Qualitas Healthcare Limited

Brookwood Manor

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 3 May and was unannounced. The Service provides accommodation and personal care for up to 28 older people, some have a diagnosis of dementia. On the day of our inspection there were 26 people using the service.

The manager of the service was seeking registration with the Care Quality Commission (CQC) and was being supported by the current registered manager who has become the operational manager for this and other services for the provider.

A registered manager is a person who has registered with the Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of abuse as staff had attended training so that they had a knowledge and understanding of how to safeguard people, if they suspected abuse was happening. The manager had shared information with the local authority when needed.

The people using the service were supported by a sufficient number of staff. The provider had ensured appropriate recruitment checks were carried out on staff before they started work. Staff had been recruited safely and had the skills to provide care and support in ways that people preferred.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice were in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these were assessed and decided by appropriately trained professionals. People at the service were subject to the DoLS. Staff had been trained and had a good understanding of the requirements of the MCA and DoLS.

We saw that positive and caring relationships had been developed between people and staff. All staff in the afternoon took a drink with the people using the service. This was an opportunity to talk and discuss any issues and was referred to as butterfly time. Staff responded to people's needs in a compassionate and caring manner. People were supported to make day to day decisions and were treated with dignity and respect at all times. People were given choices in their daily routines and their privacy and dignity was respected.

Staff knew people well and were trained, skilled and competent in meeting people's needs. Staff were supported with supervision, annual appraisals, staff meetings and training. People, where able, were involved in the planning and reviewing of their care and support.

People's health needs were managed appropriately with input from relevant health care professionals. People were supported to maintain a nutritionally balanced diet and sufficient fluid intake to maintain good health. The service provided meals over two sittings so that staff could support and focus upon people's nutritional needs. Staff ensured that people's health needs were effectively monitored.

People were supported to maintain relationships with friends and family so that they were not socially isolated. The service used the services of an advocate. There was an open culture and staff were supported to provide care that was centred on the individual. The manager was open and approachable and enabled people who used the service to express their views.

Before any person used the service, an assessment of their needs was completed to determine that the service would be able to support them.

People were supported to report any concerns or complaints and they felt they would be taken seriously. People, who used the service, or their representatives, were encouraged to be involved in decisions about the service. The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service. As well as visits and monitoring checks by the operational manager the service also used an independent consultant to visit the service occasionally and provide advice.

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.

There were enough skilled and experienced staff to support people. The manager had calculated the combined assessed needs of the people who lived at the service the number of staff required.

The service operated a safe and effective recruitment system to ensure that the staff fulfilled the requirements of the respective job descriptions.

Staff received various training including safeguarding with regard to support people to be safe.

People received their medicines from staff that were trained to follow the service policies and procedures.

Is the service effective?

Good

The service was effective.

The service focussed upon providing nutritional meals to people of their choice.

The manager and senior staff were knowledgeable about the requirements of the Deprivations of Liberty Safeguards (DoLS). The service was arranging for all staff to have training in the Mental Capacity Act 2005 and DoLS in the next year.

Staff had received training and were supported with supervision.

The service worked with other professionals such as the GP so that people received the care they required.

Is the service caring?

Good

The service was caring.

People's consent was sought and they were supported by knowledgeable and caring staff who respected their privacy, dignity and who knew people individually.

Staff spoke with people in a pleasant, professional and friendly manner and people were not rushed.

People and their relatives were involved in decisions about their care from reviews.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and they received person care in response to their needs

There was a complaints policy and procedure. People we spoke with told us they would be comfortable to make a complaint.

Is the service well-led?

Good

The service was well led.

Peoples care records were reviewed monthly as part of an audit and changes were made as required.

The management team were open and approachable.

The service carried out regular audits and acted upon information to develop the service and meet people's needs.

Brookwood Manor

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 3 May 2016 and was unannounced.

The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the service, which included safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law. We also received a Provider Information Return from the service providing us with further information.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had very complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and 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 briefly with six people who lived in the service. We also spoke with the provider, operational manager, manager and four members of the care staff.

We looked at six people's care records, two staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

Is the service safe?

