SSL Healthcare Ltd

Brookfield 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 26 July and 7 August 2017 and was unannounced. This meant the provider and staff did not know we would be visiting.

Brookfield Care Home can accommodate up to 30 people. The home is situated in the village of Lazenby which is close to the coastal town of Redcar. The home has two units. The ground floor accommodates people living with a dementia. The first floor accommodates people requiring personal care. There are enclosed gardens which people who used the service can use. At the time of our inspection 29 people were using the service.

At the last inspection on 15 and 16 December 2015 the service was rated Good. At this inspection we found the service remained Good. At the December 2015 inspection we also identified two breaches of our regulations in relation to care plans for people with complex mental health conditions and activity provision. We took action by requiring the provider to send us action plans setting out how they would address these issues. When we returned on our latest inspection we saw improvements had been made. However, we identified that further and sustained improvements were needed.

There was a registered manager in place. 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.

Activities were available but were not always appropriate for people with physical support needs and people living with a dementia. We made a recommendation about activities for people living with a dementia and physical support needs.

Most of the care plans we looked at contained evidence of personalised care planning. However, we saw that further and sustained improvement was needed in care plans for people with complex mental health conditions or who were living with a dementia.

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Accidents and incidents were monitored to see if improvements could be made to keep people safe. People's medicines were managed safely. Policies and procedures were in place to safeguard people from the types of abuse that can occur in care settings. Staffing levels were monitored to ensure they were sufficient to support people safely. The provider's recruitment processes minimised the risk of unsuitable staff being employed.

Staff received mandatory training in a number of areas to support people effectively. Staff were supported with regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 (MCA) were protected and promoted. People were supported to maintain a healthy diet. Health and social care

professionals were involved in people's care to enable them to maintain good health.

People and their relatives spoke positively about the support they received and described staff as kind, caring and friendly. A caring culture was noticeable throughout the service, with staff at ease with people and any relatives or health professionals visiting the service. We saw numerous examples of kind and caring support being provided during our visit. Processes were in place to support people to access advocacy services and end of life care. Procedures were in place to investigate and respond to complaints.

Staff spoke positively about the culture and values of the service and said they were supported by the manager. The manager was a visible presence around the service, and clearly knew the people living there well. The provider and manager carried out a number of quality assurance audits to monitor and improve standards at the service. Feedback was sought from people who used the service and their relatives. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Activities were available but were limited for people with physical support needs and living with a dementia.

Care plans were not always personalised for people with complex mental health needs or people living with a dementia.

Procedures were in place to investigate and respond to complaints.

Is the service well-led?

Good

The service remains Good.

Brookfield 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 26 July and 7 August 2017 and was unannounced. This meant the provider and staff did not know we would be visiting.

The inspection team consisted of an adult social care inspector, a specialist advisor nurse and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider 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.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Brookfield Care Home.

During the inspection we spoke with seven people who used the service. We spoke with five relatives of people using the service. We also carried out observations using the short observational framework for inspections (SOFI). SOFI is a tool used to capture the experiences of people who use services who may not be able to express this for themselves. We looked at three care plans, medicine administration records (MARs) and handover sheers. We spoke with four members of staff, including the manager and care staff. We looked at four staff files, which included recruitment records. We also looked at records concerned with the day to day running of the service.

Good

Is the service safe?

Our findings

People and their relatives told us the service was safe. One person we spoke with said, "The best thing about living here is I feel safe." A relative told us, "Staff are very conscientious. It's never unsafe here."

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Before people started using the service their support needs were assessed in a number of areas including mobility, nutrition and skin integrity. Recognised tools such as Waterlow were used to assess risk. Waterlow gives an estimated risk for the development of a pressure sore. Assessments were regularly reviewed to ensure they reflected people's current level of risk. Regular checks of the premises and equipment were made to ensure they were safe to use. Required test and maintenance certificates were in place. However, we did see that checks of window restrictors were not always recorded. We spoke with the manager about this and window restrictor check records were introduced by the time we finished our inspection.

Accidents and incidents were monitored to see if improvements could be made to keep people safe. Plans were in place to keep people safe and provide a continuity of care in emergency situations.

People's medicines were managed safely. Medicines were safely and securely stored and stocks monitored to ensure people had access to them when needed. Protocols were in place to support people with 'as and when required' (PRN) medicine. Covert medication was administered appropriately and letters of authorisation were included in people's records. Covert medicines are given in disguised form, usually in food or drink. As a result, the person is unknowingly taking the medicine. We did see that some people's medicine records did not contain identity cards setting out their known allergies or conditions, though these were recorded elsewhere. We told the manager about this and they said they would be updated immediately. We also saw that body maps and charts were not used to record the position of some medicine patches. We spoke with the manager about this and relevant charts were obtained from the pharmacist.

