Rosecare (Brookholme) LLP

Brookholme Care Home

Inspection report

23 Somersall Lane
Chesterfield
Derbyshire
S40 3LA

Tel: 01246569662
Website: www.brookholme.co.uk

Date of inspection visit:
08 March 2017
14 March 2017

Date of publication:
24 April 2017

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

This inspection took place on 8 and 14 March 2017. The service was last inspected on 24 November 2015, when they were rated as Requires Improvement. We asked the provider to send us an action plan to show how they intended to improve the service, and they did this. On this inspection, we found that improvements had been made, and the service now met all requirements of the relevant regulations.

Brookholme Care Home provides accommodation and personal care for up to 40 people. At the time of our inspection, there were 36 people living in the service. The first day of our inspection visit was unannounced.

The service had a registered manager at the time of our inspection visit. 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.

People were protected from the risk of abuse and avoidable harm. Risks associated with care were identified and assessed. Staff had clear guidance about how to meet people's individual needs. Care plans were regularly reviewed with people and updated to meet their changing needs and preferences.

People were happy with staff who provided their personal care. They were cared for by sufficient numbers of staff who were suitably skilled, experienced and knowledgeable about people's needs. People were also supported by staff in a caring way, which ensured they received personal care with dignity and respect.

The provider took action to ensure that potential staff were suitable to work with people needing care. Staff received supervision and had regular checks on their knowledge and skills. They also received regular training in a range of skills the provider felt necessary to meet the needs of people at the service.

The systems for managing medicines were safe, and staff worked in cooperation with health and social care professionals to ensure that people received appropriate healthcare and treatment in a timely manner.

Appropriate arrangements were in place to assess whether people were able to consent to their care. The provider was meeting the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLS).

People were supported to be involved in their care planning and delivery. The support people received was tailored to meet their individual needs, wishes and aspirations. People, their relatives, and staff felt able to raise concerns or suggestions in relation to the quality of care. The provider had a complaints procedure to ensure that issues with quality of care were addressed.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard

of care. Regular checks were undertaken on all aspects of care provision and actions were taken to improve people's experience of care.

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.

People were protected from the risk of abuse and avoidable harm. Risks associated with care were identified and assessed. People received personal care in a timely manner.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's health and social care needs, and supported them to maintain their health. The Mental Capacity Act 2005 was followed. Supervision and appraisal of staff was carried out to ensure they met the standards of care expected by the provider.

Is the service caring?

Good

The service was caring.

People were treated with care, dignity and respect by staff who knew them well. People were involved in planning their care where they were able to do so. Staff understood and demonstrated the importance of promoting independence and treating people with dignity.

Is the service responsive?

Good

The service was responsive.

People's views on their care was sought and improvements to their service made as a result. People knew how to make complaints and were confident this would lead to improvements in their service.

Is the service well-led?

Good

The service was Well-Led.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. Regular checks were undertaken on all aspects of care provision

and actions were taken to improve people's experience of care. People, relatives and staff were confident to raise concerns and make suggestions.	

Brookholme 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 8 and 14 March 2017. The first day of our inspection visit was unannounced. The inspection visit was carried out by one inspector, a specialist advisor in older person's nursing care, 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. The second day of our inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete 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. This was returned to us by the service.

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the service is required to send us by law. For example, notifications of serious injuries or allegations of abuse. We spoke with the local authority and health commissioning teams, and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

During the inspection we spoke with 15 people who used the service, and four relatives. We also received feedback from one health and social care professional. We spoke with six staff and the registered manager. We also spoke with the provider. We looked at a range of records related to how the service was managed. These included four people's care records (including their medicine administration records), three staff recruitment and training files, and the provider's quality auditing system.

Not all of the people living at the service were able to fully express their views about their care. 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.

Good

Is the service safe?

