Barchester Healthcare Homes Limited

Brookfield

Inspection report

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Date of inspection visit: 30 July 2015
Date of publication: 24/09/2015

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

Overall summary

We carried out an unannounced inspection of this service on 30 July 2015.

Brookfield provides accommodation for up to 31 people who need support with their personal care. Accommodation is arranged over two floors; there is a passenger lift to assist people to get to the upper floor, although access to some bedrooms is via a few stairs. The dining room and communal areas are situated on the ground floor. On the day of our visit 26 people were living in the home.

The service has a registered manager. 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. We found the registered manager accessible and approachable. Staff, people living in the home and relatives told us that they felt able to speak with the manager for guidance or to raise concerns.

Summary of findings

At our last inspection on 5 August 2014 we found that further development was required for staff regarding their understanding of the Mental Capacity Act 2005 (MCA). We found the home needed further development in training their staff in the Mental Capacity Act 2005 (MCA). We also identified issues around their understanding of how to support people when they lacked capacity; including the implementation of DNACPR (do not attempt resuscitation orders). Records lacked evidence that people living at the home or their representatives had signed to consent with the orders in place which had been signed by the GP. After the comprehensive inspection the provider sent us an action plan telling us what action they would take. In addition to this we have also received further clarification from external professionals working in end of life care regarding the completion of DNACPR's who state that the decision is a medical one and relatives should not be asked to sign DNACPR documents although it should be documented with whom the GP discussed the matter.

We saw that people's needs had been assessed and care plans provided staff with information of how peoples care and support should be met. We found that risk assessments supported people to maintain a level of independence. Staff knew the people they were supporting and provided personalised support.

People were treated with kindness and compassion, staff spent time speaking with the people they were supporting and the atmosphere in the home was relaxed and jovial.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff recruitment was thorough to ensure staff were suitable to work with vulnerable adults.

The arrangements for managing medicines were safe.

Staff received training to ensure they could identify and report abuse.

Good

Is the service effective?
The service was effective.

People living in the home told us that the food in the home was good and they had a choice of meals.

Staff had received training in Mental Capacity Act and Deprivation of Liberty Safeguards. Staff training records have been up dated to reflect accurately what staff had achieved.

Good

Is the service caring?
The service was caring.

Staff took time speaking with people living at Brookfield their interactions were positive, patient and gentle. This had a positive impact on people's well-being.

People told us that staff looked after them well and they were kind.

Staff had a good knowledge of the people they supported.

Good

Is the service responsive?
The service was responsive.

Care plans were detailed and regularly updated. Care plans accurately identified people's current needs.

A complaints policy was readily available and when complaints had been received the registered provider had dealt with them in accordance with their policy.

There were opportunities to participate in activities that people enjoyed, so that they did not become socially isolated.

Good

Is the service well-led?
The service was well-led.

There was a range of quality assurance systems, these were completed regularly and when concerns or improvements could be made these were noted and actioned appropriately.

People living in the home, relatives and staff told us that the manager was approachable and they felt confident in her ability to manage the home.

There was a registered manager in place and systems in place to supervise and monitor staff performance.

Good

Brookfield

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 July 2015 and was unannounced. One adult social care inspector undertook the inspection.

Before the inspection visit we reviewed the information we held about the service. We also reviewed information we had received since the last inspection including notifications from the provider regarding incidents at the home. We spoke with the contract monitoring team of the local authority who did not have any concerns.

We looked at records relating to people's care and support, including care plans for three people living in the home. We looked at staff records for those staff on duty, and various monitoring records relating to health and safety.

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

During our inspection we spoke with the staff on duty, which included the administrator, all care staff, the activities coordinator, the chef and kitchen assistant, a housekeeper and laundry staff. We also had the opportunity to talk with a visiting professional during our time in the home.

We introduced ourselves to everyone living in the home and had lengthier conversations with four people living there. We also had the opportunity to speak with two relatives.

Good

Is the service safe?

Our findings

We spoke with four people living in the home; they told us that they felt safe. One person told us they felt comforted that others were around and they were no longer fearful of who may be coming to their front door. Another said their stay was only temporary but they felt they were well looked after and staff "couldn't do more" for them. One person had not been at the home long but told us they had settled in well and "more than happy at the home".