Policies and procedures were in place to safeguard people from the types of abuse that can occur in care settings. Staff said they would not hesitate to report any concerns they had. One member of staff said, "I wouldn't just stand by." Records confirmed that where issues had been raised they were appropriately investigated and responded to.

Staffing levels were monitored to ensure they were sufficient to support people safely. One person we spoke with said, "The staff are okay. There seems to be plenty of them." Staff we spoke with said there had previously been a shortage of staff due to staff sickness but that additional staff had been recruited to address this. The manager said further recruitment was underway to ensure staff were available to cover any absences.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment history. Their identify was

verified, written references sought and Disclosure and Barring Service (DBS) checks carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.

Good

Is the service effective?

Our findings

Staff received mandatory training in a number of areas to support people effectively. Mandatory training is training and updates the provider thinks is necessary to support people safely. This included training in safeguarding, moving and handling, fire safety and health and safety. In addition to mandatory training staff received training in other areas specific to people's support needs, including dementia care and end of life care. The manager monitored and planned training using a training chart. When we visited the manager was updating this with the assistance of an external training company. The chart showed training was either up-to-date or planned. Staff received refresher training to ensure they were aware of the latest knowledge and best practice.

Staff spoke positively about the training they received and said they would be confident to request more if they felt this was needed. One member of staff said, "We're spot on with training. I've had refresher training recently." Another member of staff told us, "We get a lot of training. I think it is good and we always seem to be up-to-date."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records confirmed these meetings took place regularly, and that staff were encouraged to raise any support needs they had. Staff spoke positively about supervisions and appraisals. One member of staff said, "We get supervisions and appraisals and they are good as you get an opportunity to raise any issues." The manager also carried out competency checks of staff practice to see if any additional training or support was needed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection 18 people were subject to DoLS authorisations. Clear records of these were kept to ensure the manager could make applications for reauthorisation if needed. Care plans also contained records of best interest decisions made for people who lacked capacity to do so themselves.

People were supported to maintain a healthy diet. People's nutritional support needs and preferences were assessed before they started using the service and relevant care plans produced. People's food and fluid intake and weight was closely monitored to help ensure their nutritional health. Clear records were kept of people's specialist diets such as diabetic, soft or pureed, and kitchen staff had good knowledge of these. People spoke positively about food at the service. One person said, "Lovely food. Always given choices." We saw another person telling staff how much they had enjoyed their breakfast.

Health and social care professionals were involved in people's care to enable them to maintain good health. Care plans contained letters from health professionals documenting assessments and directions for care and treatment being made. The service engaged with a number of different G.P. practices and records contained evidence of regular contact as and when needed. We found written evidence showing people

were reviewed as and when necessary by professionals involved in their care.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the support they received and described staff as kind, caring and friendly. One person we spoke with said, "I like living here, it's friendly. A nice atmosphere. The staff are friendly and not stand off-ish." Another person told us, "It's really good living here. The staff are all friendly." A third person we spoke with said, "Here, without exception, the staff are very good." A relative we spoke with said, "All the staff are great. Really friendly."

A caring culture was noticeable throughout the service, with staff at ease with people and any relatives or health professionals visiting the service. During the inspection we witnessed staff behaving professionally in a helpful, knowledgeable and sensitive manner, and treating people with dignity and respect by knocking on doors before entering, addressing people by their preferred name and explaining what intervention they were about to carry out and why, such as in the administration of medication or positional change in bed.

We saw that staff encouraged people to be as independent as possible. For example, during mealtimes staff encouraged people to cut up their own food if possible before asking if they needed help doing so. We saw one person who had difficulty walking being encouraged to move around the building using their mobility aids. This meant helped the person was supported to keep their independence.

We saw numerous examples of kind and caring support being provided during our visit. For example, we saw one person who was living with a dementia become anxious and distressed in a communal area. A member of staff saw this, approached the person and used appropriate touch and language in having a lengthy conversation to reassure them. The member of staff then went to the person's room and brought them back an item them knew would comfort them. We saw the person looked happy and relaxed as a result of this chat. In another example we saw staff laughing and joking with a person who was having their breakfast. Staff clearly knew the person well as they were able to share jokes together and the person left the dining room laughing and smiling.

One person was using an advocate at the time of our inspection. Advocates help to ensure that people's views and preferences are heard. The manager told us how advocates were involved in planning people's care.

At the time of our inspection no one was receiving end of life care, however the manager was able to tell us how people would be supported to access this. Records confirmed that arrangements were in place to support people with end of life care should this be needed.

Requires Improvement

Is the service responsive?

