Brook Healthcare Limited

Brook House Care Centre

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

Overall summary

Brook House Care Home is registered for accommodation and non-nursing care for up to 33 people, some of whom live with dementia. The home is situated in a suburb of the city of Cambridge. Short and long term stays are provided. At the time of our inspection there were 32 people using the service.

A registered manager was in post at the time of the inspection and had been registered since 14 August 2013. 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.

This inspection was carried out on 14 July 2015 and was unannounced. At our unannounced inspection on 28 May 2014 the provider was meeting the regulations that we had assessed against.

Staff were knowledgeable about reporting any incident of harm that people may experience. People were looked after by enough staff to support them with their individual needs. Satisfactory pre-employment checks

Summary of findings

were completed on staff before they were allowed look after people who used the service. People were supported to take their medicines as prescribed and medicines were safely managed.

People had sufficient amounts of food and drink that they liked. They were also supported to access a range of health care services and their individual health needs were met.

People's rights in making decisions and suggestions in relation to their support and care were respected. Where people were not able to make such decisions, their needs were met in their best interest.

People were supported by staff who were trained and supported to do their job.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS applications had been made to the appropriate authorities to ensure that all of the rights of people's were protected.

People were treated by kind and attentive staff. They and their relatives were involved in the review of people's individual care plans.

Support and care was provided based on people's individual needs and they were supported to maintain contact with their relatives. People took part in a range of hobbies and interests. There was a process in place so that people's concerns and complaints were listened to.

The registered manager supported and managed staff to enable them to look after people in a safe way. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Monitoring procedures were in place to review the standard and quality of people's care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were given their medicines as prescribed. There were systems in place to ensure that medicines were stored safely and recorded correctly.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and numbers of staff made sure that people's health and safety needs were met by enough suitable staff.

Good

Is the service effective?
The service was effective.

People were looked after by staff who were trained and supported to do their job.

Mental capacity assessments were in place to show that people's rights were protected from unlawful decision making processes.

People's health, nutritional and hydration needs were met.

Good

Is the service caring?
The service was caring.

People were looked after in a caring way and their rights to privacy and dignity were valued.

People were supported to maintain contact with their relatives and were enabled to make friends with other people who used the service.

People were encouraged and included to be involved in making decisions about their care.

Good

Is the service responsive?
The service was responsive.

People were consulted on a day-to-day basis in relation to their needs. People's individual needs were met.

The provision of hobbies and interests supported people to take part in a range of activities that were important to them.

There was a procedure in place which enabled people to make their concerns and complaints.

Good

Is the service well-led?
The service was well-led.

Management procedures were in place to monitor and review the safety and quality of people's care and support.

People and staff were involved in the development of the home, with arrangements in place to listen to what they had to say.

Good

Summary of findings

There was a programme for the training and development of staff.

Brook House Care Centre

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 14 July 2015 and was unannounced. The inspection was carried out by one inspector 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 expert-by-experience had expertise in older people and people who live with dementia.

Before the inspection we received information from a local contracts officer, a community psychiatric nurse (CPN) and a community dietician. Before the inspection we looked at all of the information that we had about the home. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people who used the service, one relative, two visitors and a visiting health care professional who was part of the community nursing services. We also spoke with the registered manager, deputy manager, four members of care staff, a senior member of care staff, a member of the domestic staff, a member of the administration staff, the activities co-ordinator and a member of the catering staff. We looked at four people's care records and records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific 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 told us that they felt safe because the staff treated them well. A person said, "I'm well-looked after."

Staff were trained and knowledgeable in recognising and reporting any incidents of harm that people may experience. One staff member said, "If there was some kind of abuse going on, I would report it to the local authority."

The provider had submitted notifications which demonstrated that there were appropriate reporting systems in place when people were placed at risk of harm. Measures were in place when such incidents had taken place. This included the staff disciplinary procedure which had enabled the management team to address the suitability of staff members in relation to caring for people.

People told us that they felt safe because there were enough staff to look after them during the day and at night. A person said, "I do feel safe because there are always people (staff) around." Another person said, "Staff must check me at night. They open my (bed) room door and look to see if I'm okay." Care records demonstrated that there were enough staff on duty at night as people were checked hourly during this time.