Our findings

One person told us. "I feel safe here the staff are nice." The staff we spoke with demonstrated an understanding of how to identify different types of abuse and who to report it to. We saw from the training matrix that staff had received training in how to keep people safe, whistle-blowing and safeguarding. We saw that further on-going training was planned. A member of staff told us about the training, the types of abuse and what they would do in the event of any problems.

The operational manager informed us that all staff undertook training in how to safeguard people during their induction period. The risk of abuse to people was minimised as there was a clear policy and procedure in place to guide staff to protect people.

There were risk assessments within each individuals care record. We saw a risk assessment relating to how the service was supporting a person with their mobility. The appropriate equipment had been made available to support and aid the person to maintain as much independence as possible.

The service had evacuations plans, all the fire-fighting and electrical equipment was regularly checked and the lift regularly maintained. The service also recorded and monitored accidents, incidents and any falls to determine if any action could be taken to reduce the risk of a re-occurrence. We saw that staff had documented a description of the incident/accident, the date and the time that it occurred. A daily record of the injury sustained is then logged until it has healed and then the sheet is signed off by the manager. The accident and incident log is as part of the service monthly checks to make sure that all documentation is up to date.
People were supported to take everyday risks. We saw that people moved freely around the service and were able to make choices about how and where they spent their time.

The care plans included risk assessments e.g. manual handling, mobility, bathing. Each person's room had a copy of their manual handling plan so that staff were able to access information for people quickly. One person required support from staff closely monitoring them due to the tendency to mistakenly put things in their mouth they thought they could eat. Staff managed this without placing restrictions on other people living in the service. We saw staff working with the person showing understanding and compassion and also ensuring they supported them with meals and to enjoy snacks appropriately.

We saw staff using equipment appropriately to assist people from wheelchair to dining chairs at lunch time. Two staff assisted with the manoeuvre with one of them giving clear verbal instructions and reassurance to the person. "It's ok we've got you. Stand up nice and tall and straighten your legs."

Whilst reaching for something one person had slipped from their chair onto the floor. Two members of staff gave clear verbal instructions and reassurance and assisted them appropriately back into the chair. The person remanded calm and smiling throughout from the intervention of the staff.

On the day of the inspection the manager informed us that the staffing compliment was calculated using a

dependency tool, which calculated the number of hours of care each person required. We saw from the staffing rota and the dependency scale that there was a direct connection between the two so that there were sufficient staff on duty at the service. One person told us. "The staff answer the call bells very quickly and I feel there are enough staff here." A relative told us. "I feel very safe. There are always staff around in the lounges when we visit, so I would consider there are enough staff."

We also looked at the staff rota for night duty and saw that the service had a consistent workforce with low turn-over. The manager explained to us that a member of staff was leaving and they had commenced the process to recruit to the vacant position. We saw there was a robust process used by the service for recruiting staff which included completing an application form and interview. Successful staff did not commence work until clearance from the discloser and barring service had been obtained to confirm the person was suitable to work with elder people.

Night time checks – people were checked either half hourly, hourly or 2 hourly depending upon their need. Staff told us that one person was monitored hourly over night because they often hung their legs out of the bed. Staff told us that if they went into their room and found them with their legs out of the bed they asked if they wanted to get up. If they did they would go for a walk with them. If they said no they would assist them to back into the bed.

We inspected ten Medication Administration Records (MAR) and all the medicines recorded in the controlled drugs book against the respective MAR charts. All records had two signatures which meant staff were checking and supporting each other with the administering and recording of these medicines. The medicines were physically present, all accounted for and they were securely stored. Audits were carried out to check that medicines were being administered safely. All staff involved with the administration of medicines had received training to administer medicines as per the services' policy and procedure. Staff had annual medication training updates and only senior carers were responsible for dispensing medication.

Medicines were stored appropriately, regular temperature checks of the room carried out and there was no overstock. There was a countdown sheet for boxed medication so that an accurate record of medication could be kept. In the medicines room there was also a lockable refrigerator for the storing of medicines that needed to be stored within a refrigerator as per the manufactures instructions. We saw that a record of both the refrigerator and room temperatures were recorded each day to ensure they were within acceptable limits for the safe storage of medicines. We saw a member of staff informing people about their medicine and asking if they required any pain killing medication.

