

Vitality Care Homes (Brookside) Ltd

Brookside Residential 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

Brookside residential home is a 'care home'. Brookside accommodates up to 25 older people that may live with Dementia in one adapted building. At the time of this inspection 23 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Some care files did not always appropriately identify risk prevention, to allow staff to ensure people's risk of pressure ulceration was managed in a safe way and repositioned in a timely manner. However, care files demonstrated that people's identified risks had been assessed,

We observed that adjustable tables in the lounge had been moved in front of people restricting their movement and walking aids were not always available. The registered manager recognised this and put immediate action into place to ensure that people were not restricted.

We made a recommendation about how to appropriately meet people's needs and reflect their preferences.

People had their medicines managed safely. There were nightly medicines count completed by night staff as well as monthly medicine audits undertaken by the registered manager.

Daily handovers, were completed that recorded any outstanding concerns related to people and the environment, ensuring staff remained up to date with all important information related to safety.

We used the Short Observational Framework for Inspection (SOFI) during meal times that looked at peoples dining experience. We observed that there was limited interaction between staff and people.

We made a recommendation regarding peoples dining experiences.

Care files and care plans were written as a fluid document and used information from the initial assessment and full assessment, and through consultation with people and / or their relatives.

People and their relatives or advocates, where appropriate, were actively involved in decisions related to care and support. Where people were unable to make important decisions related to their care, the service ensured evidence was retained of any best interest decisions made.

All complaints were managed robustly and in a timely way. The registered manager used the learning from

concerns and complaints as an opportunity for improvement.

The registered manager had introduced a number of monthly quality audits to assist with the governance of the service and drive improvements where shortfalls had been identified.

We made a recommendation regarding the audit systems used by the registered manager.

People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance

People were involved in decisions about the décor of their rooms, which met their personal and cultural needs and preferences. People brought furnishings of their choosing that allowed personalisation of their rooms.

We observed staff supporting people in a caring and compassionate manner. People's care plans clearly evidenced the support they required and their personal preferences.

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.

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 this service was requires improvement (published 23 November 2018)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our safe findings below.

Brookside Residential 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Brookside Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager, director, five members of staff, four people and two relatives. We looked at four people's care records. We looked at records of accidents, incidents, and complaints received by the service. We looked at, recruitment records, staff supervision, appraisal records, policies and procedures and audits completed by the registered manager. We 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who have association with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing risk, safety monitoring and management

- Not all people's care files contained guidance for staff to ensure people's risk of pressure ulceration was managed in a safe way. For example, we found one person's care plan stated they should be repositioned every two hours. However, staff were only repositioning the person every 3-4 hours. This was highlighted to the registered manager who immediately updated electronic systems to ensure two hourly turns took place.
- During the inspection we saw adjustable tables were moved in front of people restricting their movement and walking aids were not always available. This was highlighted to the registered manager who stated that they have had best interest meetings regarding the adjustable table as this had previously been raised with them. It was seen during the remaining time of the inspection that adjustable tables were suitably placed and walking aids available for people.

We recommend that the care and treatment of people must be appropriate and meet their needs and reflect their preferences.

- People experienced safe care because their risks were managed effectively. Care files demonstrated that people's identified risks had been assessed, were being managed safely and reviewed regularly. For example, one person whose needs had changed over a 24-hour period had a full care file review, where appropriate referrals were made to professionals, who visited the home in a timely manner.
- People's individual emergency evacuation plans were in place and accurately reflected their needs.
- There was a clear system in place to investigate accidents and incidents. For example, when people experienced a fall, an investigation would take place, which included completing a falls diary, additional plan of care and updating risk assessments.
- Daily handovers were completed that recorded any outstanding concerns related to people and the environment, ensuring staff remained up to date with all important information related to safety.