Our findings

People were kept safe from the risk of potential abuse or harm. They felt safe, and were confident to tell staff if they were concerned about anything. One person said, "An alarm goes off if I get out of bed at night, but this doesn't stop me getting up. Carers will just come and check [to see if I need assistance]." Relatives also felt their family members were safe living at Brookholme Care Home. Staff knew how to identify people at risk of abuse and were confident to recognise and report concerns about abuse or suspected abuse. They also knew how to contact the local authority or the Care Quality Commission with concerns if this was needed. The provider had a policy on safeguarding people from the risk of abuse, and staff knew how to follow this. Staff received training in safeguarding people from the risk of avoidable harm.

People felt supported to maintain their independence. One person said, "I can wash myself and the carers let me do that. I just need help with dressing." Staff worked with people, relatives and health professionals to identify risks and take steps to minimise harm. Risk assessments were person-centred and detailed the steps people and staff needed to take. These were reviewed with people regularly and updated to ensure staff knew how to support people safely. People were protected from the risk of avoidable harm.

Accidents and incidents were reviewed and monitored to identify potential trends and to prevent reoccurrences. We saw documentation to support this, and saw where action had been taken to minimise the risk of future accidents.

There were enough staff to provide the care and support people needed. One person commented, "There's usually enough carers around to see to people. You might have to wait a bit if they're busy, but that's understandable." People, relatives and staff all confirmed that staffing levels were sufficient and our observations on inspection supported this. The provider regularly reviewed people's care needs and adjusted staffing levels to ensure people received the care they required.

Staff told us, and records showed the provider undertook pre-employment checks, which helped to ensure prospective staff were suitable to work with people receiving care. This included obtaining employment and character references, and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to work with people using care services. All staff had a probationary period before being employed permanently. This meant people and their relatives could be reassured staff were of good character and were fit to carry out their work.

People's medicines were managed safely and in accordance with professional guidance. People felt staff supported them to manage their medicines safely. We identified that medicine fridge temperatures were not consistently recorded every day, and raised this with the registered manager. They took immediate action to ensure this was done. Staff told us and records showed they received training and had checks to ensure they managed medicines safely. Staff told us and records showed they knew what action to take if they identified a medicines error. The provider had up to date guidance for staff which was accessible for staff who dealt with medicines. Staff took time to explain to people what their medicines were for, and checked people were happy to take their medicines. This meant people received their medicines as prescribed.

People's care records contained emergency information and contact details for relatives and other key people in their lives. Each person had a personal emergency evacuation plan (PEEP) which contained detailed information on how to support each person to remain safe in the event of an emergency. Staff knew what to do in the event of an emergency, and the provider had a business contingency plan in place. This ensured people would continue to be supported safely in the event of an emergency.

Good

Is the service effective?

Our findings

People were supported by staff who were trained and experienced to provide their personal care. One person described why they needed to use a footstool to keep their legs elevated, and said, "The carers know I need it all the time." Relatives spoke positively about the knowledge and skills of the staff. We saw staff supported people in different ways that followed their care plans. For example, one person was supported to have a period of bed rest during the afternoon. Staff told us, and records showed this was part of their care plan, and health professionals had been involved in this decision.

All staff had a probationary period before being employed permanently. New staff undertook the Care Certificate as part of their induction. The Care Certificate is a set of nationally agreed care standards linked to values and behaviours which unregulated health and social care workers should adhere to. The provider had an induction for new staff which included training, shadowing experienced colleagues, being introduced to the people they would be caring for, and skills checks. Staff told us they received an induction when they started work which they felt gave them the skills to be able to provide personal care for people.

Staff undertook training in a range of areas the provider considered essential, including safeguarding, medicines, infection prevention and control, and supporting people with dementia. Staff told us and records showed they received refresher training areas of care the provider felt necessary to meet the needs of people at the service. Staff also confirmed they could ask for additional training. This meant people were supported by staff who had the appropriate skills and experience to provide them with the individual support they needed, at the times when they needed.

