

Care UK Community Partnerships Limited

Brook Court

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 Court provides accommodation and personal and nursing care for a maximum of 65 people, some of whom may have dementia related illnesses. At the time of our inspection there were 46 people who lived there. At the time of our inspection there was a registered manager in post. 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 told us that all the staff were caring and that staff were respectful and talked to them calmly. We observed many situations where care staff spoke kindly to people and maintained their dignity when providing assistance. People told us they were supported to remain independent and received assistance when they needed it.

People told us they found the senior management and registered manager approachable and told us they would raise any complaints or concerns should they need to. All the people we spoke with told us that they had never needed to complain or had anything to complain about.

Summary of findings

Through regular meetings and using an 'open door' policy we found that the registered manager promoted a positive culture, in which they invited people to talk with them about any concerns they may have. We found that when concerns were raised to the provider, the provider had acted promptly and appropriately.

We found that people were kept safe by trained staff who knew how to protect people. We found that people were cared for in a supportive way that did not restrict their freedom. The provider of Brook Court had carefully planned and designed the home and garden to ensure it was safe for people who had poor mobility or for those that lived with dementia. Adaptations to the garden ensured it was safe for people to use in a safe way. There were sufficient staff to meet people's needs.

Brook court opened in September 2013, the registered manager had managed the flow of admissions of people into the home. This meant the registered manager had sufficient time to recruit new staff and ensure induction

training was underway. This ensured that safe numbers of suitably qualified staff were on duty. This meant that staff had time to get to know people. Staff knew people's likes and dislikes and respected their wishes. People we spoke with were complimentary about the food and their dining experience. Relatives spoke about the good support people were offered for those who required assistance. We observed people receiving regular drinks and staff supported those who needed assistance.

We found that the service was responsive towards people's health needs. People told us they took part in activities that they enjoyed and that they were adapted to their choice.

We found the registered manager had systems in place to ensure that the quality of the care was monitored. Checks in areas such as medication and environment were carried out and completed monthly. Where there were any actions following these checks they were followed up and improvements were made.

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?

Good



The service was safe.

Staff recognised signs of abuse or potential abuse and how to respond to any concerns correctly.

There was enough staff on duty to meet people's needs and keep them safe.

People's medicines were managed in a safe way.

Is the service effective?

Good



The service was effective.

Staff had the knowledge and skills to meet people's needs.

People who required restrictions to their freedom was done so in the correct way.

People were supported with enough food and drink to keep them healthy.

People had access to health professionals and were supported to attend hospital and doctor appointments.

Is the service caring?

Good



The service was caring.

Staff spent time with people in order to get to know them and their likes and dislikes.

Staff encouraged people's independence and supported them to make their own decisions about their care.

People's privacy and dignity was respected.

Is the service responsive?

Good



The service was responsive.

People received personalised care that was responsive to their individual needs.

People felt confident to raise a complaint should they need to.

Is the service well-led?

Good



The service was well-led.

The service promoted a positive culture which encouraged people, their relatives and staff to help develop the service. People who used the service were given opportunities to be included in the way the service was developed.

The service had good leadership with a strong management team.

Summary of findings

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

Brook Court

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 20 October 2014. The inspection was unannounced.

The inspection was completed 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.

Before our inspection we looked at and reviewed the Provider's Information Return (PIR). This questionnaire asks the provider to give some key information about its service, how it is meeting the five key questions, and what improvements they plan to make. We also looked at the

notifications that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as an accident or a serious injury.

On the day of our inspection we spoke with 16 people who lived at the home, seven relatives and a visiting General Practitioner (GP). We also spoke with eight staff, the registered manager and the area manager. Not everyone who lived at Brook Court was able to communicate verbally with us. We 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. We pathway tracked seven people who lived at Brook Court. Pathway tracking is a method of looking at the experiences of care for a sample of people who used the service. This is done by following a person's route through the service provided to see if their needs were being met. We also looked at the providers audits, these included audits of medication, complaints, infection control, incidents and accidents and staff training.

Is the service safe?

Our findings

People who lived at the service told us they felt safe. One person told us, “I feel safe and well cared for”. All the relatives we spoke with told us they felt that people were safe and well looked after.

