

Prestwick Care Limited

Brooke House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Brooke House is a residential care home providing accommodation and personal care to up to 50 older people, some of whom have nursing needs. There were 49 people living at the home at the time of this inspection.

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

People received care and support from a service which was exceptionally well-led. The registered provider and registered manager demonstrated a strong and supportive leadership style. The registered manager led by example and promoted and ensured the values of the organisation were embedded within the culture of the home. The management team and all staff were committed to ensuring high-quality person-centred care was delivered to everyone.

A range of robust audits were in place to monitor and review the quality of the service. A strong emphasis was placed on continuous learning to improve the outcomes for people. Accidents and incidents were robustly reviewed to identify if any themes or trends were evident and to assess if measures could be implemented to reduce the risks people were exposed to.

Staff were extremely kind and caring and always promoted the privacy and dignity of people. Staff encouraged people to be as independent as they could be and people or their representative were involved in decisions about their care. The provider's management team also demonstrated caring attitudes towards the staff team.

People felt safe living at Brooke House and relatives confirmed this. Safeguarding policies and procedures were in place and staff were confident in the actions to take if abuse were suspected. There were enough staff deployed to meet the needs of people and additional staffing was provided if this was assessed as required. Staff were recruited safely and risk assessments were in place for people and the environment. Measures were identified to mitigate known risks people were exposed to.

A range of meaningful activities were available to occupy people during the day. This included people receiving time with staff on a 1-1 basis. The provision of activities was planned to meet people's individual needs. People received care from staff who were well trained and well supported by the registered manager.

A holistic approach to assessing and delivering care was in place. Staff provided care to people which met their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 22 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Brooke House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, a specialist advisor 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.

Service and service type

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Prior to the inspection, we checked all the information we had received about the service. We assessed the information received in the Provider Information Return (PIR). This is information we require providers to send us at least 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.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard

by those who commission, deliver and regulate health and care services.

During the inspection

We spoke with seven people who used the service and eight relatives.

Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them. We spoke with the registered manager, the provider, head of compliance manager and eight members of the staff team. In addition, we also spoke with three visiting health and social care professionals.

We reviewed a range of care records for seven people. We looked at a range of records in relation to the safety and management of the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate the evidence we found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse. Staff understood their role in how to protect people and were confident in the actions they would take to protect people.
- Where safeguarding concerns had been raised, investigations and appropriate actions were taken.

Staffing levels and recruitment

- There were enough staff deployed to meet the needs of people and maintain their safety.
- Staff were recruited safely. Robust systems were in place to ensure suitable staff with the necessary skills were employed.

Assessing risk, safety monitoring and management

- People had personal risk assessments in place. These were reviewed and updated when a change in need was identified. They included information of how to mitigate known risks people were exposed to.
- Environmental checks were completed to help ensure the safety of the building. Risk assessments relating to the environment were in place and regularly reviewed.

Using medicines safely

- Medicines were managed safely. Medicines records were completed and showed people had received their medicines as prescribed.

Learning lessons when things go wrong

- Systems were in place to review accidents or incidents. Accidents and incidents were reviewed to identify if there were any trends or if lessons could be learned and improvement actions taken to minimise future risks.
- Action was taken to implement changes if improvement actions were identified.

Preventing and controlling infection.

- Infection control procedures were in place and followed by staff.
- The environment was very clean and tidy with no malodours.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's nutritional and hydration needs were met.
- Staff were knowledgeable about people's dietary needs and preferences. People who required a specialist diet were supported well. Care plans for these people contained detail and professional guidance for staff to follow.
- Some meal time observations did not always demonstrate staff followed best practice guidelines. This is important to support people living with a dementia related condition. We brought this to the attention of the registered manager and provider who took immediate action to address these inconsistencies.

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

- Staff completed pre-admission assessments to determine if they were able to meet an individual's needs.
- Care plans contained relevant information to guide staff on how to deliver care and support.
- Care plans were reviewed at the frequency identified by the provider and updated when a change in need was identified for the person.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager followed the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS). Applications had been made to the local authority for DoLS authorisations in line with legislation.
- Staff understood their responsibilities and the need for best interests' decisions to be made for people who lacked the mental capacity to make certain decisions for themselves.

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

- The home was purpose built and fully accessible with a range of adaptations and equipment to meet peoples' needs.
- People were able to personalise their bedrooms with belongings of their choice.

Staff support: induction, training, skills and experience

- A staff training programme was in place. Training the provider deemed mandatory was delivered to staff. A training budget of £1000 was available to each registered nurse to support them with their professional development.
- The registered manager ensured staff were competent through the use of supervision, observations and team meetings.
- Systems were in place to support staff. Newly recruited staff had an identified 'buddy' to support them through the induction period.