The provider held meetings for staff to discuss information relating to people's care. Staff had individual meetings with their supervisor to discuss their work performance, training and development. They told us this was an opportunity to get feedback on their performance and raise any concerns or issues. The provider also ensured staff skills and competency was to the standards they required through regular checks. For example, staff who supported people with medicines had regular checks to ensure they had the skills and knowledge to do this effectively. The provider ensured staff maintained the level of skills and knowledge needed to support people in ways that worked for them.

Staff told us and evidence showed they kept daily records of key events or issues relating to people's care. Information about people's daily personal care was recorded and staff shared key information with colleagues throughout the day and at shift handover. This meant staff could see what the daily issues were and take action to ensure people received the care needed or requested.

The provider was working in accordance with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. 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 so that they can 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.

People and their relatives confirmed staff sought permission before offering personal care, and we saw examples of this throughout the inspection. Staff understood the principles of the MCA, including how to support people to make their own decisions. Staff understood what the law required them to do if a person lacked the capacity to make a specific decision about their care. Where people had capacity to consent to their personal care, this was documented. Where people lacked capacity to make certain decisions, the provider followed the principles of the MCA to ensure best interest decisions were made lawfully. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to provide restrictive care that amounts to a deprivation of liberty. The provider had assessed people as being at risk of being deprived of their liberty and had made applications to the relevant Supervisory Bodies appropriately for a number of people. People who were deprived of their liberty had access to support to enable them to understand MCA DoLS and to exercise their rights. People's care was regularly reviewed to ensure any restrictions in care were legal and in proportion to any risks. The provider was working in accordance with the MCA, and people had their rights upheld in this respect.

People were supported to access health services when they needed to, and staff helped them to monitor and maintain their health. People and relatives said they were happy with the access to health services. One person said, "I had bronchitis recently. They called the doctor straight away. I was so grateful and I'm feeling fine now." One relative said, "This GP service is really good. It's good to know there's a doctor coming every week." Staff and health professionals confirmed a GP visited weekly to review people's health, and on the first day of our inspection, we saw this taking place. Records showed staff recorded any concerns in relation to people's health and sought medical advice for them. This enabled staff to monitor people's health and ensure they accessed health and social care services when required.

People liked the food and were supported to have a varied diet with plenty of choice. One person commented, "There's always something I like on the menu." They were offered regular drinks and snacks throughout the day, including fresh fruit. Menus were clearly visible in the dining areas in written and picture formats, and information about alternative options was displayed on each table. Staff were knowledgeable about people's food and drinks preferences. People were provided with adapted cutlery and equipment to enable them to eat and drink independently. People who needed assistance to eat were provided with support in a discreet way, and mealtimes were arranged over two sittings to ensure everyone received the support they needed. Staff knew who needed additional support to eat or had special diets, for example, fortified diets or appropriately textured food and thickened drinks. Staff took steps to ensure people had a positive dining experience, as this ensured people would have sufficient to eat and drink. For example, one person was supported to sit at a different table, and the change of seat and dining companions had improved their appetite. Several people had their meals on smaller plates, as they ate more when food was presented this way. People who were at risk of not having enough food or drinks were assessed and monitored, and where appropriate, advice was sought from external health professionals. This meant people were supported to have sufficient to eat and drink.

The service was undergoing a programme of redecoration and refurbishment. We saw many improvements had been made since the last inspection to make the environment more accessible for people with dementia and visual impairments. People were involved in discussions about improvements, and told us this was a positive experience. For example, there were now clear signs around key areas of the building to help people orient themselves. This included clear information about the date and time. Bathroom facilities had been changed to provide a colour contrast. This enabled people to identify essential facilities. New

flooring was in place which ensured people with dementia or visual impairments could move about more safely. People were involved in developing areas of the home which provided activities and stimulation for people with dementia. For example, people were supported to create memory boxes to promote conversation and reminiscence. These boxes were individually planned with people and, where appropriate, their relatives. One lounge area had a variety of tactile activities and memorabilia that people used. This meant the provider had taken steps to ensure the environment was suitable for people's needs.