Staff were able to tell us what they believed poor practice of care meant and examples of what they would immediately report to the management team. One member of staff told us, “I received safeguarding training before I started. If I saw anything inappropriate I would report it to a nurse straight away”. We found there were suitable arrangements to safeguard people against the risk of abuse, including reporting procedures and a ‘whistleblowing’ process. We saw that advice about how to report concerns was displayed and included contact details for the relevant local authority. The manager documented and investigated safeguarding incidents appropriately and had reported them to the local authority and the Care Quality Commission where necessary. This meant that staff knew how to respond appropriately if they had any concerns over the safety of people who used the service.

We found that people were protected from harm in a supportive way that did not restrict their freedom. Careful planning and design had been considered throughout the home and gardens. People told us the home was well looked after and were positive about maintenance staff. Relatives told us that any maintenance problems were dealt with promptly. The provider had managed risks of injury to people by suitable adaptations to the garden. Which ensured it was safe for people to use. Staff we spoke with knew about risk assessments that were in place for people and how to report new risks to the management team. We saw risk assessments were in place that identified when and how people were to be supported. For example, one person was a risk of pressure sores. We found that appropriate advice had been sought from a specialist and that specialist equipment, such as pressure relieving mattresses had been put into place and were used by the person. This ensured that people were supported appropriately and in a way that promoted independence rather than restrict them.

We observed and spoke with people about staffing levels in the home. People told us there were enough staff on duty to keep them safe and meet their needs. One person told us, “Staff answer the call bells quickly; I’m never left waiting for long”. Nursing staff that we spoke with told us that the nursing staff were a stable team and agency staff were not used. One carer that we spoke with said, “Sometimes carers call in sick which leaves us short, but we always get more staff in, and the managers are aware”. We observed during our inspection that staff readily responded to people in a timely way. We also saw staff spent time talking with people. Staff were not rushed and spent as much time as people needed with any assistance they provided. We spoke with the management team about staffing levels and we were told that they had the flexibility to adjust staffing levels should people’s needs change. We saw that people’s dependency needs were reviewed on a regular basis. The information was used to make decisions about staffing in a way that reflected people’s changing needs.

We spoke with people about the way the service managed their medicines. They told us there were never any concerns with their medicines. One person told us, “They always make sure I take my tablets”. Another person told us, “I don’t have any problems with my medication”. We looked at how the provider managed medicines at the service. There were suitable arrangements for the safe storage, management and disposal of medicines. These included procedures for giving medicines in accordance with the Mental Capacity Act 2005 (MCA) where people lacked capacity. Medicines were stored securely in an air conditioned temperature controlled environment. A pharmacy audit had taken place with no actions resulting from this. Staff told us that they had received training in safe handling of medicines and their competency was checked regularly. We saw training records that confirmed this. An audit of medicines found that medicine administration charts (MAR’s) were used to record what medicines were given and when. Staff used photographs to make sure the right person was given the correct medicines. This showed that risks had been reduced to ensure people received the right medicine at the right time by staff who were trained to do so.

Is the service effective?

Our findings

People who lived at the Brook Court told us they thought the staff knew them well and were confident when they supported them. One person told us, “The staff know me very well and how I like things done”. Another person told us, “The staff know what they are doing”.

New staff completed an induction programme and did not work alone until assessed as competent to care for people in practice. All staff had been set annual goals and targets to support both their personal and professional development. We saw that staff received training in essential topics. One staff member told us, “The training is brilliant, best training I’ve ever had”. Another staff member said, “We have continuous training and we have shadowing shifts too until we are signed off as competent”. A nurse staff member told us, “I have had lots of extra courses; my requests for extra training [the provider] arranges it for me”. All staff told us they were supported by management in learning and development of their skills.

Staff told us they received regular support meetings and an annual review of their personal development. Staff told us that the meetings gave them the opportunity to share any concerns they had. One staff member told us, “We are fully supported here, our meetings are ad-hoc but they do them that way to make sure all staff on different shifts are able to attend”. They went on to say that if they had any concerns between meetings they would speak to management and not wait until the next meeting. Staff told us these meetings were mainly held to discuss changes at the service, best practice and an opportunity to bring all the staff together for support from each other. We saw minutes of the last staff meeting that confirmed what staff had told us. Having such opportunities showed staff were supported by the management to do their job.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA ensures that the human rights of people who may lack mental capacity to make particular decisions are protected. Most staff we spoke with understood the implications of the MCA and how this affected their practice. The registered manager told us that most of the staff had been trained in MCA and Deprivation of Liberty Safeguards (DoLS) and that staff who had not received the training were booked to attend a session. Staff we spoke with understood the principles of the MCA and DoLS. Staff gave examples of how

