Brookvale Care Homes Limited

Brookvale House

Inspection report

4 Brookvale Road
Portswood
Southampton
Hampshire
SO17 1QL

Tel: 02380322541
Website: www.brookvalehealthcare.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Brookvale House is a care home registered for up to 35 people who may be living with dementia. At the time of the inspection there were 33 people living at the service. This was the first inspection of the service since the provider changed.

The inspection took place on 8 and 13 December 2016 and was unannounced.

There was a registered manager at the service. 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.

The majority of people at Brookvale House were living with dementia and therefore did not always have capacity to make decisions. Where people had capacity to do so, they signed consent to care forms. However, where people were not considered to have capacity to sign, there were not any records to show that decisions had been made in people's best interests or that the care and support was provided in their best interests. We recommend the provider researches best practice regarding how to evidence decisions are made in the best interests of people using the service.

People and their families were involved in care planning where possible. However, care plans focussed on physical aspects of people's care needs and did not include information about their mental and emotional wellbeing or include guidance around supporting people living with dementia. Care plans were reviewed regularly but where some people's needs had changed the care plan had not been updated.

The provider had policies and procedures in place designed to protect people from abuse and staff had received training. People were protected from avoidable harm through the use of equipment, such as walking frames. Risks were managed so that people were protected and their freedom supported and respected. People's needs were met by suitable numbers of staff. New staff were only employed after satisfactory checks had been received.

People were supported by staff who had received relevant training to enable them to support people they worked with. New staff completed an induction programme which included information about the service and if staff were new to care, they would undertake the Care Certificate. People were supported to eat and drink as necessary and saw healthcare professionals when they became unwell. People received their medicines as prescribed. People enjoyed a range of activities which met their individual needs. □

Staff developed caring relationships with people using the service. People were supported to express their views and be involved in making decisions about their care and support. People were offered choices such as what clothes they would like to wear and what they would like to drink. Staff supported people with

personal care whilst being mindful of their dignity.

The provider had a complaints procedure in place and people and/or their relatives knew how to make their views known. The registered manager and provider promoted a positive culture that was open and inclusive. The registered manager was supported by an assistant manager and team of senior staff. There were systems in place to monitor the quality of the service provided.

We identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and made a recommendation about the recording of best interests decisions. You can see what action we told the provider to take at the back of the full version of the report.

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.

Staff had completed training with regard to safeguarding people and were aware of how to use safeguarding procedures.

People had risk assessments in place to ensure every day risks were identified and minimised where possible.

Staff had been recruited following satisfactory pre-employment checks. There were enough staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had received training regarding peoples' right to make decisions but procedures had not been followed around consent for people who were considered not to have capacity.

People were supported by staff who were trained and knowledgeable about people living at the service.

People were supported to eat and drink in ways which met their needs.

People had access to healthcare services when necessary.

Is the service caring?

Good

The service was caring.

Positive caring relationships were developed with people using the service.

People made decisions about how they spent their time and what support they needed.

People's dignity was respected by staff when supporting them with personal care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not identify peoples' mental health needs and records were not always sufficient to ensure care plans were up to date.

People enjoyed a range of activities.

The provider had a complaints procedure in place and sought peoples' views.

Is the service well-led?

Good

The service was well led.

The registered manager promoted a positive culture which was person-centred, open, inclusive and empowering.

There were clear management systems in place.

The registered manager had systems to monitor the quality of the service provided.

Brookvale House

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.

The inspection took place on 8 and 13 December 2016 and was unannounced. The inspection was carried out by one inspector.

This was the first inspection of this location since it was registered under a different provider. Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people, who due to living with dementia were not able to give us information about the service. Therefore, we observed how they interacted with staff throughout the inspection, how they responded to activities and how they were supported at meal times. We spoke with three relatives, four staff and the registered manager. We looked at a range of records including three care plans, staff recruitment files and training records.

Good

Is the service safe?

Our findings

The provider had policies and procedures in place designed to protect people from abuse. Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse taking place. The registered manager knew how to make a safeguarding referral to the local authority and had discussed issues with them before they became safeguarding concerns. This helped to ensure that people were kept safe from harm.

People were protected from avoidable harm through the use of equipment, such as walking frames. Risks were managed so that people were protected and their freedom supported and respected. Where risks were identified, such as a risk of falls, an action plan was put in place to reduce the risk. There were emergency plans in place to provide information should there need to be an evacuation, however, some of these had not been updated for a year and a half. We brought this to the attention of the registered manager who agreed to take action to ensure they were up to date.