Staffing and recruitment

- We found that people were supported by a sufficient number of staff. There were four staff present in the morning, and four staff present for the evening shift. In addition to this the registered manager told us about a 'golden hour' where staff could come in over a tea time period to help people get their meals in a timely manner.
- The service did not use agency staff. People unanimously agreed that there were enough staff to meet people's needs and we observed people had their care needs met in a timely way.
- People were protected from the risk of being supported by unsuitable staff. The provider had completed

relevant pre-employment checks to make sure staff had the appropriate skills and character to support older people and those living with dementia. These included prospective staff's conduct in previous care roles and their right to work in the UK.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from harm and abuse. For example, all recorded safeguarding concerns had been reported to the appropriate authorities.
- People were supported by staff members who had a good understanding of safeguarding. All staff had received training in safeguarding and knew the process of raising a concern. One staff member stated, "I would go to the manager and report this, and if nothing was done, I would go further."
- People told us they felt safe with the care they received from care staff. One person told us, "Yes I feel safe, the staff are very good."

Using medicines safely

- People had their medicines managed safely records demonstrated that people had received their medicines as prescribed, in a way they preferred.
- Staff were trained to administer medicines safely and their competency to do so was checked regularly. ● Staff supported people to take their medicines in a respectful way. Staff ensured that people's dignity was maintained when administering medication. People were asked if they were ready for their medicines and were given time to take them.
- Medicines were stored and disposed of safely, as required by legislation.
- Where people had medicines 'as required', for example for pain, there were clear protocols for their use. These were updated and reviewed regularly.
- Staff accurately completed electronic Medicines Administration Records (MAR). The MAR charts provided a record of which medicines were prescribed to a person and when they were given.
- The registered manager had introduced a nightly medicines count, completed by night staff, as well as monthly medicine audits undertaken by the registered manager. These highlighted any issue or concerns in a timely way and also had a different monthly theme. A clinical commissioning group audit had been adopted by the service to audit the overall medicines facilities, storage and ordering systems.

Preventing and controlling infection

- We found the home was clean and fresh and the home generally looked well kept.
- Staff were trained in the prevention and control of infections and used personal protective equipment such as disposable gloves to help reduce the spread of infection.
- The kitchen had been rated 5 out of 5 (good) from the FSA (Food Standards Agency). The agency's primary role is to ensure that services that serve or sell food, do so in line with hygiene standards. The rating of 'good' therefore illustrates the highest rating for cleanliness.

Learning lessons when things go wrong

- All accidents and incidents were recorded and reviewed by the registered manager.
- The registered manager took the necessary action to implement the required learning identified from accidents and near misses through a monthly audit.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The registered manager had a list of training they deemed mandatory for staff members. This included moving and handling, fire safety, first aid, mental capacity, safeguarding and Deprivation of Liberty Safeguards.
- However, we saw that not all staff members had completed their refresher 12 monthly training. This had been identified in the registered managers audits and staff had been given a deadline to complete this.
- Staff confirmed they received an induction and sufficient training. One staff member told us, "I've had lots of training, some online and some when people come in and train us."
- The registered manager told us staff received supervision three monthly and they have introduced an appraisal system where staff can feedback. The registered manager told us they used supervision as a chance to feedback to staff around areas of good work and development.

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

- People selected their food for the day at the beginning of each morning.
- The service had two cooks, who told us they followed a menu. Information was clearly displayed, and the cook showed knowledge of people in the home that required a specialist diet. Food was pureed and piped to give a more appetising look to texture moulds for people's meals and to protection from risks of choking.
- Staff encouraged people to remain hydrated by offering a selection of drinks throughout the day. There were healthy snacks available for people to eat throughout the day.
- People told us they enjoyed the food they were given. Relatives confirmed if they wished to have a meal with people then they could do this.
- We used the Short Observational Framework for Inspection (SOFI) during meal times that looked at people's dining experience. We observed that there was limited interaction between staff and people. During one meal, the television and music was playing at the same. This did not support an effective and social dining experience for people."