Medication allergies were documented in people's care plans and at the top of the MARS sheets and there was a photograph of each person on the front of their chart. There was no covert medicine being given. A record was kept of any medication that was refused and unused medication was appropriately disposed of.

Good

Is the service effective?

Our findings

A person told us. "I would say they are effective, everything seems organised." A relative told us they had respect for the way that the staff treated their relative.

All staff we spoke with informed us that they had supervision at planned times and a yearly appraisal. The benefit to the people using the service of staff having this support is that it provides an opportunity for them to discuss and build upon their practice.

A member of staff informed us that training included manual handling and the use of a hoist, safety, food hygiene and dignity training. The operational manager explained to us that an external company was used to provide training for staff using an electronic system highlighting when staff were due for mandatory training update. This was then arranged in plenty of time by the service. Staff told us that they felt that the training that they received enabled them to carry out and perform their duties well from the knowledge it provided. For example, staff told us that had received training on how to manage challenging behaviour associated with dementia including the use of distraction techniques. We saw staff putting this into practice on the day of the inspection. Staff said that they were able to ask for additional training on specific conditions if they needed it. Staff also told us about the induction training, which they felt had appropriate training to enable them to start in their role. This was both on line and face to face training.

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 make particular decision, any made on their behalf must be in their best interests and as least restrictive as possible. People who did not have the mental capacity to make decisions for themselves had their legal rights protected because the staff had received appropriate training. The deputy manager informed us about the staff training regarding the MCA and Deprivation of Liberty Safeguards. The deputy manager stated that some people were able to make day to day choices, which was supported by our observations and talking with people who used the service and staff. We saw that where this did not apply the appropriate documents regarding the MCA had been completed. Information had been clearly recorded in the person's care records to ensure all staff were aware of the person's legal status. The service had worked with the local authority to make sure people's legal rights were protected.

We saw in the care plans that staff recorded people's weight a monthly. These were then reviewed with the manager if there have been any significant changes. If a person lost more than 2kg they were placed onto weekly weights and put onto a fortified diet. Each weekly weight had an action plan against it, regarding what the service was doing to support the person, this might be to offer snacks and also consult with other professionals for support and advice. We saw there were
food and drink charts in place for some people for which concerns had been acknowledged. The staff were aware of people with a diagnosis of diabetes and they were supported with their meals appropriately. Another person who was on a high calorie diet due to weight loss was given cream with their porridge and fortified drinks in addition to their meals. One person told us. "They do nice meals here."

The menu for the day was displayed on a chalk board in the dining room. In order for the benefit of the people using the service and to support the staff, an additional cook had been employed for the smooth running of the meal time. The first sitting was for people who were independent at meal times. There were two sittings at lunch time, the second sitting was for people who required assistance. This meant that people did not have to wait for assistance from the staff and that they were not rushed. Staff could also observe, support and be aware of what people had eaten and drunk and take action about any concerns identified. Staff sat at the table and ate with people during the second sitting. This encouraged people to continue to eat. People were offered a choice of main course and pudding. Staff used a plate to show each person what was on the menu to assist those that required support with understanding the choices of meals available. This meant that people living with dementia were given extra support to choose what they wanted to eat. Vegetables accompanying the main meal were also shown to people who were able to choose what they wanted. Relatives and staff told us how well they considered this two sitting approach was working.

People with specific dietary requirement were offered a suitable choice. Sausages were on the menu at lunch. One member of staff assured the person wishing to have a vegetarian meal. "It's ok there are vegetarian sausages for you." There was a very pleasant atmosphere in the dining room. People chatted and laughed together and with the staff. People were offered second helpings and the staff encouraged people to eat with appropriate cutlery and aids.

A member of staff saw that one person was not settling at the table and did not want to eat. Staff gently encouraged them but they did not eat their meal. Staff reassured them and told them that it was not a problem and they would get them something to eat later if they were hungry. We noted during our inspection the staff continued to offer food to the person at various times during the day.

