

GHS Care Limited

# Brookdale Care Home

## Inspection report

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16 November 2018  
17 December 2018

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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

What life is like for people using this service:

A new manager had recently been employed at the service. They were in the process of registering with us.

People, their relatives and the staff all told us they felt confident in the leadership and management of the service.

We found the registered provider demonstrated a commitment to continuing to drive forward improvements in the service. The registered provider was always looking for ways to develop and improve the support provided to people who lived with dementia. This helped people receive good quality care in line with current and developing best practice.

Staff morale was good and the team were committed to ensuring people received care and support based on their preferences and choices. The staff team had recently won a national award for staff team of the year.

Staff had received training in safeguarding adults and knew what action they should take if they witness poor care or they thought a person was at risk. They were confident that the registered provider and manager would act to ensure people were kept safe.

People said they were always treated with respect and felt well cared for. Staff were safely recruited and good staffing levels afforded people responsive and dignified support.

People lived in a clean and comfortable environment and systems were in place to ensure the safe handling of medicines.

People's care records showed that individual risk assessments were in place to help ensure they received safe care and support.

The manager ensured authorisation for any restrictive practices, carried out in people's best interest, had been applied for from the relevant local authority.

People were supported by staff who had received training and support to provide effective care, with further developments planned.

The Cherry Blossom suite had been specifically designed to help people who lived with dementia find their way around, with wide corridors for those who wanted to walk without purpose.

People's records showed their personal wishes and preferences had been considered. The records were

kept under review to ensure people's care and support needs had not changed.

People received support to engage in activities at Brookdale and were also able to do so within the local community. There were two activity co-ordinators who were committed and passionate about the role.

More information is in the detailed findings below.

Rating at last inspection: Good (report published January 2016).

About the service: Brookdale Care Home provides personal care for up to 58 mainly older people some who lived with dementia. At the time of the inspection 47 people used the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection. This inspection was unannounced and took place on 12 and 16 November 2018 and completed on 17 December 2018.

Brookdale 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.

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. At the time of our inspection an application had been made by the manager to register with us. They were approved by CQC shortly after our inspection.

At our last inspection in November 2015 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service remains Good.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remains Good.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remains Good.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service remains Good.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service remains Good.

Details are in our Well-Led findings below.

Good ●

# Brookdale Care 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 as part of our regulatory functions. This inspection checked 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.

**Inspection team:** One inspector and an expert by experience visited on the first day and one inspector on the following two days. The expert-by-experience had a background dealing with older people and people in the early stages of dementia.

**Service and service type:** Brookdale Care Home is a care home for people who require personal care. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. The manager was registered with us shortly after this inspection. This means they, along with 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:**

Prior to the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and serious injuries. We sought feedback from the local authority, clinical commissioning group and professionals who work with the service.

We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with seven people and three relatives to ask about their experience of the

care provided.

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.

We spoke with 13 members of staff during the inspection, including, the person responsible for the service, a director who had a specific interest and passion in developing dementia support and care and the new manager. We also spoke with the suite leader on Butterfly, a night senior, two night carers, four day carers and two activities coordinators.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff recruitment files. Various records were reviewed, in relation to training and supervision of staff, the management of the home and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

The systems in place continued to help to protect people from avoidable harm.

Safeguarding systems and processes:

- Systems were in place to help safeguard people from the risk of harm and abuse. People told us they had no concerns about their safety in Brookdale. They said, "We're very safe here, they're [staff] always around looking out for us" and "I've got the code to the front door. I'm really only here for safety and my medication. I wouldn't remember to take it, but here, I always get it when I should." We observed that several people had their own bedroom keys.
- All staff spoken with had a good understanding of what to do to make sure people were protected from harm.
- The manager told us improvements had been made to safeguarding training and that new online training had been introduced.
- The manager had made links with the local safeguarding team to assist in any future partnership working.