Both relatives we spoke with told us that they felt confident their relative was safe and well cared for by the staff at Brookfield and this reassured them when they left following a visit.

We spoke with staff who demonstrated sufficient knowledge of action they needed to take should they suspect abuse. Staff clearly identified how and where they would find guidance and contact numbers should they need them, in relation to reporting abuse and whistle-blowing. One member of staff told us, abuse "it just isn't right".

We found that risks associated with each person's care had been assessed. Risk assessments had been developed with the intention to enable people maintain independence as much as possible. Risk assessments included the action taken or to be taken to minimise the chance of harm occurring. These included going shopping, visiting the local pub and continuing activities and interests outside the home.

We saw accident records which demonstrated that staff knew their responsibility to record such incidents. We found that senior staff reviewed and updated risk assessments following any accident/incident in the home to ensure risks to people living there were minimised.

Medicines were stored securely in the home and administered by staff qualified to do so. We looked at a sample of medication records The arrangements for managing medicines were safe. Records showed that people were getting their medicines when they needed them and at the times they were prescribed. We also saw risks assessments were in place for some people to self-administer their medicines. This meant whenever possible people could maintain some level of independence by keeping and taking their own medicines.

We looked at the organisations fire risk assessment which had been completed in November 2014 and checked that the recommendations and requirements had been implemented, which they had.

We looked at the recruitment files of the staff on duty during our visit. We found there were suitable recruitment processes and required checks in place to ensure that staff were suitable and safe to work in the care environment.

Environmental health had visited the home and rated the food hygiene within the home as Five, the highest rating.

Good

Is the service effective?

Our findings

One person living in the home told us that they felt there wasn't enough staff, they said "the girls work their socks off", "they are always busy doing something", we checked that the person felt that their care needs were met at the home and they confirmed they were. It was not our observation that the home was short of staff, we saw people's needs being met and call bells were responded to promptly. We discussed with the manager how the staffing levels were arrived at and she confirmed that staffing increased with occupancy and the needs of individuals living in the home.

People living in the home told us that the food was "excellent", "beautiful". One person told us that the chef always provided food that she wanted, she explained due to her condition she was very limited to what she could eat. She told us that she had her own specific menu plan and chef always got it "just right". We spoke with the chef and found he was knowledgeable about the likes and dislikes of the people living in the home and was aware of the dietary needs of individuals needing softer diets, fortified meals and diabetic meal plans.

Lunch was the main meal of the day and consisted of three courses, with two choices at each course. We saw that a specialised diet was available to meet one person's individual preferences and needs. Lunch was a very sociable event; the dining room bright and welcoming, tables were set with fresh linen and flowers. The food was nicely presented and looked appetising. Staff were available to take orders and serve lunch, people were asked for their preference and portion sizes. We joined the people living in the home for lunch and heard very positive comments throughout the meal regarding the food.

We spoke with the district nurse who told us that staff referred to them if they had any concerns regarding anybody who may be losing or gaining weight. Care plans supported this evidence with initial food and fluid monitoring charts put in place to gather information prior to a referral to dietetic services.

We observed that hot and cold drinks and fresh fruit were readily available through the day, with biscuits and cake served at 11 am and 3pm respectively.

At our inspection in August 2014 staff told us they were supported but records did not reflect that supervision had taken place. We spoke with staff who told us that they met regularly with the registered manager of the home both formally and informally. We saw an annual plan for the manager to meet with staff individually for supervision and appraisal and sampled records of staff supervisions, staff meetings and handover meetings called "10 at 10". Staff told us that the manager also regularly worked with them to offer support and guidance. These processes gave staff the opportunity to discuss their performance, personal development and training needs. It also afforded the manager the chance to ensure staff continued to work in line with the ethos of the home and in line with good practice guidelines.

At our inspection in August 2014 we found that training records were not up to date and did not reflect the training undertaken by staff. Following our visit all training records had been reviewed and were presented to us at this inspection.

Systems were in place to record training completed and to identify when training needed to be repeated. Processes were in place to monitor staff access and completion of the organisations mandatory and the legislative requirements for training. We found that staff predominantly accessed training on the computer although some training events were arranged at the home.

