

Brook House Dorset Limited

# Brook House Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on the 14 October and was unannounced. The service is registered to provide accommodation and personal care for up to 10 adults. The service has eight single rooms and one double room that is used for single occupancy. When we carried out our inspection there were nine people living at the service. There are two bathrooms, one of which has a walk-in bath. The service has a lounge and dining area that people are free to use at any time. The accommodation is over two floors and the first floor can be accessed by a stair lift. Each room has a call bell fitted so that people can call for help when needed.

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.

People were supported by staff that understood how to recognise signs of abuse and the actions they needed to take if they suspected abuse. Risks people lived with had been assessed and regularly reviewed and actions put in place to minimise the risk. People were involved in decisions about how risks they lived with were managed. This demonstrated they had the freedom to make choices about their lives. We spoke with staff that had a good knowledge of the risks people lived with and their role in reducing risk.

People were supported by enough staff to meet their needs. Staff had been recruited safely which included checks that they were suitable to work with vulnerable people. There were policies and procedures in place to manage any incidents of unsatisfactory staff performance. People received care and support from staff that had the appropriate skills and training. Staff felt supported and received regular supervision and an annual appraisal. Training was regularly reviewed and staff had on-going training plans.

People's medicines were ordered, stored and administered safely by competent staff that had completed medicine administration training.

Staff were supporting people in line with the principles of the Mental Capacity Act 2005 (MCA). People received care that was designed to meet their needs and staff supported people's ability and choices about their day to day care. People were offered the support of an advocate at times when they felt they needed independent support with decisions. A person's ability to make decisions about specific aspects of their life were regularly assessed and kept under review.

Staff understood people's eating and drinking requirements, likes and dislikes. When people were identified as being at risk of malnutrition or dehydration actions had been put in place and were closely monitored. People had access to healthcare in a timely way which included GP's, district nurses, audiologists, dentists and opticians.

Staff understood the history of people living in the service and how this impacted on how people wanted to live their lives. This demonstrated that staff were caring for people in a person centred way and listening and respecting people views and wishes. Staff had a good understanding of people's interests, likes and dislikes. This meant that staff could have conversations with people about things that were important and of interest to them. People had their dignity and privacy respected and were supported in a way that reflected a person's individuality.

People's care and support plans had been written and reviewed regularly with people. Staff understood the actions they needed to take to support people with their care. People's decisions about how they wanted to spend their time was respected and reflected past lifestyles and interests.

People had been given information about how to complain and felt if they did raise any concerns they would be listened to and actions taken.

The service is managed as a family business with care provided by a small team of staff who are part of the family. People described this as a positive experience and valued the inclusion into some aspects of the family life. Staff shared the managements views and beliefs in providing holistic care which respected and supported peoples differences. The service was led professionally whilst ensuring a relaxed homely atmosphere. Information with CQC and other external professionals was shared appropriately and in a timely way.

Audits were robust enough to identify any areas for improvement and included both the environment and peoples care and welfare. A quality assurance process was in place that enabled people the opportunity to share their views about the service they received. When any actions were identified they were acted on ensuring people's safety and wellbeing.

The registered manager had attended training days and workshops to keep up to date with practice. Since our last inspection this had included a MCA seminar and learning had been incorporated into their practice.

## 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.

People were supported by staff that had received safeguarding training and understood how to recognise signs of abuse and the actions needed if they suspected abuse.

People were involved in decisions about the risks they lived with and actions put into place to minimise risk without affecting the person's freedoms and choices.

People were supported by enough staff to meet their needs and who had been recruited safely.

People's medicines were ordered, stored and administered safely.

### Is the service effective?

Good ●

The service was effective.

Staff had the appropriate skills and training to carry out their roles effectively.

Staff received regular supervision and had opportunities for personal development.

The principles of the MCA were being followed enabling people to maintain control over their lives.

Staff understood people's eating and drinking requirements and took the appropriate actions when risks had been identified.

People had access to healthcare in a timely way.

### Is the service caring?

Good ●

The service was caring.

People, their relatives and professionals who regularly visited the service described the staff as very caring.