Good

Is the service caring?

Our findings

People felt supported by staff who provided care in a good-humoured, friendly, dignified and compassionate way. One person said, "All the carers are very kind. Nothing is too much trouble." Another person said, "I'm well looked after – I really am. The carers always ask me if there's anything they can do for me." Relatives were positive about staff being kind and caring, with one saying, "Carers are so patient."

Throughout our inspection visit, staff supported people in a caring, friendly and respectful way. They ensured people were comfortable and took time to explain what was happening around them in a patient and reassuring manner. Staff spent time with people who appeared anxious or agitated. For example, one person who was tearful and agitated responded well when staff spent time with them. This reduced their agitation and they were reassured. This person's care records had detailed information about how staff should support them when agitated, and we saw staff followed the plan.

People felt staff listened to them and their views mattered. They commented positively on staff who took time to provide care and did not rush them. People's care plans recorded preferences about how they were supported. For example, one person's care plan contained information about their preferred morning and evening routines and how staff should provide support, and their clothing preferences. Staff were familiar with these, and supported the person in the way they wanted.

People and their relatives felt involved in planning and reviewing their care and support. Staff told us people were supported to express their views and wishes about their daily lives. Care records showed people and, where appropriate, their relatives, had been involved in reviewing their own care. People had access to advocacy services to support them to put forward their views and wishes about care. Staff knew how to support people to access this.

People were supported with their care needs in a dignified way and their privacy was respected. They told us staff always knocked on bedroom and bathroom doors and waited for a response before entering. People were asked by staff if they wished to have protection for their clothing at mealtimes, and this was done in a discreet and tactful manner. Staff understood how to support people well in this respect. For example, when people were supported to the toilet, staff did this in a way that maintained people's privacy and dignity. Throughout our inspection visit we saw staff demonstrated that they provided care in ways that protected people's dignity and privacy. This showed these values were a core part of the staff team's approach to supporting people.

Staff understood how to keep information about people's care confidential, and knew why and when to share information appropriately. Care staff had access to the relevant information they needed to support people on a day-to-day basis. Records relating to people's care were stored securely. This showed people's confidentiality was respected.

People were supported to spend private time with their friends and family if they wished. Relatives told us they were able to visit whenever people wished, and there were no restrictions on visiting times. This

showed people's right to private and family lives were respected.

Good

Is the service responsive?

Our findings

People who used the service felt listened to, and told us staff responded to their needs and wishes. Staff were knowledgeable about people's individual care needs and preferences. They also demonstrated they knew about people's life histories and what was important to them. For example, one person had a soft toy with them. Staff told us, and records confirmed it was important to the person to have this for comfort and reassurance. We saw staff ensured the toy was safe whilst they supported the person to change seats. This reassured the person, and demonstrated staff understood the importance of the toy.

People were involved in reviewing their personal care needs, and relatives were involved with this where people consented. One relative said, "We were involved in all the paperwork for the care plan and we have regular reviews, so we know what's going on. We can ask for things to change if we want, because [my family member's] needs are changing all the time." People's care plans contained information about their likes and dislikes, hobbies and friendships, and key information about life events. Where it was not possible to obtain this information from people directly, staff asked family members to provide information they felt was important about people's lifestyle choices.

The provider employed several activity coordinators to ensure people were supported to participate in activities of their choice. Evidence showed there were trips out and activities within the service to suit people's preferences. Staff said they always asked people if they wanted to join in, or if they wanted an alternative activity and records supported this. Staff also said they would ask people and relatives for ideas and feedback about activities. Forthcoming activities were advertised throughout the service. The provider offered a range of group and individual activities that met people's preferences.

People and relatives had regular opportunities to provide feedback on the quality of their care. The provider held meetings for people and relatives to talk about the quality of the service. The most recent meeting was on 5 February 2017, where, for example, activities were discussed. People and staff told us, and records confirmed a popular external activities provider would continue to visit the service. This decision was made in response to people's feedback and they were happy with this. The provider displayed information about what changes had been made to the quality of the service in response to feedback from people, relatives and staff. This demonstrated the provider listened to people's views and suggestions to improve the quality of care and took action.