We recommend that the provider review the current dining experience for people, taking into account people's social needs and current best practice guidance.

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

- People's assessments were person-centred and considered all aspects of their lives.
- Care plans were a fluid document and written using the information from people's initial and ongoing assessments and through consultation with people and their relatives. All care plans were reviewed on a

monthly basis or when people's needs had changed.

- Peoples care files detailed the type of support that they required from staff through their 'care needs summary'. For example, one person's care plan stated they required two people for moving and assistance with eating and drinking.
- People, relatives and professionals consistently told us the staff delivered care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection.

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

- Staff worked in partnership with professionals from health and social care to meet people's needs. One relative stated, "Yes [person] has seen the doctor when they have needed."
- Care plans contained evidence of appointments with health care professionals such as General Practitioners, district nurses and dietitians. During the inspection it was observed that a number of professionals were visiting people. For example, on the day of inspection we observed professionals coming to the service to help people.
- Staff made prompt referrals to relevant healthcare services to ensure people's needs were met.
- One professional told us "The management communicates well and has no concerns about the service."

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

- People were involved in decisions about the décor of their rooms, which met their personal and cultural needs and preferences. The registered manager told us, "When we were decorating the hallway, fabric was shown to staff and residents to enable them to have a choice and show preferences."
- People brought furnishings of their choosing that allowed personalisation of their rooms. For example, one person brought their own preferred mattress and a second person chose a unique bed spread with a theme print, to help them to relax.
- One person commented on their room décor, "I've decorated the room how I like it, and have photographs of my family in there."

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.

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)

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance. Staff knowledge was very good with clear examples being provided of how liberty may be deprived. The training matrix identified that each area was individually studied and covered as topics by the provider.
- We observed staff seeking consent from people and waiting for a response prior to assisting them. If a person declined, this was respected, with staff approaching the person again after a while. Staff supported people to make as many decisions as possible. We observed and read in care plans, how people wished to be supported.
- Records showed that there was a clear process in place to ensure mental capacity assessments and best interest decisions were in place and reviewed on a regular basis. Relatives confirmed they had been involved in best interest meetings, where applicable, regarding the person. Where people did not have a relative, advocates were consulted.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- We observed staff supporting people in a caring and compassionate manner.
- People and their relatives reported positive relationships with staff. One person said, "The staff are friendly, I feel safe."
- All relatives spoken with felt that staff were caring and treated their family members with dignity and respect. One relative commented, "The staff are good here, sometimes think they are on happy pills. I have never seen one staff member raise their voice and they will sit with people if they have a spare moment."
- Staff knew people well and promoted their equality and diversity. Staff had a detailed understanding of people's needs and supported them.

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

- People and their relatives or advocates, where appropriate, were actively involved in decisions related to care and support. Where people were unable to make important decisions related to their care, the service ensured evidence was retained of any best interest decisions made.
- Care plans and risk assessments were reviewed regularly, which allowed people and their representatives, to make sure they accurately reflected their current needs and preferences.
- The service undertook three monthly people and relatives' meetings and used a 'You said, we did' feedback board in the lounge to demonstrate this.

Respecting and promoting people's privacy, dignity and independence

- Staff consistently treated people with dignity and respect and maintained their privacy. For example, we observed staff discretely support people to maintain their personal dignity, where doors were shut in bathrooms and people's own rooms.
- Relatives we spoke with all told us their loved ones were treated with respect and their dignity promoted. One relative stated, "[Staff] are really good and provide what [the person] needs, they are amazing."
- People's personal, confidential information was stored securely, and staff told us they maintained confidentiality if people ever needed to discuss sensitive matters.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had ensured that people received information related to the service, their support in a format that they could understand, this included written, and bold fonts. This was documented within people's care plans so to ensure all staff were aware of how to share information. The registered manager acknowledged the dining menus were not always in people's preferred communication needs. We discussed this with the registered manager, who ordered picture menu cards on the day of the inspection to help to meet people's communication needs.