A community dietician and health care assistant told us that there was always enough staff on duty when they visited. We saw people were looked after in an unhurried way by enough staff; this included being supported to take their medication and support with their food and drink. The registered manager told us that people's needs, which included any change in these, determined the number of staff required. Members of staff told us that there were always enough staff on duty. Measures were taken to cover unplanned absences; this included the use of 'bank' staff and very rarely, agency staff. A member of staff said, "Sometimes, if someone (member of staff) goes off sick, we try and get someone else in to cover."

People's risks to their health and safety were assessed and measures were in place to minimise these. These included risks of developing pressure ulcers, malnourishment and falls. Measures were in place to manage the risks; this included the use of pressure-relieving equipment; the provision of fortified drinks and supporting people to walk in a hazard-free home. Members of staff were aware of how to support people in minimising such risks. One member of care staff told us that they made sure that people had their walking aids and that there were no obstacles in the way of people who were walking about and who were at risk of falling.

People were protected from the risk of unsuitable staff because of the recruitment systems in place. Members of staff described their experiences of applying for their job, which included attending a face-to-face interview, and the required checks they were subjected to before they were employed to work in the home.

People were satisfied with how they were supported to take their prescribed medicines. A person said, "They (care staff) give me my tablets in the morning and in the evening before I go to bed. I get them when I should have them." Records for people's medicines demonstrated that people had received their medicines as prescribed and the storage of medication was satisfactory.

Members of staff told us that they had attended training in the safe management of people's medicines and had their competencies checked. Records demonstrated that staff members had attended training in supporting people with their medicines.

Good

Is the service effective?

Our findings

People were satisfied that staff were competent to be able to look after them. A person said, "They (staff and management team) do their best and to the best of their ability." A relative said, "The carers know what they are doing. They give me the impression of being in control and on top of the job." The provider had sent out surveys during 2015 to obtain people's views. A relative told the provider in their returned survey, "All staff are committed to working with the elderly and are very skilled in the work required."

Members of staff said that they had attended training, which included induction and refresher training. A member of staff said, "We get excellent opportunities to keep us up-to-date through training." Another member of staff told us that the training they had attended was beneficial in enabling them to do their job. They said, "When I first came in here (to work), I came in not knowing anything. I found it quite daunting, now I really enjoy my job." They told us that it was the training that had developed their level of confidence and how to look after people. This included looking after people living with dementia. They said, "The training in dementia made me really understand people (who are living with dementia) so I could offer more support for them. I let them talk to me about their childhood and I give them reassurance when they start feeling upset. The (training) course showed me how dementia can be very frightening for them (people)." There was a range of training topics which included safeguarding people at risk of harm, dementia care and the application of the MCA.

Decoration and the use of colours were used to support people living with dementia and to aid their orientation. This included different coloured bedroom doors and bathing facilities. 'Memory' boxes were in place outside people's rooms. The registered manager advised us that the use of these had supported people with recalling their memories.

Staff told us that they were supported to do their job and this support was provided by the management team and by their colleagues. The staff advised us that the support they had received was during one-to-one supervision sessions, during handover sessions and from informal discussions with the registered manager and the deputy manager.

People were supported in making decisions about their health and support to minimise their assessed risks. Where people were assessed not to have mental capacity in making decisions about their care, they were supported in a MCA best-interest decision. This included, for instance, the use of equipment for staff to monitor the person's whereabouts. Staff were trained and knowledgeable in relation to supporting people in making decisions. A member of care staff said, "Certain people do not have mental capacity to make decisions for them. Then we have to look at best interest decisions, such as encouraging people to be supported with their personal care or prevention of pressure ulcers."

The provider told us in their PIR that Deprivation of Liberty Safeguard (DoLS) applications were made for the local supervisory body to consider. This was to ensure that any restrictions imposed would be authorised by the local authority. There was recorded evidence that these applications had been made and were in keeping with the principles of the MCA 2005.