Staffing levels and recruitment:

- Staff had been safely recruited and there were sufficient staff available to support people.
- We reviewed three staff recruitment files, which all contained an application form, full employment history, references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. These checks help to prevent unsuitable people from working with people who use care and support services.
- There were enough staff to meet people's needs. The manager told us the home was actually over staffed by 26 hours per week, compared to people's assessed dependency needs. This was to ensure sufficient regular staff were always available to cover any absence or sickness, so that agency staff would not be required. This would ensure people received care and support from people who knew them well.
- An additional senior carer had been added on the day shift and a new deputy had been appointed to start in the New Year.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong:

- The environment and equipment was safe and well maintained.
- Risk assessments were in place and reviewed regularly.
- Daily handover meetings had taken place to help ensure good communication between staff and enable better monitoring of people's progress.
- We saw an example of lessons learnt where the registered provider had shared concerns about an incident that had occurred in another of their homes. A team meeting was held and staff were given a copy of the relevant Health and Safety Executive (HSE) guidance.
- The manager was working with the local authority to provide training in how to use an inflatable cushion to help reduce admissions into hospital following falls.

Preventing and controlling infection:

- The service effectively managed the control and prevention of infection. The service was clean and a

programme of refurbishment was ongoing.

- One person told us, "The home is spotlessly clean."
- Some people living at the home had contracted an infection recently. The manager had worked closely with the local authorities control of infection team and followed appropriate procedures.
- The kitchen had received the highest five star rating from the environmental health team following their inspection in September 2018.

Using medicines safely:

- Systems were in place to help ensure the safe administration of medicines.
- Medicines were kept safely and securely. Keys were held only staff identified and trained to administer medicines.
- When a new person came to live at the home a transfer of care was requested and received from their doctor to help ensure the medicines brought in with them were correct.
- Care plans referred to medicines and identified any risks associated with the person taking them, for example, refusing to take them and swallowing difficulties.
- When we checked the safety of the medicines we found some recording issues on the first day of our inspection with. This was dealt with swiftly and appropriately by the manager and checks on the medicines were increased.

## Is the service effective?

### Our findings

People's care, treatment and support continued to achieve good outcomes, promoted a good quality of life and was based on best practice.

Staff skills, knowledge and experience:

- People and relatives told us they thought Brookdale was effective. We heard one relative state, "[Relative] won't let me do that, you can always manage to get [relative] to do things. You're fabulous with [relative]." People told us, "The night staff are very good. They're very efficient when I need help and they always prop me up properly. I'm quite happy here and the day staff are good too. They always come when I buzz."
- Staff received the induction, training and supervision they required to be able to provide safe and effective care. The new manager had signed up with a local college where new staff would undertake the Care Certificate and other recognised care qualifications.
- Additional mental health training called the 'Mental Health First Aid' had been sourced.

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

- Assessments were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Pre-admission assessments were carried out by the manager.
- An external company carried out a 'secret shopper' style visit to the home. The independent visitor scored the service as 91% and detailed areas of improvement, for example, being offered refreshments and not all staff were wearing name badges. The shortfalls had been addressed.

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 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.

- Staff had a good understanding of the MCA and DoLS but would like more training to reinforce their learning.
- The manager ensured authorisation for any restrictive practices, carried out in people's best interest, had been applied for from the relevant local authority. They knew which people had specific conditions in place.
- Care records showed that where people had been assessed as lacking capacity their best interests had been considered.
- People we spoke with and their told us staff sought their consent before providing care, and we observed during our inspection.

Eating, drinking, balanced diet:

- People told us the quality of food served in Brookdale was good. They said, "We get plenty to eat and there's lots of choice. We get breakfast, dinner, tea and supper but we can ask for anything whenever we like", "The food used to be very good when [staff name] was here. It's a bit hit and miss at the moment because they've got agency staff in, so something you enjoyed and ask for again will be made differently next time. A new chef starts soon" and "I enjoyed today's lunch, nobody's mentioned tea yet. There's always fruit and yoghurt if I ask for them. [Staff name] is very good at bringing fruit and yoghurt in a morning or afternoon".
- People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it.
- Where people were at risk of poor nutrition, plans were in place to monitor their needs closely and professionals were involved where required.
- Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.
- Where people were at risk of dehydration their fluid intake was monitored.
- There was a very calm, relaxed atmosphere during lunch with good interaction between people who used the service and staff.
- The home had worked with a nutritionist who provided a three day dietary intervention course for staff and the positive impact this can have on people's wellbeing.