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

- People's care plans were personalised and placed people's views and needs at the centre of the care provided. People received support that was individualised to their personal needs. People's care plans clearly highlighted background information and how they like to receive care.
- Relatives informed us people were supported how they wanted to be and were cared for in a responsive manner.
- One relative told us about an event that the service put on last year. They stated, "The service does nice touches, when [person] was 100, they organised a party and had a singer on, and had some games."

Supporting people to develop and maintain relationships to avoid social isolation

- People had access to individualised and group activities and received the necessary support to follow their interests. The service advertised different events that were due to take place. For example, an event at Halloween was advertised within the home where staff were dressed up for the occasion.
- People and their relatives were encouraged to engage in activities to ensure everyone felt welcome. On the days of inspection, it was seen that activities regularly took place throughout the day. One relative told us, "Yes I feel there are enough activities, they have just been singing."

Improving care quality in response to complaints or concerns

- Complaints were managed robustly and in a timely way. The registered manager used the learning from concerns and complaints as an opportunity for improvement.
- People and their relatives told us they knew how to raise a concern or complaint. One relative told us, "I would come to see the registered manager. I raised a concern regarding [persons] hearing aid and they got

onto this straight away."

- Staff were aware of the procedure to follow should anyone raise a concern with them.

End of life care and support

- The registered manager told us people with end of life care preferences were recorded in their individual care plans, with family involvement when needed and staff received training on end of life care.
- In one person's care file, where their health had deteriorated quickly, the service had reviewed their end of life plan, where their end of life wishes had been updated and recorded to document their preferences.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had introduced a number of monthly quality audits since the previous inspection, which highlighted any shortfalls. These included accident audits, safeguarding and Deprivation of Liberty Safeguards audits, medication audits, supervision audits and call bell audits. However, we found that audits did not identify issues found during the inspection. For example, audits did not highlight issues with people's repositioning and people's movement being restricted.

We recommend the provider establishes an effective audit system to monitor and improve the quality and safety of the service provided.

- The registered manager worked alongside the provider to make and sustain improvements to the service.
- Staff communicated effectively with each other in relation to people's changing needs and moods, to ensure they always received appropriate care and support.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a clearly defined management structure within the service.
- There were effective management systems in place to promote person-centred care.
- Staff understood people's needs and preferences, recognised the importance of knowing people well and could share details about people with us.

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

- The provider had a policy in place relating to duty of candour. This detailed the importance of transparency when investigating something that goes wrong.
- The registered manager understood their Duty of Candour, to be open and honest when things went wrong, and had recorded when they had informed the next of kin following an incident or accident. All incident forms highlighted if the next of kin had been informed.
- All relatives confirmed that the service was very responsive and did inform them immediately if an incident

had occurred.

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

- Staff felt that they were listened to by management. One staff member stated, "Definitely yes and I feel supported by them."
- Staff received training in relation to the Equality and Diversity Rights as part of their induction.
- The service gained feedback from people, their relatives and staff.

Continuous learning and improving care

- We saw evidence of continuous learning. For example, we saw in team meeting minutes the registered manager had disseminated information down to staff following updates to audit systems or peoples care needs.
- The service continually assessed all accidents, incidents and falls to ensure they could implement measures to mitigate the potential of a similar occurrence.
- The provider and registered manager used feedback from stakeholders, people who used the service, staff and families to drive service improvement. This was developed into a management audit action plan that was then met within a timescale.

Working in partnership with others

- The service worked well with external professionals. Advice was sought as and when required ensuring people's changing needs were met as soon as possible. For example, on the day of inspection we saw where one person's health had deteriorated that a doctor was immediately informed and attended to see the person the same day.
- The registered manager told us the service had close working relationships with district nurses, occupational therapists, chiropodist and the opticians. One professional told us, "Yes the service liaises well with GPs and district nurses."