People's needs were met by suitable numbers of staff. We saw staff responding to people promptly when they needed support and a visitor told us, "I never hear [the buzzer] ringing and ringing, there is a quick response [from staff]." A staff member spoke positively about staffing levels and said, "We work as a good team." Earlier in 2016, there had been fewer staff employed and the registered manager took the decision not to offer a room to any new people until they had a suitable number of staff available. The number of staff and consequently, the number of people had been increased.

The provider sought references and completed checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Where agency staff were employed to fill gaps the relevant information was provided by the agency so the registered manager could be assured that agency staff had the correct level of checks and training. The registered manager asked for the same staff to be provided from the agency and ensured they received an induction when they came to the home, as well as "doubling up" with permanent staff until they got to know people.

People received their medicines as prescribed. A Medication Administration Record was completed to record that people had received their medicines. Medicines were stored safely and appropriately. Staff who administered medicines were trained to do so and there was always a trained staff member available on every shift who could give people their medicine. Staff were aware of the need to ensure medicines were given at the correct time and spaced appropriately. Staff knew the signs to look for if someone was in pain and one staff member said they looked at, "Eye contact or holding part of their body. You know your residents and you can get a second opinion."

Requires Improvement

Is the service effective?

Our findings

The majority of people at Brookvale House were living with dementia and therefore did not always have capacity to make decisions. Staff had training about the Mental Capacity Act 2005 (MCA). The 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. Staff told us how they ensured they gave people choices and one said, "[People] have the right to say what they feel and to express their wishes."

Where people had capacity to do so, they signed consent to care forms. However, where people were not considered to have capacity to sign, there were not any records to show that decisions had been made in people's best interests or that the care and support was provided in their best interests. A care plan for one person showed they had a sensor mat (so staff would know if they got out of, or fell out of bed) in place but the person did not have capacity to understand the issue and agree or disagree to the mat being there. There was no best interests documentation in place to show how the decision had been reached and who was involved in making the decision.

We recommend the provider research best practice regarding how to evidence decisions are made in the best interests of people using the service.

People were supported by staff who had received relevant training to enable them to support people they worked with. A visitor agreed staff appeared well trained and knowledgeable. A staff member told us they had completed the moving and handling refresher training recently and had done so as a group, saying it, "Was very good." Another said, "[The training] is good, I love doing training, it can refresh your mind." Training included topics such as the Mental Capacity Act, Deprivation of Liberty Safeguards, first aid, diabetes and moving and handling. Most of the staff team, including support staff, had undertaken training in "Dementia and Challenging Behaviour", and the activities co-ordinator was working towards a qualification in co-ordinating activities which reflected the needs of people living with dementia.

New staff completed an induction programme which included information about the service and if staff were new to care, they would undertake the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. Eight care staff had achieved a National Vocational Qualification in care, level 2 and 3 and a further three had achieved a level 2 qualification. This helped increase their skills and knowledge within their working roles.

Staff were further supported in their work through supervisions and appraisals. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. One staff member told us about their experience of supervision and said of two senior staff, "They are brilliant, they ask you how you're feeling. It's nice."

People were supported to eat and drink in line with their preference and dietary requirements. We observed the main meal being served and saw staff were flexible and patient in their approach to individual needs. People chose their meal in discussion with staff in the morning but could also change their mind when it was served. One of the chefs told us, "I do the menus in advance, but I still go round and ask what they want. I cook more of each as [people] change their mind when they sit around the table, they all decide on the same meal once they've seen it."

We heard staff offering and getting different food for people who did not want to eat the main meal as well as trying to persuade them to eat. Where people needed their meals to be pureed, this was done so that each food was pureed individually to look attractive. One of the chefs told us they baked cakes and desserts with sweetener where possible so people who were diabetic could enjoy the same desserts. They said they could meet special dietary needs and had in the past. Currently, one person was a vegetarian and they said they asked the person what they would like and made suggestions.

A staff member said if a person was not hungry at mealtimes, they would keep the meal for the person to have later when they might be hungry. People's food and fluid intake was monitored and recorded where this was necessary, for example, due to weight loss. Minutes from "Resident's meetings" showed that menus were discussed and that people enjoyed the food.

People had access to healthcare services when necessary. Staff gave us examples of situations where people had needed to see a GP or community nurse and what action they had taken, such as talking to the GP when one person was declining to take their medicines. Staff knew people well enough to know when they may be unwell which meant healthcare professionals could intervene before their health deteriorated further. People saw the doctor in their own bedrooms and a visitor confirmed that their relative had recently seen the podiatrist.