they helped people understand their choices by using plain language. We saw that people’s capacity was considered when consent was needed or when risk assessments were carried out. We saw that where decisions were made on people’s behalf, best interest meetings had been held in line with the requirements of the MCA. These decisions included matters relating to medicines and people’s finances.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. The provider had policies and procedures in relation to the MCA and DoLS. At the time of our inspection three DoLS applications had been submitted in line with the legislation and the provider’s policies and procedures. This meant that staff who had received training recognised when people’s freedom may be restricted and there were systems in place to ensure this was managed in a safe and legal manner.

We observed lunch time at Brook Court, this was a positive experience for people, the table was nicely laid and people chose where they wanted to sit. We saw people chatting and laughing with each other and staff. People were offered a choice of food and were given time to enjoy their food with staff ensuring that they were happy with their meals. Staff knew who required assistance with their food and provided this at a pace which suited the person. We found that people were given portion sizes that suited them, for example, one person told staff that their portion size was too large, the staff removed the plate and provided the person with a small portion. People we spoke with told us that there was always plenty of choice of food and drink and that the food was tasty. A relative told us, “[The person] had lost weight in hospital and since they have moved to Brook Court they have really enjoyed the good quality food and put on weight”.

People were offered hot and cold drinks throughout the day and we also saw people had access to drinks in between the staff offering drinks to them. We observed staff support people to drink who were not able to do this themselves. Staff did not rush people and took their time to assist people to enjoy their drink. Staff we spoke with knew which people were at risk of dehydration and knew who required support to maintain a healthy fluid intake which was monitored closely. This meant that people were supported to drink enough to keep them healthy.

Is the service effective?

People we spoke with told us they had access to health care professionals when they needed to. People told us visits were arranged in a timely manner when they requested. People told us that they were supported to attend hospital appointments. During our inspection there was a visiting general practitioner (GP) who told us that they visited people when it was required. We saw in care

records that these visits were recorded along with visits by the chiropodist. People attended routine appointments such as the dentist, optician and physiotherapists. This demonstrated the service worked closely to make sure there was a joined up approach to meeting people's health needs.

Is the service caring?

Our findings

People we spoke with told us they felt cared for by the staff. One person told us, “The staff are kind to me”. A relative told us, “The staff are wonderful and welcoming”. Another relative told us, “[The person] went in for respite and by choice is staying. The good quality care [the person] has been given has given them a reason for living again”.

We talked to people about how their privacy and dignity was promoted by care staff. One person told us, “They always knock on my door and wait for a reply”. Another person said, “They help me where I need help, but let me do other things for myself”. People told us that staff spoke kindly to them and in a respectful way. Visitors told us they were able to see their relative in private and that there were no restrictions on visiting times. We observed people were assisted in a quiet and discreet way and care staff were professional at all times when assisting people to maintain their dignity. We saw how staff treated people with respect and addressed people in a courteous way. We saw that people were appropriately dressed in suitable clothing that maintained their dignity.

There was a café in the reception area which provided people and their relatives an informal space which all visitors and people were able to use. Relatives told us that there was a complimentary range of teas and coffee and freshly homemade cakes and biscuits. Relatives told us it was a joy to visit the person and that they did not feel as though they were intruding into someone’s home. One relative told us, “It is a pleasure to visit”. Another relative told us that the staff were so welcoming and attentive to people’s needs.

We asked people if staff encouraged them to do things for themselves and make their own decisions about their care. One person said, “Yes they do, I like to keep my independence”. People told us their care plans were updated regularly and relatives were involved where they were able. A relative told us that they were involved in the care planning and that their views were considered and acted upon. Another relative told us about the ‘Family Support Meetings’ that the provider held. The group held seminars for dementia care where a dementia care specialist spoke with people. They told us that the support group offered valuable insight into the person’s illness.

Is the service responsive?