People and their relatives felt any issues or complaints would be handled appropriately by the provider. One person said, "If I ever did have a problem I'd just tell one of the carers. They'd sort it out for me – I've every confidence in them." Several people and relatives raised a concern with us about laundry and other items regularly went missing. We looked at complaints records in relation to this and spoke with the registered manager. They confirmed this was an issue, and they were trying to ensure people's clothes and other personal items were labelled. Evidence showed, on a number of occasions, the provider had paid for replacement items. People and relatives felt able to raise concerns and knew how to make a complaint, and were aware the provider had a complaints procedure to support this. There was information around the service about how to make a complaint. The provider had a complaints policy and procedure in place,

which recorded the nature of the issue, what action was taken and who had responsibility for this. Four formal complaints had been dealt with since our last inspection, and we could see where action had been taken as a result. The provider also looked at complaints on a regular basis to see whether there were any themes they needed to take action to improve. This meant the provider had a responsive system to resolve concerns and complaints.

Good

Is the service well-led?

Our findings

People and relatives felt the service was managed well. One person said, "I know who the managers are and I'd go straight to them is there was a problem. But I haven't had any problems." Staff spoke positively about their work and the support they received from the registered manager and from each other. They felt confident to raise concerns or suggest improvements.

People said they felt their views were valued and they liked being involved in discussion about how to improve the quality of the service. People, relatives and staff felt able to make suggestions to improve the service, and raise concerns if necessary.

During our inspection, staff were open and helpful, and demonstrated knowledge of people's physical and emotional needs. Staff understood their roles and responsibilities, and demonstrated they were trained and supported to provide care in accordance with the provider's statement of purpose. A statement of purpose (SOP) is a legally required document that includes a standard set of information about a provider's service, including the provider's aims, objectives and values in providing the service.

The registered manager understood their responsibilities and felt supported by the provider to deliver good care to people. They appropriately notified the Care Quality Commission of any significant events as they are legally required to do. They had also notified other relevant agencies of incidents and events when required.

The service had established effective links with local health and social care organisations and worked in partnership with other professionals to ensure people had the care and support they needed. For example, the registered manager met regularly with the local GP service to discuss the weekly GP visits, medicines prescribing, and any issues relating to ensuring people received good healthcare. The provider took appropriate and timely action to protect people and had ensured they received necessary care, support, or treatment from external health professionals. They also monitored and reviewed accidents and incidents, which allowed them to identify trends and take appropriate action to minimise the risk of reoccurrence.

There were systems in place to monitor and review the quality of the service. There was an emphasis on continually looking for ways to improve the service for people, and also looking at learning from where care fell below the standards the provider expected. The registered manager and provider carried out regular checks of the quality and safety of people's care. Checks included monitoring of people's care and the service environment, how people felt about care and regularly seeking people's views about the service. They also investigated where care had been below the standards expected and took steps to improve people's care. The provider undertook essential monitoring, maintenance and upgrading of the home environment to ensure it was suitable and safe for people living there.

The provider had recently conducted an annual review of the quality of the service. This highlighted where improvements had been made, and what actions were planned for the future. This information was available to people and relatives in the service, and we saw where action had been taken in response to feedback or issues identified through audits. For example, people's mealtime experience had been

improved by providing information in accessible formats, and by providing condiments on each table. People felt this was positive, as they could help themselves and did not have to ask staff. This assured us people, relatives and staff were able to make suggestions and raise concerns about care, and the provider listened and acted on them.

We saw organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these, and were knowledgeable about key policies. We looked at a sample of policies and saw they were up to date and reflected professional guidance and standards. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This demonstrated an open and inclusive culture within the service, and gave staff clear guidance on the standards of care expected of them.