Good

Is the service caring?

Our findings

Staff developed caring relationships with people using the service. We heard one person talking to their relative and they said, "They (staff) look after me here." The person's relative told us they were, "happy with the care, it's homely [here]. Some staff treat [my relative] as their [relative]. The staff are very friendly." A visitor who worked at the home on a regular basis said, "I love it here, the staff really care, it is brilliant, I feel at ease [when I come]." Minutes from a "resident's meeting" showed that comments included, "I'm happy, all the staff are helpful, this is my home", "I'm happy with the staff, they are very caring and understanding" and "The staff are very friendly and helpful."

We saw two situations where staff supported people who were distressed in a kind and caring way. One person was agitated and walked around the home and into the back garden. Staff stopped what they were doing and went with the person. Another person was confused because a (usually open) door was closed and was calling out for help. Two staff went to assist and sat down with the person. Staff understood why the person was so distressed and showed empathy whilst re-assuring them calmly that everything was fine and supporting them to contact a family member as this was what they asked to do.

People were supported to express their views and be involved in making decisions about their care and support. People were offered choices such as what clothes they would like to wear and what they would like to drink. We saw staff show people the two different jugs of squash if they were unsure which flavour they would like. At lunch time we saw a person get up and move to another table as they preferred the chair. Staff acknowledged the person's right to make a decision and supported them to move to the other table. People chose where they ate their meals and we saw that some people stayed in their arm chairs rather than at the tables. People could also choose where they sat and what equipment they would like to make them more comfortable, such as cushions or a pouffe to raise their feet. When one person declined to have a cushion behind their back, this decision was respected. Staff moved around the room to speak to people individually to advise them of the afternoon entertainment and ask them if they would like to attend.

A named staff member took the lead on promoting privacy and dignity within the home and other staff knew who this was as they emphasised the importance of dignity. The service had hosted a "Dignitea" to raise awareness of the subject. People and their family were invited to talk about what dignity meant to them and they created a tree made of paper leaves which was a visual prompt showing what was important to people. The staff member also ran "Dignity Staff Days", where staff could undertake training and quizzes which encouraged staff to question how they would feel in certain situations and could receive feedback on their thoughts.

Staff described how they supported people with personal care whilst being mindful of their dignity. Signs had been created which staff put on doors when they were supporting people with their personal care to ensure staff were aware for the need for privacy. One staff member explained how they ensured the person wanted them to go into their room. They said, "I knock on their door, say it's me [staff name], the [person] says 'come in' and I ask, 'Are you ready for a wash?" Other comments from staff included, "[Person's name] is mainly in control of their personal care, we support them" and "[Person's name] does everything, we

prompt [person] to wash." One person needed more support with their personal care and staff explained how they did this whilst focussing on the person's photographs which were important to them and talking about their spouse or their interests. This approach "de-stressed" the person which enabled staff to support them better with their personal hygiene.

Requires Improvement

Is the service responsive?

Our findings

Staff knew people as individuals and a visitor said, "They look after my [relative] well, there's nothing else to say." People's needs were assessed before they moved to the service to ensure staff could meet their needs. People and their families were involved in care planning where possible. The registered manager had a plan to review the format of care plans to see how they could be improved, however, current care plans focussed on physical aspects of people's care needs and did not include information about their mental and emotional wellbeing or include guidance around supporting people living with dementia. Therefore, care plans did not include the impact of their mental health needs on them or strategies for intervention which staff could follow. Staff told us that one person had a specific health diagnosis and detailed the symptoms the person displayed. The (correct) diagnosis was noted in the person's records, but this was different to what staff said. Whilst staff recognised the symptoms of the person's deteriorating health and contacted the relevant healthcare professionals, the two illnesses were different and therefore may require different methods of support from staff.

Care plans were reviewed regularly but where some people's needs had changed the care plan had not been updated. One care plan showed the person needed a sensor mat when they were in bed, (so staff could know if the person had fallen or got out of the bed) but this was no longer in use. Another care plan stated the person needed a soft diet but the review stated the person now had their food pureed. The care plan had not been updated, which meant there was a risk they could receive their food prepared incorrectly.

Staff maintained a record of how people had spent their day which would contribute to the care plan review. We found some recording was brief, such as "bit confused" or "had personal care, went ok." During our first visit to the service we witnessed an incident which caused distress to the person involved who then said things which gave staff an insight into their distressing thoughts and subsequent behaviour. This incident had not been recorded. The lack of detailed recording could have an impact on care planning and ensuring people's needs were understood by staff.

