet supportive environment. Staff were encouraged to go 'over and above' to meet people's needs. For example, staff were actively encouraged to seek additional training experiences to support their knowledge extend the support offered to the people they cared for.
- People using the service and their relatives spoke positively about the registered manager and staff. People felt the service was well managed and the owner, registered manager and staff were friendly and approachable. One person said, "They have resident's meetings, the manager would listen to me."
- The staff team were aware of people's individual needs. They provided care and support that ensured good outcomes for people.
- The provider displayed excellent recruitment and retention of staff and so did not require 'agency' staff to fill staff vacancies.
- The registered manager promoted self-help and independence with the staff team and through individualised care plans.
- The service was focussed on the people residing in it with clear recognition given to the fact that it was their home.
- The provider's policies and procedures promoted a culture that was open and inclusive. Staff had access to whistle-blowing procedures through which they could raise concerns about the service with senior management.
- The provider recognised they had a duty of candour to let people, relatives, local authorities and CQC know about incidents of things going wrong. The provider was pro-active in analysing outcomes and feedback and using that as a platform for ongoing improvement.

#### Leadership and management

- There was an emphasis from the management team to deliver excellent levels of care. The home was included as part of a programme of change, developed by the Universities of Maastricht and Nottingham. This resulted in improved health benefits and pressure area care and staff used the learning from these universities and worked toward excellence around continence. This also included work around the impact of people's diet, mobility and falls which affected their continence. This had a dramatically positive effect on people's confidence and their ability to freely socialise both in and out of the home. Part of the local studies

helped to 'benchmark' where the home was in relation to other providers. That allowed the provider to assess where further improvements could be made and plan for these accordingly.

- There was a positive mindset from the management team to regularly seek links with the outside community and use them to benefit people living in the home.
- The 'wellbeing focus group' had been set up to support the partners of people admitted to the home. This allowed people's relatives to share experiences and provided an opportunity for them to support each other from feelings of the loss of a partner. There was also a chance to share in social outings, again as a form of support. This had a beneficial affect for those living in the home, where stress and anxiety was lessened as people were aware of an inclusive nurturing environment.
- The management team also provided valuable practical support. For example, essential advice on how people's benefits may change as the result of their partners admission. They also provided a directory of 'trusted' professionals where house repairs were required.
- Staff told us they felt very well supported, nurtured and valued.
- Procedures were in place which enabled and supported the staff team to provide consistent care and support.
- Managers and staff were clear about their roles, and understood the benefits of quality performance, risks and regulatory requirements. That resulted in a well-managed nursing home.

#### Continuous learning and improving care

- The provider and registered manager regularly reviewed the service provided for people. Learning from reviews, meetings and complaint feedback were actioned and changes made.
- The registered manager said they were proud of the variety of activities and pastimes, 'providing a lifelong learning opportunity for people.'
- Information and suggestions from the Friends of Brookfields and wellbeing focus group were considered. For example, due to the increasing numbers involved in the meetings to support people in the home, the planning of a café style meeting room has been commenced. This is planned to be built at the front of the home. The provider stated that would further enhance the integration of the community and their involvement in the home.

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

- The service was well led. The registered manager had auditing systems in place to monitor the quality and safety of the service and used these to check all aspects of the home on a regular basis.
- The provider was an integral part of the quality assurance system, where they integrated with people their relatives and health professionals, with an eye on continuous improvement of people's experience of life at Brookfields private Nursing Home.
- The analysis of data from the integration of the universities has allowed the staff to continually analyse areas such as falls, mobility, continence, care planning, incidents, nutrition and hydration. That has positively affected people's lifestyle and improved their life experience.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.
- The registered manager was also aware of their responsibility to display their rating when CQC reports were published.

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

- People using the service and their relatives had been given the opportunity to comment on the service provided. Surveys, group and individual meetings had all been used to gather people's thoughts. We spoke

with people about these meetings, one person said, "I attend the residents' forums, they [staff] listen to what's said and act on it."

- People could also feedback their comments anonymously through the carehomes.co.uk website. One recent comment through that medium was about the food. That resulted in the employment of a catering manager and improved the menus and scope and presentation of people's meals.
- Dates of the residents' forums were communicated to people and their relatives by being placed in advance on noticeboards in the home, in the weekly bulletin and by direct emails. These meetings were planned and held at different times and dates to allow the greatest number of people and relatives to attend.
- Staff were not restricted from gaining employment due to restrictions such as age or intellectual differences. People's job descriptions reflected their abilities and adjustments were made in contracted hours by negotiation between the management team and individual staff member. The provider summed this up and said, "We embrace differences."
- There were high levels of satisfaction across all staff groups because of what they helped people to achieve. Staff were continually supported to develop their careers and increase their knowledge of health conditions. This provided them with opportunities for promotion.
- There was equality and inclusion across the workforce and all staff felt that they made an important contribution to the service and they felt valued. Brookfields private nursing home had an excellent reputation with external professionals and was a place that people remained in long term employment. Opportunities for recruitment were few and far between because there was very little staff turnover.
- Staff were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, supervisions and day to day conversations with the management team.
- Members of staff that had retired from the home continued to be involved with the home through the Friends of Brookfields group. The provider said they remained engaged and provided an enhanced emotional support for people and ongoing relationships.
- The staff group was represented by people from a multi-cultural background. The provider embraced the multicultural ethos by celebrating many national days and providing experiences for people to take part in preparations to enhance people's experience.