Staff they had a good understanding people's past history and how this impacted on how people wanted to live their lives.

People had their views and wishes listened too and respected.

People had their dignity and privacy respected and were supported in a way that reflected their individuality.

### Is the service responsive?

Good ●

The service was responsive.

People had person centred care and support plans that were reviewed regularly and understood by the staff team.

People's decisions about how they wanted to spend their time was respected and reflected past lifestyles and interests.

People were aware of the complaints process and felt if they used it they would be listened to and actions taken.

### Is the service well-led?

Good ●

The service was well led.

Staff shared the managements views and beliefs in providing holistic care which respected and supported peoples differences.

Audits were robust enough to identify any areas for improvement and included both the environment and peoples care and welfare.

People had the opportunity to share their views and provide feedback about the quality of service.

The registered manager had attended training days and workshops to keep up to date with practice.

# Brook House Residential Care Home

## **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 14 October 2016 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection we looked at notifications we had received about the service. We spoke to the local authority contract monitoring team to get information on their experience of the service.

We spoke with four people who use the service and one people who was visiting. We spoke with a district nurse who had experience of the service. We spoke to the Registered Manager, Deputy Manager and one care worker. We reviewed two people's care files and discussed with them their accuracy. We looked at health and safety records, maintenance records, medication records and management audits of the service. We observed the care practice and walked around the building. We looked at two staff files and looked at recruitment practice, supervision and training records.

# Is the service safe?

## Our findings

People were supported by staff that had completed training and understood what types of abuse people could be at risk from, what signs to look for and the actions they needed to take if they suspected abuse. People told us they felt safe. One person told us "(Staff member) is so kind. I feel safe here. I'm confident in the care". We saw throughout the home, both in people's rooms and the corridors, posters detailing agencies to contact if anybody had concerns about people's safety.

People were at reduced risks of harm because assessments had been completed that identified risks people experienced. When a risk had been identified actions had been put in place to minimise the risk. People were involved in decisions about how risks they lived with were managed. One person had a health condition and had been advised to wear a clinical stocking in the day. They didn't always wear it and understood the risks. This demonstrated that people had the freedom to make choices about their lives. We spoke with staff who had a good knowledge of the risks people lived with and their role in reducing risk. Risks assessed included weight loss, pressure damage to a person's skin, social isolation and mobility. Risk assessments were regularly reviewed with people. This meant that changes to people's needs were recognised and any actions needed to how they were supported were made.

Any accidents or incidents had been recorded and the information reviewed by the management team. We saw that appropriate actions had been taken which included making referrals to other professionals such as a district nurse.

A business emergency contingency plan was in place. People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.

Health and safety checks had been carried out to ensure that people were living in a safe environment. This included water temperature checks, call bell checks and regular servicing of equipment such as the boiler and stair lift. When actions were identified they were carried out in a timely manner.

People told us there were enough staff to meet their needs. One person told us "If I press the bell staff come quickly. There is always someone on call if I need the toilet". We checked staff files and found they had been recruited safely to work with vulnerable adults. For example files contained copies of criminal record checks and references that had been verified. Policies and procedures were in place to address any staff performance issues albeit these had not been used since our last inspection.

People's medicines were ordered, stored and administered safely by competent staff that had completed medicine administration training. We checked the medicine administration charts for people and they had been completed correctly. Medicine care plans had been reviewed regularly and one outcome had included working with a person and their GP to reduce and then stop a medicine. We spoke with staff who understood the actions they needed to take if a medicine error occurred. They told us "It's never happened but I would report it to (registered manager or the deputy) straight away".

# Is the service effective?

## Our findings

People received care and support from staff that had the appropriate skills and training. Since our last inspection in September 2015 there had been no staff recruited. However, we spoke with the registered manager about their induction process. We were told that any new staff would need to complete the Care Certificate. The Care Certificate is a national induction for people working in health and social care who did not already have relevant training. Since our last inspection all staff had completed training in understanding ageing. This had provided a non-nursing health overview of getting older. They had also completed training in understanding the principles of the MCA when obtaining consent and had completed a refresher in moving and handling. Some staff had completed a course that gave them the skills to train other staff in person centred care.