Specialist staff from the local community such as the district nurses and community psychiatric nurses visited the service. They worked with the staff advising upon best practice to support staff through sharing their knowledge to meet people's needs. Care records showed that appropriate professionals had been involved in the review of care plans as had relatives.

People had their physical and mental health needs monitored. One relative told us. "The staff are very helpful with arranging appointments." There were planned reviews and spontaneous reviews of the person's care in response to situations recorded in the care record. The service had invited other professionals to these meetings and if they had not been able to attend they informed them of the outcome and their support was sought when required.

Good

Is the service caring?

Our findings

The staff knew about the people that they were caring for. They were able to tell us information about people's life histories and their likes and dislikes. The care plans contained information about people to enable staff to support and care for them. For example, staff told us that one person became particularly distressed during personal care. Their care plan contained information for staff on how to manage this, with detailed information on their bedtime routine for example.

The care plans contained personal information and included people's preferences regarding bathing, dressing, hair, finger and toe nails, tooth care and the support that they required. This information had been gathered from the person or their relatives. One person's care plan contained information for staff about how they liked to have a bath. That was to sit in the bath and place a little warm water in the bath so that their feet could soak. Anymore that a little water and they become distressed and scooped handfuls of water out of the bath.

The plans provided a history about the person which enables staff to speak to them about significant events in their life and understand about some of their behaviours. For example one person woke up quite early which was probably due to their previous occupation. Staff were aware of this and ensured they were offered tea and supported to get dressed at a time of their choosing.

Staff told us that they had access to and were able to read people's care plans. The service also operated what it referred to as the 'King and Queen' for the day. This occurred for each person monthly and on the planned day the person's care plan was reviewed with them when possible and also with the family. The plan was checked to be up to date and accurate, this included medicine charts. The service had invested in new flooring and matching personal furniture in people's rooms which were also cleaned as part of the deep clean process.

Something personal to the person was placed outside of each person's room to support them to locate it and to aide and stimulate their memory. This also helped the person to consider the service as their home. There were memory boxes and photographs and memorabilia that had been relevant to their lives. For example one person had been a jockey and they had a jockeys outfit outside their room. The bedroom doors were brightly coloured and designed to look like front doors. One member of staff told us. "I enjoy reading the care plans and have found out so much about people."

Staff engaged people with activities which stimulated conversation and laughter. We observed staff supporting people in a kind and unhurried fashion. Staff encouraged people to be independent with their mobility, using a walking frame to cover short distances and then supported by staff through the use of a wheelchair. Some people found it difficult, and others impossible, to communicate by speech but we observed from their gestures and smiling they were confident in their reactions to staff.

When we asked a member of staff what they thought the service did well, they told us. "Person centred care is very good here." They explained that the care plan was written with the person and their family and

person-centred care was focussed upon by the manager with regard to the daily notes.

People's privacy was respected. We were aware that during our inspection staff discreetly supported people by asking those with mobility difficulties if they wished to use the lavatory. We also saw staff engaging with people and taking them to the lavatory, when this had been suggested to them.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. One person said. "The staff always help you." A relative informed us. "The manager has been very helpful, since my [relative] has been here."

Throughout the time of our inspection we saw that staff responded appropriately to people's needs for support. Staff explained what they wanted to do and asked for people's consent before taking any action.

Prior to a person moving into the service the manager would visit the person to carry out an assessment of the person's need. The manager explained to us a detailed assessment was completed and that people were encouraged if possible to visit before making a decision to move to the service. We saw that the service worked with other professionals as well as families to carryout assessments of need. We saw that plans of care were written from the assessment and then further developed into a care plan during the person's first few days of coming to the service. A relative told us. "They were through with wanting to know things about the care [my relative] needed."

We saw that for each person who lived at the service their life history had been recorded and where possible the person themselves had contributed to the document. We also saw that the service had asked for the person's consent or that of a relative to use the information collected. End of life planning was discussed and recorded when the person was happy to do so. Daily notes were maintained and the care record contained information about people's preferred for daily routines. This meant that staff were able to provide care that was personal to the individual.