We looked at the analysis of the staff training for the home; we saw that training was available and relevant to staff roles and responsibilities. This included keeping people safe, moving and handling, food safety, emergency procedures and fire safety. Monthly audits were completed by the manager and monitored by the area manager to ensure staff achieved the required training.

At our comprehensive inspection of Brookfield on the 5 August 2014 we found the home needed further development in training their staff in relation to the Mental Capacity Act 2005 (MCA). We stated the staff we met during the visit had a basic understanding of the MCA and few staff had received any training on this topic. We also identified issues around their understanding of how to support people when they lacked capacity; including the implementation of DNACPR (do not attempt resuscitation orders.) The records we saw lacked evidence that people living at the home or their representatives had been involved through "Best Interest" meetings in the decision made by the GP and evidence that consent had been obtained.

Good

Is the service effective?

At our comprehensive inspection of 30 July 2015 we found that the provider had followed the action plan they had sent to us and they had arranged for a training provider to deliver training on the MCA for staff members. The registered manager had also tried to improve the DNACPR documents and had asked the GP who had completed the DNACPR's to provide confirmation with whom they had discussed the DNACPR order.

We identified that twenty five of the twenty six staff employed at the home had completed safeguarding training which included the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). This means that staff had the knowledge of how best to support people who may lack capacity.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The registered manager was knowledgeable about DoLS and had completed DoLs training. We saw they had taken appropriate advice about individuals to make sure that they did not place unlawful restrictions on them. At the time of our visit nobody was subject to a DoLS authorisation, capacity assessments had been completed as required and ten applications had been made to the supervisory body; the home was waiting for the start of the assessment process.

We found the premises at Brookfield, fresh and bright and well maintained. The home is an old style property and this does pose some restrictions for some people with limited mobility that may choose to live or visit there. People can access the second floor of the home via the passenger lift but some bedrooms can only be accessed via a few stairs and therefore these rooms would be unsuitable for people with limited mobility. The ground floor also has rooms accessed by a few stairs but this has been addressed by installing a stair lift. A stair lift would not be feasible on the second floor due to space restrictions.

Good

Is the service caring?

Our findings

People living in the home and their relatives told us that staff were kind and caring. One person told us that staff were, "kind, caring and gentle", with his wife. We were told that staff kindness also extended to relatives and that staff were "very supportive". One relative told us that it didn't matter what time of day they visited, "and that can be all times, and I come most days", staff were always seen treating people with respect and dignity. We observed staff interactions throughout the day and found them pleasant, patient and cheerful.

One staff member told us that they supported people living in the home the way that they would want their grandparents cared for, and "nothing should be too much trouble". One relative said "you couldn't ask for better".

We observed staff interactions with people living in the home when they had become confused or anxious. We saw that staff supported people well; they spent time reassuring people and comforting them.

We spoke with staff to see how well they knew the people living in the home, it was evident they knew the individual needs of people but they also knew about people's history and interests. Staff had taken time to learn new skills and developed new interests. Staff had learnt to play board games, taken up poetry and learnt about local events so they could engage with people living in the home.

Visitors confirmed that they could visit their loved ones at any time. They told us that the quality of the care and support they observed never altered and was always "spot on" whether they visited morning, afternoon or evening. Relatives told us that the staff in the home always kept them informed and involved in the life of their loved ones, they told us they often joined in with activities. On the day of our visit relatives were observed joining in with the quiz. Minutes of the relatives meetings identified forth coming events and asked for relatives to participate, for example the garden party or trip to see the Shire horses. Visitors also told us that they could take meals with their relatives should they wish to.

Staff told us that they enjoyed working in the home; we observed care and support being offered to people in a friendly and discreet manner, which also enabled people remain as independent as possible. Staff were heard and observed knocking on doors before entering.

We found information and advice in the entrance of the home for other regulators and organisations that monitor health and social care services, such as Healthwatch Warrington, environmental health and contact details for various advocacy groups. This ensured that people living there and their visitors had access to independent advisors should they wish to contact them.

Good

Is the service responsive?

Our findings

One relative told us that they had a long association with the home, with two of their family members having lived at Brookfield. They told us that every aspect of living in the home was excellent, the accommodation, the care, the food, activities and the planned entertainment.

One person living in the home told us that they didn't have any restrictions put on them; they could come and go as they pleased. "I get up when I want, eat when I want, go out, go to bed when I fancy. I just enjoy my life".