The lack of effective and up to date care plans was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People could move around the home independently, where their mobility allowed and sometimes walked in the back garden. Where people had agreed, there were photographs of them, or something significant in their life, on their bedroom door. The registered manager said, "It works, people used to get lost, but can now find their room." They went on to say that people could also bring their own furniture into the service and "The rooms are all personalised now, [people] have now got their own things. [Person's room] is now a smaller version of their lounge and house."

The provider employed an activities co-ordinator who worked in the service most days. A relative said they arrived at different times of day and that there was, "always something going on.". The activities co-ordinator accompanied the registered manager when they undertook an initial assessment of people's

needs before they moved into the service. The activities co-ordinator therefore had time to sit and talk with people, find out more about them and prepare for their arrival to the home.
An activities board was displayed in the home and showed what was planned for the week. Activities included a visiting singer, pamper sessions and pet therapy (visiting animals which people can interact with). During the inspection we observed a quiz taking place. An external visitor conducted the quiz and it was tailored to meet the needs of people living with dementia and evoked memories which in turn, led on to topics of conversation. We also saw a staff member offer a person a manicure, which they accepted. New ideas for activities were developed, for example, there had been a cheese and wine party and last Easter, people had watched over hen's eggs until they hatched into chicks. The registered manager said people had been, "mesmerised", by this experience. As well as general activities which everyone could take part in if they wished, staff or the activities co-ordinator tailored activities to individuals. People were supported to walk in the garden or in the community. One person supported a particular football team, so the co-ordinator found some of the club's merchandise for the person and spent time looking at photographs and discussing the history of the team.

The provider had a complaints procedure in place and people and/or their relatives knew how to make their views known. A relative said they were aware they could make a complaint but that, "Any concerns (minor things) get sorted, for example, the window wasn't shutting properly." Another relative said they received a quality questionnaire each year and that "[Management] stress you can go to Head Office or management" at any time. The complaints procedure was available to people, was on display by the front door and the option to provide feedback was mentioned in the new monthly newsletters. There had not been any complaints since 2014.

People's views were sought through every day contact and communication between people, staff and the registered manager. There were also "Resident's meetings" where people's views were sought, for example, about whether they enjoyed the food and activities. The minutes showed people gave their views and new ideas were considered.

Good

Is the service well-led?

Our findings

The registered manager and provider promoted a positive culture that was open and inclusive. A staff member told us a representative of the provider, "Comes in sometimes, he popped in with money for presents for the residents [at Christmas], came in to help get the [Christmas] tree. He came in on the weekend when there was a problem." The staff member felt the representative was approachable and said of the registered manager: "[Name] is very approachable and supportive, fair, she knows her stuff. It is like a family here, it feels homely, this is their home. I like working here." Another staff member echoed this, saying "The home is run really well, [the registered manager] is very helpful. The management are really good. [The home] is lovely, welcoming, staff are passionate about their work, we are 100% into work, we work as a really good team and we all get through together."

The registered manager was supported by an assistant manager and team of senior staff. The registered manager was able to contact senior management for support and had attended meetings with the managers of the other homes within the provider's group. However, the registered manager had not been supported through the use of routine supervision.

The registered manager had systems in place to monitor the quality of the service provided. The registered manager spent time supporting people with the care staff and knew them and the staff well. People's views were taken into account and changes were made to the way the service was run if possible. A quality assurance survey had been sent to people and their relatives earlier in the year and twelve had been completed. The results were positive and people were given an analysis of what action was going to be taken, for example, the patio doors were to be repaired and the use of one to one activity sessions was going to be increased.

The registered manager undertook a range of quality audits and took action when necessary. The registered manager told us there had been a lot of audits but they had taken the advice of an external consultant about how to improve them. This had resulted in the audits becoming more streamlined and therefore more effective.

A named staff member was responsible for auditing the medicines and they had increased the frequency of the audits to ensure any identified issues could be actioned sooner. A "Dignity in care" audit had been completed and no concerns were identified. An external health care organisation had visited the service and completed an infection prevention and control audit. This was a positive outcome with some suggestions and the registered manager had taken action when this was within their remit or had passed the suggestions to the provider.

The registered manager undertook training to ensure they were up to date with practice. They had completed a course provided by a local hospice regarding end of life care, which had included a number of sessions and attending workshops.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not have care plans which covered their mental health needs and some care plans were not up to date.