Staff told us they felt supported. They received supervision monthly and had an annual appraisal. We observed a relaxed but professional relationship between the registered manager and the staff team.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. At the time of our inspection there had not been any DoLS applications made to the local authority.

People received care that was designed to meet their needs and staff supported people's ability and choices about their day to day care. People living in the home were able to make decisions about their care and they did so throughout our inspection. We spoke with a care worker who told us "When checking consent with people you check body language as well as what they say. You get to know people's personalities. If they refuse something we will provide an alternative. People will say yes or no". One person told us "I don't feel like a prisoner and if I did I would be gone".

The registered manager told us "We review mental capacity on a day to day basis. You can't look at yesterday or two weeks ago. They (people) may have accepted something yesterday but may not want that practice any more". During our inspection a conversation with one person raised issues about their capacity to manage a particular aspect of their life. We read in their care and support plan that this had been identified earlier in the year as a possible risk. There was a record that the registered manager had asked the person if they would like the support of a solicitor or advocate which they had refused. The registered



manager had told us this was an ongoing issue that had been kept under review and regularly discussed with the person. In light of our findings at the inspection the registered manager acted swiftly and arranged with the local authority for the person to have an independent mental capacity assessment.

Staff understood people's eating and drinking requirements, likes and dislikes. Systems were in place to identify if anyone needed support. One person on admission to the home had been identified as being underweight. A care worker told us "Their appetite has increased. Over the past few weeks they are choosing more calorific meals. Loves poached eggs with beans, enjoys roast dinner, and we have gradually increased portions". We looked at their care records and saw that the person's weight had been gradually increasing. One person told us "The food is very nice, not too highly flavoured". Another told us "Food very good. More than enough for me". Meal times offered choice and we saw that people often chose something they particularly liked that was different to the main menu choices. Most people chose to have their meals in their rooms albeit we saw that one person had their meal in the communal lounge. We observed people being offered drinks and snacks throughout the day. Cold drinks were available in each person's room.

People had access to healthcare in a timely way. This included GP's, district nurses, audiologists, dentists and opticians. We read that one person since admission to the home had undertaken health checks which included spectacles, continence and a memory assessment. We spoke with a district nurse who told us "The home is quite good at keeping in touch. Communication seems good".

## Is the service caring?

### Our findings

People and their relatives described the staff as kind and caring. One person told us "I'm being looked after very well. The staff are as good as gold". Another told us "I'm happy living here, I wouldn't change it". People were supported by a team of staff that were part of the registered manager's family. When we spoke with people they found this a positive experience. One person said "It's homely and I like how its family orientated".

When we spoke to staff they had a good understanding of the history of people living in the service and how this impacted on how people wanted to live their lives. Most people chose to spend the majority of their time in their room. One person told us "I like my own company", another told us "I can go downstairs if I want but I'm more comfortable in my room". We spoke with a health professional with experience of the service. They told us "They provide exceptional care and are quite good at getting in touch. They are very caring but also well aware of people wanting to live as if in their own home and they accommodate that all well". This demonstrated that staff were caring for people in a person centred way and listening and respecting people views and wishes.

People had call bells in their rooms if they needed to call for staff to help them. We observed staff popping in and out of rooms throughout the day of our inspection checking whether people needed anything. One person told us "Staff come in and out, (of room). I am always seeing somebody. The staff are friendly".

When people needed glasses or a hearing aid to ensure they could communicate effectively we observed these were in place and in good repair. When they needed repairing or replacing people were supported with this. Staff had a good understanding of people's interests, likes and dislikes. This meant that staff could have conversations with people about things that were important and of interest to them. One person did not have english as their first language. The staff explained to us that at times they had asked family to repeat a message in the person's first language to be confident the person had understood fully.

Interactions between staff and people were respectful and involved the person in decisions. Throughout the inspection we observed staff explaining their actions to people, giving people time and listening to what they had to say. Relatives told us they felt informed and involved. A relative told us "I visit regularly so always hear about what's been happening. However in between visits they would ring if they needed too". Care records clearly recorded details of people being involved in decisions about their care and day to day life's. Information about advocacy services were available and staff actively promoted them to people who did not have family or friends able to support them with decisions.