People said that they had enough to eat and drink and that they had menu options to choose from. A person said, "The food is really good. They (staff) get me an alternative if I want it." Another person said, "The meals are delicious; they're very good and tasty." We saw people were encouraged and supported to eat and drink and were offered a choice of what they wanted. This included a choice of hot and cold drinks. We also saw that people had access to packets of crisps, biscuits and chocolate that were available throughout the home and also from the 'sweet shop'. Menus were on display and these showed the available food choices. A person demonstrated to us that they were able to read the information about what was on offer at lunch time.

A community dietician told us that people's nutritional needs were met. They said, "I have residents referred to me for nutrition support and this care home always start the appropriate home-made supplements and enriching prior to my assessment and I usually find that the resident has gained weight or managed to maintain their weight."

A CPN told us that people were well-looked after and that staff followed their advice when looking after people with mental health needs. The visiting health care assistant told

Good

Is the service effective?

us that people were supported, without delay, to have access to GPs and the district nursing services and that people's health care needs were well-met. People's care records confirmed that this was the case.

Good

Is the service caring?

Our findings

People told us that staff treated them well and that they were kind. They also told us that they liked living at the home. A person said, "It's very nice here. I'm being looked after well. The staff are really good. I can't fault them one bit." We saw staff were attentive and patient in meeting people's needs. This included when offering them their prescribed medicines and when supporting them with their food and drink. A CPN and a community dietician told us that during the times they visited they had seen staff treat people with respect. The community dietician also told us that the staff made sure that they were able to speak with people in private.

A visitor told us that the home had a welcoming and homely atmosphere. They said, "The staff here are wonderful and so welcoming." Another visitor said, "The home is very welcoming. All of the staff are sociable and cheerful." The staff had received thank you cards. One of these thank you cards read, "The staff have been very kind and considerate to my mother and always so friendly and helpful."

People's choices were taken into account as to how they wanted to be looked after. This included when they wanted to get up and go to bed and they were asked if they wanted to take their medicines. Staff were also aware of people's individual needs and how they wanted staff to call them. A member of the domestic staff said, "I may not be a carer but I know every residents' names. It's important."

A member of care staff told us how they looked after and valued people. They said, "It's to respect their (people's) dignity and to give them person centred care. People are unique, so their needs are different." Another member of care staff said, "It is very important to find out residents' preferences. I talk to them and keep notes on the computer." People's care plans were stored on a computer and these were kept secure.

Care staff were knowledgeable about how to meet people's individual needs. The care records demonstrated that people's likes and dislikes were recorded and action was taken in response to this. The actions included respecting how people wanted to have their personal care provided and what they liked, and did not like, to eat and drink.

The premises maximised people's privacy and dignity. All bedrooms were used for single-occupancy only and toilets and bathing facilities were provided with lockable doors. People were enabled to have a key to their own room.

People were supported to maintain contact with their relatives. Some of the people had also made friends with each other and we saw them talking with each other in a social way.

A person told us that they had been involved in developing their care plan before they moved into the home. They said, "They had a talk with me (about my needs) before I came in." The registered manager advised us that people were invited to discuss their care with a member of staff as part of the 'Resident of the Day' scheme. We saw that people were also involved in day-to-day discussions about what they would like to do. This included choices of how they wanted to spend their time, alone or with others, where they wanted to sit and the type of hobbies and interests that they wanted to join in with.

Advocates are people who are independent and support people to make and communicate their views and wishes. The registered manager advised us that people were supported by independent mental advocacy services. In addition, in the main reception area there was information available for people in relation to general advocacy services.

Good

Is the service responsive?

Our findings

Members of staff were aware of people's individual needs and these were met in line with their care plans. This included the application of the principles of pressure area care and supporting people's complex communication needs. People's communication needs were met by means of a communication board and the provision of easy to read menus and safeguarding procedures. We saw staff spoke with people in short and simple sentences and in a way that they were able to understand. A CPN told us that staff followed their advice and acted quickly and responded to changes in people's mental health conditions.

People's life histories were recorded and staff told us that they had read this information to get to know what the person used to like doing and how their hobbies and interests could be catered for.