Our findings

People who lived at Brook Court and their relatives told us that the provider ensured that people's preferences and choices were discussed in detail. This knowledge was reflected in people's care provided and their records. People we spoke with told us staff knew them well and knew what their likes and dislikes were. We observed times where staff would sit and talk with people about topics that interested them. We observed that staff actively encouraged people to go out with family and friends. For example, on the day we visited, three people had gone out for lunch with their family. One person we spoke with told us they had returned from visiting a home they used to live in. Another person said they, "Enjoyed the live music" in the home. One person we spoke with told us they preferred to remain in their room to read. They said they had been supported to do this with a reading lamp and magnifying glass to help them read. This demonstrated that staff actively encouraged people to follow their interests and maintain their social activities inside and outside of the home.

We observed one person reading the day's newspaper and they told us this was something they enjoyed doing. People and their relatives told us that activities always took place regularly and that people enjoyed them. People and relatives spoke about the specially designed cinema room

and how they were able to watch films that they enjoyed in comfortable surroundings. This meant that people were supported to participate in activities that they enjoyed and were personalised to them.

People's support plans demonstrated the service had conducted a full assessment of people's individual needs to determine whether or not they could provide them with the support that they required. Plans of care were in place to give staff guidance on how to support people with their identified needs such as personal care, activities, communication and with their night time routine. The staff we spoke with demonstrated that they were aware of people's current needs and how they supported them.

The provider had a complaints procedure in place. The information was clear and easy to understand and accessible to people. Every person we spoke with said that they felt confident enough to speak to staff or people in management if they had any concerns or complaints. One person said, "There's nothing to complain about here". The provider had received three complaints since September 2013 all of which had been responded to with a satisfactory outcome. All of the staff we spoke with explained what they would do if someone made a complaint to them. One staff member told us, "If it was a minor complaint and I could sort it out then and there I would. If it was more serious I would report it to the nurse or the manager". People could therefore feel confident that they would be listened to and supported to resolve any concerns. Complaints were shared with staff so learning could take place to reduce the likelihood of it happening again.

Is the service well-led?

Our findings

People told us they felt happy to approach the registered manager. We saw people were comfortable approaching them during our visit. People told us they knew what was happening for themselves as individuals and what plans were in place for the overall service. The provider held weekly resident meetings. This gave people the opportunity to discuss what they would like to do that week and to keep people updated with events that were happening in the home. People told us that the meetings were useful as they were able to voice their thoughts and opinions and they were listened too. This meant that people felt involved and there was an open communication system for all people who used the service.

Staff had opportunities to contribute to the running of the service through regular staff meetings and one to one conversations with the registered manager. Staff told us they felt listened to at the meetings. We saw that staff were provided with incentives for good practice as the provider held Going the Extra Mile (GEM) Awards. Staff told us that this was positive as it instilled a good working practice with recognition for their work. One nurse staff member told us, "I love it here, I have no concerns, but if I did I wouldn't hesitate to let the manager know". A care staff member told us, "I feel really supported working here, I could speak to any of the nurses, they are all really supportive". This meant the registered manager and provider recognised the importance of an open and transparent culture and that people could raise concerns with confidence.

We saw and people told us that the registered manager were accessible in the home and actively took part in people's care. Staff told us that the registered manager

visited at night and on the weekends to "check everything was okay". One nurse staff member told us, "Anything a person needs, I ask the manager and they get it for them. We are a new service in a new building; there are always more things that we need and the manager is always accommodating to this".

The registered manager told us a survey had been carried out in 2014. We saw the analysis of the survey along with comments people had made, which were mainly positive. We looked at responses received and comments included, "The overall running of the home is of excellent quality". "To find a care home of this quality is such a relief and help". "Lovely home, great staff, excellent nursing care". We were advised that an action plan was being developed in order to resolve some of the issues raised.

We looked at the systems in place for recording and monitoring incidents and accidents that occurred in the service. Records showed that each incident was recorded in detail, describing the event and what action had been taken to ensure the person was safe. Accident forms had been reviewed by the registered manager so that emerging risks were anticipated, identified and managed correctly.

The provider completed monthly audits in areas such as care plans, environment and medication. We could see where action had been taken when a shortfall had been found. Where provider actions were on-going, these had been discussed with the registered manager and arrangements were in place to ensure these were actioned promptly. This meant that the provider had systems in place to assess and implement high quality care and ensure the registered manager was supported to action these.