Healthcare support:

- People were supported to maintain good physical and mental health through regular monitoring in the service and attendance at external appointments.
- A person told us, "I'm going to hospital a week today and I was concerned about booking the ambulance. (Staff Name)'s told me it gets booked three days before, so I'm reassured now. They're very good at letting us know how things work."

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

- Cherry Blossom had been designed in a way to enable people find their way around by use of colours, signs and memory boxes.
- There were wide corridors to support people who wanted to walk without purpose. There was a sound system on the corridor, which enabled people to listen to music or sounds of nature as they walked.
- In the middle of the corridor was a garden and activities room with a life like cherry tree in full bloom which people could sit under.
- The senior management team were accredited as Dementia Care Mappers with Bradford University and had carried out an analysis of provision of Brookdale. Dementia Care Mapping is an approach used to improve quality of life for people living with dementia and is recognised by the National Institute for Health and Clinical Excellence (NICE).
- A dementia mapping exercise had been carried out by senior managers using Stirling University's Dementia Design audit tool to evaluate care provided by the service. This was see if further improvements could be made to the quality of people's lives.

## Is the service caring?

### Our findings

The service involved people and treated them with compassion, kindness, dignity and respect.

- People and relatives spoke positively about the staff who supported them. They said, "They look after us very well. All the staff are really great", "They're great girls", "The staff are great and genuinely care", "Staff are really lovely and so very caring" and "Staff are really lovely, and they always offer us a drink when we come." A relative said, "The staff team are awesome."
- The home had recently won a national award for Care Team of the Year. The award recognises staff who make an exceptional contribution to the quality of life, health and happiness of people they support.
- In the conservatory of the dementia unit, there was a framed verse about Brookdale. It stated: "I treat all residents like they are my mother and father; This is home, we have the pleasure to be part of our friends' lives; This is a way of life not a job; We are more than carers we are friends."
- From the conversations we had with people who used the service, relatives and staff, it was evident these were values the staff encompassed. There was a real sense of camaraderie within the home.

Respecting and promoting people's privacy, dignity and independence:

- It was noted that staff called people by their first names or preferred names. During informal conversations, staff spoke about individual people with knowledge of their backgrounds, likes and dislikes, as well as their current individual needs and behaviours. Staff comments included: "We're like a family here and that's how it should be."
- One person told us, "They have a Church service in the lounge but the lady from the Church comes into my room to do a personal service. Yesterday, (activity co-ordinator) played the clarinet, they sang some songs and did a little prayer with the Vicar and two ladies. (Activity coordinator) had arranged for them to come and visit me in my room and she played the Grenadier Guards for me."
- During our SOFI we saw that during breakfast people were supported and encouraged to eat their meals as independently as possible and were spoken with in a polite way.
- Staff were trained in equality and diversity. We were told there were no current people using the service who had any cultural or ethnic needs. To promote people's individual right to privacy and dignity, double rooms were no longer being used.

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

- The service was meeting the accessible information standard. We saw staff talking with people in a way they could understand and explaining what was happening. The home was also part of the Story Book project helping people to communicate important aspects of their identity.
- Where people could make specific decisions, for example, choosing what clothes to wear, this had been encouraged to help people maintain their independence.
- People who used the service had opportunities to comment on the support they received. We saw that questionnaires had been sent out to people who used the service and relatives.
- An activities meeting had been held with people to find out about what activities they would like to take place, for example, more animals visiting the home and more trips out for meals and to the cinema. These activities had been added to the cherry blossom tree in the garden lounge.

- A relatives meeting had been held with the new manager in October 2018. Following the meeting the manager wrote a follow up letter to relatives to inform them what action had been taken to address the issues they raised, for example, the purchase of new laundry net bags to help reduce laundry going missing.