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

- People were supported to have access to a range of healthcare professionals to ensure they remained healthy. Staff worked with other agencies and accessed services when people's needs changed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity

- Care and support was delivered by staff who were exceptionally compassionate and kind. Throughout the inspection we observed numerous interactions between staff and people which were kind and caring. Staff were gentle in their engagements with people and displayed empathy and understanding of their needs. Staff always asked permission before carrying out any support task and told people what was happening throughout their interaction.
- Staff were genuine in their affections for people and actively thought about how their actions could improve outcomes for people. This included an example of staff visiting one person on their days off work who had been admitted to hospital.
- The registered manager promoted a positive and caring culture within the home. They led by example and ensured they were a highly visible presence in the service.
- Without exception people and their relatives consistently told us staff were caring. One person said, "The staff are really good and pleasant. They pop in and have a cup of tea and a chat with me. I can't speak highly enough of them!" A relative told us, "Relatives feel welcomed into the home. The staff deliver first class support to everyone on every level." Another relative said, "The safety and compassion here [Brooke House] is on another level."
- A culture of providing person-centred care to people was embedded within the service. Individualised assessments were in place and the provider reacted to ensure people's changing needs were met. There were numerous examples where the provider had authorised additional funding to ensure people's needs were met. For example, for one person the provider paid the additional costs of 1-1 staffing due to an increase in the number of falls they had experienced. An excellent outcome was achieved for this person as they were able to lead their life in their preferred manner and did not experience any further falls.
- Staff always considered the equality and diversity needs of people to promote inclusion for everyone. Staff received equality and diversity training and the provider had a clear policy to reflect this. The provider had a zero-tolerance approach to people or staff being subjected to any form of discrimination.

Respecting and promoting people's privacy, dignity and independence

- Respect for the privacy and dignity of people was at the heart of the service's culture and values. Staff always respected the preferences of what was important to people. The registered manager led by example and monitored staff performance through supervision and observations to ensure respect and privacy were embedded within the service. One person said, "They [staff] keep my dignity and lock the door when I'm having a bath but keep me independent by encouraging me to do what I can."
- Creative ways of reflecting people's personal histories and cultural backgrounds were in place. Staff

recognised the importance of allowing people to do things for themselves rather than doing everything for them. Staff took the time to find out and record people's personal histories. Where possible staff worked to organise experiences that had been relevant and important to the person in their past. This included one example of a person being supported in an activity where they had been previously employed. Staff recorded this experience with photographs which clearly showed how thrilled the individual was doing the activity.

- Care plans detailed the support people required with their care. Information was recorded sensitively and considered what the person could do independently. Care plans followed the recommendations of any visiting health and social care professional and described the actions staff should take. Staff ensured the dignity of people was maintained using this approach.
- Staff demonstrated respectful attitudes and worked in ways which respected the dignity and privacy of people. Staff were able to describe why this was important and gave examples of how they respected people's dignity including when giving personal care support.

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

- People's views were always listened to and considered in the planning of their care. Assessments and care plans demonstrated the involvement of people and where appropriate their representatives. Where people were able to they had agreed decisions about their care. Staff actively encouraged individuals to make their own decisions about their day to day support.
- Independent advocacy services were used to support some people to ensure they were represented in any discussions about their care. Staff understood the importance of people's views being considered in the decision-making process and knew how to refer people to advocacy services if this type of support was required. An advocate helps people to access information and to be involved in decisions about their lives.
- Innovative ways were used by staff to support people to express their views. This included the use of technology, language translation and pictorial symbol cards for people to use to communicate their wants and needs to staff. This empowered people to be able to share their needs with staff so they could be active participants in their care.

Is the service responsive?

Our findings

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

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

End of life care and support

- Staff provided person-centred end of life care to people and their relatives. Staff had completed end of life care training and treated people with empathy and compassion during their interactions. Facilities were available for any relative wishing to remain at the home overnight with people during their end of life care.
- End of life care plans were in place for all people using the service. These contained person-centred information and people's preferred priorities for their end of life care were recorded. Any cultural needs of the person were respected and religious needs were met.
- Staff ensured people without relatives were not left alone during their end of life care.

Meeting people's communication needs

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

- The provider ensured people's communication needs were met. Communication needs were recorded in care plans and adjustments were made to share information with people in alternative formats if necessary.
- Some information was available in accessible formats. For example, some easy read documents had been produced to support people who could not understand written words and information produced in an alternative language for people whose first language was not English.