Our findings

At the December 2015 inspection we also identified two breaches of our regulations in relation to care plans for people with complex mental health conditions and activity provision. We took action by requiring the provider to send us action plans setting out how they would address these issues. When we returned on our latest inspection we saw some improvements had been made and the service was no longer in breach of regulation. However, we identified that further and sustained improvements were needed.

Most of the care plans we looked at contained evidence of personalised care planning, were responsive to people's changing needs and covered all aspects of the support people needed. Before people started using the service assessments were carried out of their support needs in a number of areas, including medicines, mobility, nutrition and personal care. Where a support need was identified care plans were drawn up with detail on how the person could be supported that included information on their personal preferences. Care plans also contained a 'My Life So Far' section that included information from the person and their relatives on their background, interests and likes and dislikes. Better use was now being made of this information to plan and deliver people's care. Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences. Staff were knowledgeable about these, and throughout the inspection we saw people receiving support that met their personalised needs and preferences.

However, we saw that further and sustained improvement was needed in care plans for people with complex mental health conditions or who were living with a dementia. Records confirmed that such people had documented involvement with specialists such as community psychiatric nurses and psychiatrists. However, staff at the service had not always used this input to develop more comprehensive care plans detailing key aspects of the person's condition and how it specifically impacted on them. We spoke with the deputy manager about this, who said they and the manager had identified this as a key piece of work that needed completing.

Since our last inspection the service had allocated an additional member of staff to afternoon shift to act as 'activities champion' and assist people with activities. An activities file was used to document people's involvement in activities. We saw this included sing–a-long, films, Sunday newspaper discussions, walks and games in the garden and visits from external entertainers such as singers. Plans for upcoming activities included bingo, an entertainer and a summer fete involving the community from Lazenby village. Records confirmed that activities were discussed at meetings held with people and their relatives, and that efforts were made to act on any suggestions. For example, at a May 2017 meeting, a dedicated film night was requested and there were plans to do this in the summer.

People we spoke with told us activities took place. One person said, "There are activities. Regular birthday parties, then we have a glass of wine. We have people who come into the home and sing old war time songs. We get taken to the local pub and have the odd trip out in a minibus." A relative we spoke with said, "[Person] loved the entertainer, singing war time songs. [They] even got up and danced. More staff might mean more activities. I've mentioned this at the relatives meeting."

However, we saw that some improvement was needed to provide activities that catered for everyone's preferences and physical and mental abilities. One person we spoke with said they would like to take part in activities but could not due to mobility issues. Staff we spoke with said people were sometimes reluctant to take part in activities so more things of interest to them should be available. One member of staff told us, "They aren't (activities) always suitable for people living with a dementia."

We recommend that the service seek advice and guidance from a reputable source about the planning and delivery of activities for people with physical support needs and people living with a dementia.

Procedures were in place to investigate and respond to complaints. The provider had a complaints policy setting out how issues would be investigated and timeframe for responding. Records confirmed that where complaints had been made they were investigated in line with the provider's policy and outcomes given to the parties involved.

Good

Is the service well-led?

Our findings

Staff spoke positively about the culture and values of the service. One member of staff told us, "It's a very friendly home and I feel it's very caring. A very homely place." Another member of staff said, "A lovely place to work. Lovely staff. They care about residents."

The manager and deputy manager joined the service in the spring of 2017. Staff spoke positively about the changes they had made since their appointment. One member of staff said, "We have a new manager and deputy manager. They are approachable and seem very fair. They have come out and helped when we have been short staffed. Morale has been quite low but it's hopefully on the up now." Another member of staff told us, "The new manager is doing her best and is making differences."

The manager said they had been supported by the provider since they started at the service. They gave as an example the increase in staffing levels to ensure the manager was not regularly covering staff absences herself. The manager said, "I spoke with the [provider] as the office work was slipping. They were very supportive, saying take time off in lieu, recruit more staff and use agency staff." However, the manager said they still liked to spend some time providing care and support as it helped them get to know people better.

The manager was a visible presence around the service, and clearly knew the people living there well. One person told us how the manager had helped them to settle in and to deal with a specific issue they were having.

The provider and manager carried out a number of quality assurance audits to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. This included audits of care plans, housekeeping, the kitchen, medicines, infection control and health and safety. Where issues were identified records confirmed that remedial action was taken. For example, a July 2017 health and safety audit identified that a nurse call bell in a communal bathroom was broken. Records confirmed it was repaired the same day.

Feedback was sought from people who used the service and their relatives using an annual questionnaire. This had last been carried out in March to April 2017. The results were analysed by the manager and an 'action taken' sheet used to resolve any issues. For example, some relatives had raised concerns about items of clothing going missing in the laundry. This led to laundry name tags being used to reduce the chances of this happening. In addition, regular meetings were held with people and their relatives at which feedback was encouraged. Feedback was also sought from staff at regular staff meetings.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.