## Is the service responsive?

### Our findings

People received personalised care that responded to their needs:

- Arrangements were in place to help ensure people received individualised care to meet their needs.
- People's care records were found to be detailed, person centred and kept under review.
- People's end of life wishes had been considered and recorded.
- Activities for people continued to improve. There were two activities co-ordinators who were committed and passionate about their role. They continued to develop a variety of activities for people to enjoy and keep active and a support group for relatives called 'Friends Forever'.
- The activities co-ordinators were qualified to carry out the role. One had a degree in music psychology and the other was a former primary school teacher who was actively building intergenerational community links for the home, including work with a youth group.
- People were encouraged to go out shopping or out for meals to help maintain their independence.
- Staff had dressed up to raise money for Children in Need and plans were in place to hold an Elf day in the run up to Christmas. People enjoyed celebrating and being involved in events.
- During our inspection we saw a ball exercise, some people going out, people doing crosswords, listening to classical music and singing songs.
- Some people said they would like to see wider inclusion in activities across the service, particularly within the wider community. They also wanted the small lounge on Butterfly to be re-organised to create an activities area.
- Activities were planned to take place during Christmas including singers coming in to entertain people on Christmas day.
- We saw a copy of 'Brookdale Portfolio of community work, events and resident's occupation.' Activities co-ordinators showed us a presentation of their work.

Improving care quality in response to complaints or concerns:

- People were encouraged to provide feedback on the service they received. Any complaints or suggestions were acted upon to help improve people's experience of the service.
- People we spoke with told us they did know about the complaints' procedure. They stated that they would not hesitate to bring any concerns to the management's notice. The complaints procedure was displayed on the noticeboard in the main entrance hall.
- People told us, "The owners do listen to us. They're very nice and have always looked into our complaints. Staff have even left, don't know if it's directly linked but it could be."
- We saw that one relative had raised concerns about a person's lack of sleep and the impact it was having on them. The registered provider responded by investing in a computerised software sleep sensor which helped to monitor the person's sleep and reassure relatives as the sensor could be accessed remotely.

## Is the service well-led?

### Our findings

Aspects of leadership and management assure person-centred, good quality care and a fair and open culture.

Manager and staff roles, understanding of quality performance, risks and regulatory requirements.

Continuous learning and improving care:

- The service had a new manager who was in the process of becoming registered with the Care Quality Commission and was qualified to undertake the role. The manager was very organised and was improving systems across the home. They had a good understanding of the Regulations and the Key Lines of Enquiry (KLoE's).
- Quality assurance systems in place were used to drive forward improvements in the service.
- There were a wide range of audits in place including, checks on care plans and a falls and accident analysis to help identify ways to reduce falls.
- Providers are required by law to notify CQC of certain events in the service such as serious incidents. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.
- Meetings were held with staff. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice.
- Staff told us they enjoyed working in Brookdale and felt well supported both by their colleagues, the manager and the registered providers of the service.

Leaders promote person-centred, high-quality care and good outcomes for people:

- The registered providers demonstrated a commitment to ensuring people's experience of the service was positive.
  - The registered provider had significant interest in care and support for people who lived with dementia and working with other healthcare professionals and organisations.
  - The registered provider was picked as a Best Practice Care Representative by members of parliament as part of the 2018 parliamentary review.
- The manager had carried out regular 'You said We did' surveys. These showed action taken to rectify any concerns raised. The levels of satisfaction of the service continued to improve.

Working in partnership with others and involving people using the service:

- One person told us, "Last year I had to go to hospital and it cost £100 for the taxi. I only had £50 left in my tokens, so I think [registered provider] paid the rest", "The new manager seems quite affable. She's popped in a couple of times to check I'm alright", "She's great isn't she" and "Any little queries are sorted by the staff straightaway. They're really helpful."
- A person who used the service was involved in the recruitment of staff.
- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.

The home is a member of the Bury Dementia Alliance, which looks at ways to improve the experiences of people who live with dementia in the local community.

- People who use the service can access information about the service via newsletters and online through 'Twitter' and 'Facebook'.