People had their dignity and privacy respected. We observed staff knocking on doors before entering people's rooms and addressing people in a respectful manner. People's clothes and personal space were clean and reflected a person's individuality.

## Is the service responsive?

### Our findings

People received care that met their needs. Assessments had been completed before a person moved into the service and this information had been used to form their care and support plan. The plans contained clear information about people's assessed needs and the actions staff needed to take to support people. The deputy manager told us "Before admission we carry out an assessment to see if we can provide care. When they move in we ask them about their likes and dislikes, meals and routines". When we spoke with staff they were able to tell us about people's personal histories, family and friends important to them, their care needs and how to support people in line with their care and support plans.

Care and support plans were reviewed at least monthly. Records showed us that people were involved in reviews. One review had discussed with a person socialising with others in the communal areas. The record quoted them as saying "I'm more comfortable in a bed than a chair. I like my own company". When we spoke with the person they told us that was how they liked to spend their time. Another record included a quote whereby they had requested a change to their personal care routine and we saw that this had been included in their care and support plan. This meant that people were listened too and had control over how they lived their lives.

Most people chose to spend the majority of time in their own room enjoying TV and following their own interests. One person told us "There are plenty of things to do downstairs but I don't always go. I said when I came here that I like my own company". We spoke with one person who enjoyed socialising in the lounge area with staff and other people living in the home. A care worker told us "(They) are self-sufficient, happy to come down to the lounge and enjoys playing scrabble, dominoes, and cards. (They) are part of the family". We saw a photograph on the wall of people enjoying a recent visit from a music entertainer who visits each month.

People had the newspaper of their choice delivered each day and magazines such as the TV times. A care worker told us about a person who had a daily paper and loved doing the crossword. We saw that people's mail was delivered to their rooms and staff helped with correspondence when required. One person was unable to get to shops but enjoyed browsing catalogues so that they could chose items they wanted to purchase. We read records of staff supporting people to the post office and bank so that they were able to deal independently with their affairs. People did not have their own telephones and so staff ensured they had the office phone made available so that they could keep in touch with family.

A complaints procedure was in place and people and their families were aware of it and felt able to use it if needed. The procedure included details of how to appeal against the outcome of a complaint and provided details of external organisations such as the local government ombudsman. One person told us "The complaints information is pinned to the back of my bedroom door. I certainly would complain if I needed too".

## Is the service well-led?

### Our findings

The service is managed as a family business with care provided by a small team of staff who are part of the family. When we spoke with people they described this as a positive experience and valued the inclusion into some aspects of the family life. When we observed practice and spoke with the registered manager and the staff team there was a shared ethos of providing holistic care which respected and supported people's differences. A health professional with experience of the service told us "The service was well led" and they found "the owners (management team) caring and communication very good". The service was led professionally whilst ensuring a relaxed homely atmosphere.

We observed conversations between the registered manager and staff team that demonstrated that staff had a good understanding of their roles and responsibilities. Staff viewpoints were listened too and considered. This meant that staff felt included and confident in sharing their views, concerns and ideas which would ensure positive outcomes for people.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them. They had also submitted a provider information return prior to our inspection that showed evidence that they had a clear idea of where they were achieving well and where they could improve people's experience of care.

Audits were being carried out by the registered manager. They included weekly call bell checks, visual checks of appliances and aids, and a health and safety audit. Medicine audits and care and support plan audits were carried out monthly by the deputy manager. Audits clearly identified actions needed where shortfalls were identified and we saw that they had been completed. Records were kept in line with data protection requirements and in an easily accessible format.

A quality assurance system was in place and gathered the views of people and their families every six months. The overall feedback was rated very good. People had written positive feedback about the service. One person had written a comment about some changes to their care they would like and we saw that this had been acted upon. This meant that people had an opportunity to share their views and were listened too.

The registered manager had attended training days and workshops to keep up to date with practice. Since our last inspection this had included a MCA seminar and learning had been incorporated into their practice.