Improving care quality in response to complaints or concerns

- Systems were in place for any concerns, complaints, or compliments to be acknowledged. The provider had a clear policy which detailed how any complaints would be investigated and responded to.
- No complaints were raised with us during the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were responsive to the needs of people. People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated the involvement of other health and social care professionals.
- A range of meaningful activities were available for people. The provider employed two activity co-ordinators who were responsible for providing meaningful activities which met the individual needs of people.
- Important information about people was shared between staff. Handover meetings took place from one shift to the next to ensure important information was passed from one staff team to the next.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People's needs were central to the support staff provided. As a result, personalised care was delivered to everyone which achieved excellent outcomes for them. People and their relative's comments reflected this person-centred approach. One relative said, "The staff are lovely, friendly and great at their job. [Name of registered manager] has supported me in many decisions that have had to be made. She wants nothing but the best for her residents. I class myself as part of The Brooke House Family."
- People, relatives, staff and health professionals consistently gave extremely positive feedback about the registered manager's leadership. One relative said, "[Name of registered manager] is like my guardian Angel. She has supported me in many decisions that needed to be made. She has supported me in meetings, with regards to [name of relative], that have been very difficult. She has laughed with me and cried with me. I couldn't have managed without her."
- The culture of the service was exceptionally caring and focused on ensuring people consistently received person-centred care. It was evident the registered manager promoted a positive culture and staff shared the values of the management team and provider in wanting to achieve exceptional outcomes for people.
- The provider was passionate about the service and proud of the staff team. They were very committed to ensuring resources were available to enable staff to provide high-quality, person-centred care. Staff confirmed they worked well together as a team and always put people first.
- The provider recognised the achievements of staff. A yearly awards ceremony was organised and funded by the provider to recognise excellence. Staff who were nominated attended an awards ceremony where they discovered if they had won a care award. In addition, there were a range of discounts available to staff from the providers partner organisations.

Continuous learning and improving care

- A strong emphasis was placed on continuous improvement. Reflective practice was routinely carried out by staff of all levels to consider their performance and interactions with people. This improved outcomes for people as staff responded to the changing needs of people to ensure the support delivered remained person-centred at all times.
- The registered manager used best practice to optimise people's health. A systematic approach was in place to review accidents and incidents to improve care outcomes for people. Analysis was detailed and results were also produced in a pictorial graph format to allow staff to identify at a glance if any trends or themes were evident. Furthermore, any falls people sustained were assessed and reviewed following the same pathway as NHS vanguards to optimise the health of people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest when something goes wrong

- At our last inspection the service did not have a manager registered with the Commission. At this inspection the provider had ensured a registered manager was in post. Their work since the last inspection had ensured the service had continued to improve.
- Governance systems were embedded within the service to monitor quality and drive continuous improvement. Numerous regular audits were carried out and any required actions were updated onto an overarching action plan. This provided a framework of accountability as the action plan identified which staff were responsible for the completion of a task.
- Audits were completed by members of the management team which reflected their expertise and knowledge. For example, provider audits to monitor the clinical needs of people were completed by a senior manager who was also a registered nurse. The provider gave us examples of improvements which had been made in response to audit results. For example, investment had been made to improve the lighting and fabric of the building which had reduced the number of falls people sustained.
- Legally required notifications were submitted to CQC. The registered manager always worked in an open and transparent way and understood their responsibilities in relation to the duty of candour regulation.

Working in partnership with others

- The registered manager, provider and leadership team were continually striving for excellence across all departments of the service. The provider was proactive about sharing learning and promoting best practice. They were a member of local partnership working groups to share examples of best practice and had developed links with local universities and offered placements to university nursing students.
- External health and social care professional were extremely complimentary of the service and the support provided. One professional told us, "[Name of registered manager] their door is always open and she makes herself available. They [staff] are always proactive in trying to seek support [for people]."
- Strong, positive links had been established within the local community. This included a weekly visit from a local school where people had the opportunity to interact with pupils and their teachers. This allowed people the opportunity to be involved in their local area and develop new social contacts.

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

- Staff and the provider sought to ensure people experienced the best possible outcomes through following best practice guidelines. This included, the provider working with post graduate students who were testing the use of some information technology (IT) for people living with a dementia related condition. The study was assessing if implementing additional IT equipment would improve outcomes for people. The students involved were studying the impact to people of using additional IT equipment to enable the provider to consider if investing in further technologies would improve the experience of people.
- Systems were in place to gather feedback from people, relatives, visiting health and social care professionals and staff. Everyone was encouraged and empowered to share their views and give feedback about the service and the care provided. Accessible ways were available to people to share their feedback. This included the use of easy read questionnaires and a suggestion box where people could leave comments. The registered manager and provider took all feedback seriously and were committed to responding to any suggestions which were made.