The care plans we saw were person-centred and we noted that, although they followed the same format, the plans were individual and personal. There was information about how people communicated and any difficulties they experienced and what the staff were to do in these circumstances. For example some people had problems with communication and we saw staff gesturing to them about eating and drinking

The service used what was referred to as Butterfly time. This was a dedicated time of 15 minutes every day between 2:15-2:30pm to enable staff to sit and socialise with people living in the service. Each day staff members spoke to a different person. Staff told us that this time enabled them to really get to know about the lives of the people that they cared for. We saw this put into practice during the inspection and reflected in people's care plans.

There were two activities co-ordinators in post this meant that a seven day service was provided. During the inspection we saw the activities co-ordinator sitting with people and completing a word search puzzle. We also saw care staff assisting people with this activity. At times during the day in response to suggestions from people and their families there was age appropriate music being played.

The service had a complaints policy and procedure. No complaints had been recorded in the past six months. We were aware that many people using the service would not be able to raise a verbal compliant. The manager told us that they consulted with relatives regularly to resolve any issues and staff were trained

and supported to recognise any distress or upset displayed by the person. The manager said staff would be aware of any changes in people's behaviour and would take action accordingly to resolve. Also staff had received training in dementia awareness and distraction to support them to resolve difficulties when people were upset.

The provider said that complaints would be dealt with in two stages. Firstly resolving the complaint itself and there was a laid down company procedure for this. Then to learn any lessons from the complaint for the service as a whole. These lessons learnt would be put into practice through informing staff at meetings and incorporated into training.

Good

Is the service well-led?

Our findings

Staff told us that the management team were responsive and supportive. Staff felt that the provider, operational manager and manager of the service were approachable and listened to them. One member of staff told us. "Although the office is upstairs the manager is often here with us, so we can talk and they know what is going on."

There was a statement of purpose in place which explained what the service set out to achieve. There was a management structure in the service which provided clear lines of responsibility and accountability. The manager had supervision with their manager and they were available by telephone for support. The provider also visited the service regularly and knew the staff and people who used the service.

The manager provided a monthly report regarding aspects and issues of the service for discussion with their manager to discuss and manage challenges and issues. The purpose of this report was so that the provider, operational manager and manager could work together to resolve problems and to support the smooth running of the service. We also saw that there was an on-call system in place, naming the senior staff to be contacted so that they could offer support and advice if required.

People who lived at the service, relatives and staff described the management of the service as approachable. We noted that relatives meetings were advertised and there were opportunities for relatives to attend planned care reviews of their relatives care. There were also regular staff meetings and the staff received on-going training and supervision support. All staff knew about the whistle-blowing policy and said they would use it if so required. We observed that staff had a good knowledge of the people who used the service and people were very comfortable in their presence.

The maintenance team worked closely with management colleagues carrying out audits and checks in place to monitor safety of the service which included lifting equipment and that water temperatures were within acceptable ranges. We noted how the auditing information was recorded and shared between staff so that action plans to resolve problems as they were identified were clear.

The manager carried out audits and quality assurance monitoring to inform them of positive aspects of the service and to identify issues in need of attention. We saw that the manager worked in a democratic style to involve and develop people's skills such as encouraging staff to take on roles such as dementia champions. This would mean that knowledge and skills would be developed throughout the staffing group to provide care to the people using the service.

The service worked with other professionals throughout the time that a person was with the service. We saw examples of how the service had carried out complex assessments of people's individual needs and worked with the referring professional to provide on-going support to the person. Respite care had been provided through management intervention to support a person in urgent need and again this had required close working with other professionals and family members. The service worked with and consulted professionals when issues of care were identified, which they could help. This included dementia and swallowing

difficulties. We also saw that the service made a point of allowing staff to attend funerals to pay their respect and to support relatives.

A member of staff told us. "I enjoy working here and I think it has got better and better." They explained this was because the provider had increased the training for staff and the current and previous manager had worked with the staff to develop their skills and focus upon important aspects of care. This included butterfly time, kings and queens, regular care reviews and now having two meal sittings which worked so much better for all than the previous one sitting.