We observed various activities taking place thorough the day, for example poetry and reading in the morning and a quiz in the afternoon. Both these events were well attended by those living in the home and their relatives. We spoke with the activities coordinator who explained how she arranged activities in accordance with people's interests and requests. Records were maintained of the attendance at each event so that she could identify if anybody was becoming socially isolated, or those who needed or would benefit from one-to-one activities. Those joining in clearly enjoyed the activities and those who did not want to participate were able to say.

People we spoke with who use the service told us they had no complaints, one said "what would I have to complain about, nice place, good food, and nice staff". Both relatives we spoke with told us they had no reason to complain, they said that if they needed to they would feel confident the matter would be dealt with appropriately.

A copy of the complaints procedure was displayed in the hallway. Staff knew what to do if anyone

raised an issue or wanted to complain. The complaints policy included all the relevant information required to make a complaint, we looked at the log of complaints made since the last inspection, and found there were two. Complaint records showed that complaints had been dealt with in line with the provider's complaints procedure.

Care records showed us that people were registered with the GP and they accessed other care professionals, such as district nurses, occupational health, dietetic services, and speech and language therapists as needed. We spoke with a visiting district nurse during our visit, who told us that she enjoyed coming to Brookfield. She said that the staff in the home always carried out her instruction in line with the treatment plan and staff often referred to the district nursing team for advice when they needed clarification regarding certain conditions, or needed a professional opinion regarding the care of people living in the home. She told us the home was well organised and staff were knowledgeable about "patient" care.

On the day of our visit we saw that one person needed an emergency admission into hospital. We saw that the home compiled very quickly essential information relevant to that person's care to go with her so that their needs could be met appropriately on her admission to hospital. The information provided would ensure that medical staff providing her care and support had accurate information available to them, such as medication, dietary requirements and personal support needs.

We found that care plans and the risk assessments identified within the care plan were reviewed as a minimum monthly and evaluated and amended as a result of a change in circumstances or following an incident, such as illness or a fall. We looked at three care plans and found that they contained accurate up to date information. We noted that almost identical information about people living in the home was recorded in triplicate, on their care file, in the handover documents and in the diary. Staff told us that they spent a lot of time recording information and perhaps this should be reviewed and streamlined.

Good

Is the service well-led?

Our findings

We found that systems were in place to monitor the quality of the service provided in the home. Barchester the registered provider had comprehensive monitoring documents and audit tools which were completed by the registered manager on a monthly basis in line with the organisations Care and Quality Audit Programme. This programme sets out the areas for auditing in an ordered way to ensure that the whole service is monitored. The audit sampled a variety of records in the home such as the plans of care, risks assessments associated with providing care, accident/ incident records, falls records, medication administration records, any compliments and complaints. This enabled the manager to review and analyse the care provided, the staff performance, training, health and safety and the environment and to address quickly any shortfalls. The manager's audits were then scrutinised by the area manager during her monthly visits.

We spoke with staff who told us that the registered manager and the deputy home manager and the administrator were always available. All staff confirmed that they had senior staff contact information should they require guidance or support whilst working in the home.

Staff supervision and appraisal had been implemented and planned for the year. This afforded staff the opportunity to raise concerns, suggest improvements, request training needs and participate in the running of the home. Staff told us that they had regular staff meetings and meeting minutes showed us that these happened monthly.

We saw notes from a recent "residents meeting", issues raised by people living in the home had been discussed and addressed for example duvets were described as too heavy and thick. Lighter weight duvets were made available to those people requesting them. We saw that staffing and recruitment was discussed with the manager, this demonstrated to us that people's opinions were valued and people were involved in the running of the home.

People living in the home and visitors knew the registered manager; they told us that she was always about and during our visit we often saw them sitting with her in her office just chatting. Two relatives told us that they had attended relatives' meetings and found them useful; relatives told us that they involved themselves with the social activities which they discussed at those meetings.

We were told that the organisation uses an independent company to survey residents, relatives, friend and volunteers regarding the quality of the service offered at Brookfield. Surveys were conducted annually. We saw the results for the 2014 survey which were positive and the manager provided us with the action plan she implemented to further improve the quality of the service offered at Brookfield.

Staff surveys had been completed but at the time of writing this report the findings were not known.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the home. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.