People were provided with a range of hobbies and interests that were important to them. A person said, "There is always enough to do. There's the usual things of bingo, people (entertainers) coming in and ball games." Another person said, "There are activities going on if you want to take part in them and they do encourage us to take part, like bingo or dominoes." The activities co-ordinator said, "From the dementia training and knowing people's preferences and individual needs, I can arrange activities (to meet people's choices and needs)." They told us that this included a visit to a Norfolk coastal town and working with volunteers to support the activities programme. We saw that people enjoyed a visit by a volunteer who had brought their dog in for people to touch, stroke and talk to. The home had a domestic cat that people could also engage with. Gardening activities included the growing of flower seedlings.

People's care records and risk assessments were kept up-to-date and reviewed. Changes were made in response to people's needs. This included changes in people's health conditions and the risks to their health.

There was a complaints procedure in place and information about how to make a complaint was publicly displayed. One person told us that they knew who to speak with if they were unhappy. A person said, "We've been advised to go the managerial staff and this is where action can be taken." Another person said, "I would speak to one of the staff who come around if I was unhappy." People said that they were satisfied with how they were looked after and had no cause to complain.

Members of staff were knowledgeable in how to support people with their concerns of complaints, in line with the provider's complaints policy and procedure. The record of complaints demonstrated that when people had a made a complaint, this was responded to and actions were taken, if needed. The local contracts and placement officer advised us that they had no concerns or complaints about the care provided to people living at Brook House Care Centre.

Good

Is the service well-led?

Our findings

The registered manager was supported by her manager, a deputy manager, administrative staff and a range of care and ancillary staff. People had positive comments to make about how the home was managed. A member of staff said, "I really feel my views are considered and acted upon by the management." Another member of care staff said, "The management here knows what it's doing and, consequently, I have confidence in the place." A person said, "The (registered) manager knows me almost as well as the rest of the staff. She's a lovely lady." A visitor said, "The (registered) manager is superb. She is very good for this place and supports the residents. I've recommended this place to people; its (managerial) approach is so individual and inclusive."

A community dietician told us that they believed the registered manager and deputy manager were good leaders, who had a good level of knowledge about people's individual nutritional, health and well-being needs. A CPN told us that, when they visited, the home had a welcoming and relaxed atmosphere. They described the registered manager to be attentive to people's needs and there was good communication between staff and also with her.

The provider submitted their PIR when we asked for this to be sent. The document told us what the service did well in, which included person-centred care planning and supporting staff. The PIR also identified areas for improvement, which included the on-going training and support of staff. This showed that there was a system in place for the provider to review the quality of the service and had aims to continually improve this.

Staff members told us that they attended team meetings and were enabled to contribute to the meeting agenda. They gave an example of the managerial action taken in support of their suggestion they had made. This was in respect of improving the standard of a person's personal care.

Meetings were also held for people and their relatives to attend. Minutes of these were kept and actions from the previous meeting were reviewed. Actions were taken on what people had suggested, which included menu choices. Relatives were also sent information about events taking place in the home and this had complemented the provider's newsletter.

Links with the community were made with volunteers and colleges. People from voluntary and educational organisations supported people's activities programme. They also had contributed with the decoration of bathroom walls and had painted scenic pictures, based on what people wanted.

During 2015, the provider had sent out surveys to relatives, people, staff and professionals to obtain their views about the service. The results of these were positive and there was little action for the provider to take in response to the results of the surveys.

There was a staff training and development plan in place. This included developing staff to become 'Champions' in topics and areas of where they worked and were available to support members of staff. 'Champion' roles included those in equality and diversity, customer care and nutrition.

Staff were aware of the whistle blowing policy to protect people from harm. One staff member said, "If you see abuse then you can anonymously report it, if you don't feel like you can report it to the (registered) manager."

Daily and monthly audits were carried out in relation to the stock held of people's medicines and the medicines records. However, the audits had not detected the lack of records for where patches were applied on people who were prescribed this type of pain relief. Therefore, there was a risk of harm posed to people's skin and the amount of medicines they were receiving. The provider had carried out other audits, which included how people were being looked after and how staff were trained and supported to look after people. The results of the most recent audit demonstrated that people were being well-looked after and were kept safe.