

Brookvale

# Brookvale - Prestwich

## Inspection report

Simister Lane  
Prestwich  
Greater Manchester  
M25 2SF  
Tel: 0161 653 1767

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



### Overall summary

Brookvale is a single-storey purpose built home set in extensive well-kept grounds close to farmland and the village of Simister in Prestwich. In addition to the main building and smaller buildings within the grounds there are also four cottages on site. These cottages accommodate people who live fairly independent lives. The home provides accommodation and care for up to 80 younger adults who have a learning disability. On the day of our inspection 75 people were using the service.

This was an unannounced inspection that took place on 22 October 2014. We observed how staff cared for and

supported people, looked at people's care and medicine records and records about the management of the home. We spoke with ten people who used the service, five relatives, six care staff, the cook, the management team, including the registered manager, and a visiting GP. 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.

# Summary of findings

We last inspected the home on 27 November 2013. At that inspection we found the service was meeting all the regulations that we reviewed.

During this inspection we found the recruitment of staff was not safe. We found that gaps in people's employment history were not always explored, as required by law. We also found that the correct procedure for requesting criminal record checks had not been followed. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.

Although people's health and social care needs were met, the care records were not always updated to show any changes required to people's care. The quality of information about people's needs, wishes and preferences varied in the care records we looked at. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People were not protected against the risk of unsafe or inappropriate care because care records were not always updated and did not always reflect people's needs.

You can see what action we have told the provider to take at the back of the full version of the report.

There was not a lot of evidence in the care plans to show that the people who used the service were involved in compiling them. The care records were not 'user friendly'. They did not contain 'easy read' pictorial information which may have enabled people to be more involved and have a better understanding of what was in their care plan. We have recommended to the provider they refer to the Department of Health Document- Valuing People - A New Strategy for Learning Disability for the 21st Century (2001) (England).

During this inspection we found that people were well cared for by kind and patient staff and the staff

understood what care and support people required. The people we spoke with told us they liked the staff and felt safe with them. Relatives spoke positively of the staff's kindness and attitude.

Brookvale is a Jewish organisation and, with regards to the cultural and dietary laws, is under the supervision of the Manchester Beth-Din which is a religious court. Great emphasis was placed on ensuring the religious and cultural needs of people were met. People of other faiths also lived at the home and they were encouraged to follow their faith and receive their own clergy into the home if they wished to.

People had a choice of meals and they told us they enjoyed the food and they had plenty to eat. Only Kosher food was prepared and served in the home in accordance with Jewish dietary laws.

We found that the medication system was safe and we saw how the staff worked in cooperation with other healthcare professionals to ensure that people received appropriate care and treatment.

An important aspect of people's care was making sure they took part in the indoor and outdoor activities they liked doing. Throughout the inspection we saw people taking part in several types of activities that they were clearly enjoying. There was lots of laughter and friendly banter.

All areas of the home were clean, well maintained and accessible; making it a safe environment for people to live and work in. Procedures were in place to deal with any emergency that could affect the provision of care.

People were cared for by sufficient numbers of suitably skilled and experienced staff. Staff received the essential training necessary to enable them to do their job properly and care for people safely. Staff were able to tell us what they would do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

# 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?

One aspect of practice within the home was unsafe. People who used the service were placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.

People were cared for by sufficient numbers of staff who knew how to keep people safe.

People lived and worked in a clean, secure, safe environment that was well maintained.

**Requires Improvement**



### Is the service effective?

The service was effective. Staff were aware of people's health and social care needs and were quick to seek external healthcare professional advice where necessary.

People were provided with a choice of suitable and nutritious food. People told us they enjoyed the food and there was always plenty to eat.

People were cared for by staff that were properly trained, supported and supervised.

**Good**



### Is the service caring?

The service was caring. People spoke very positively of the kindness and attitude of the staff. We saw people were treated with dignity and respect.

We saw staff supported people with humour and patience throughout the day, especially when they were assisting them with activities.

There were plenty of private spaces throughout the home where people could sit and talk in private if they wished to.

**Good**



### Is the service responsive?

The service was not always responsive to people's needs. People's care records were not always updated and therefore did not reflect people's changing support needs.

The home was designed and equipped to promote people's safety, independence and comfort.

Great emphasis was placed on ensuring that the cultural and religious needs of people were met. We saw that activities played an important part in people's daily routines and people's care plans contained information about what activities people liked to do.

Relatives we spoke with were aware of the complaints procedure and told us they would have no problem raising any concerns with the management.

**Requires Improvement**



# Summary of findings

## Is the service well-led?

The service was well led. Staff we spoke with told us they felt the registered manager and the management team were supportive and approachable.

Staff told us they were pleased there were opportunities for on-going training and development and also felt secure knowing that if they had concerns about anything at all they would be dealt with.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

Good



# Brookvale - Prestwich

## 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 was unannounced and took place on 22 October 2014. The inspection team consisted of two inspectors 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 had experience of caring for a person with autism.

Prior to the inspection we reviewed the information we held about the service and contacted the local authority commissioners of the service to seek their views about the home. They told us they had no concerns.

During this inspection we spoke with ten people who used the service, five relatives, six care staff, the cook, the management team, including the registered manager, and a visiting GP. We looked around all areas of the home and observed how staff cared for and supported people. We observed lunch being served and we observed how the religious and cultural needs of people were met. We also looked at six people's care records, four medicine records, five staff recruitment and training files and records about the management of the home.

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.

# Is the service safe?

## Our findings

One aspect of practice within the home was unsafe. The provider did not have a safe recruitment system. We looked at the personnel files for five staff who had recently been employed to work at the home. Records examined included an application form, written references, evidence of the applicant's identity and a health declaration form. We found that gaps in employment in two of the files looked at were not explored, as required by law. Criminal record checks carried out by the Disclosure and Barring Service (DBS) had not been undertaken by the provider for two of the staff. Copies of criminal record checks from the applicant's previous employer had been taken and kept on file. We found these checks were dated between 8 and 15 months earlier. The DBS guidance states that ultimately it is for the employer to determine whether to accept previously issued CRB/DBS checks. Certain points however needed to be considered before a decision was made; such as the applicant's criminal record or whether other relevant information might have changed since its issue. We saw no evidence to show that consideration had been given to these points.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.

The people we spoke with told us they were happy and liked the staff. Comments made included; "I much prefer it here to where I was before" and "Yes I like the staff and they like me, they are kind and look after me". Relatives told us, "The staff, care and facilities are fantastic. The hygiene standards are good and they always keep on top of any maintenance" and "I have 100% confidence in the service". We were also told, "We know she is safe and they do everything they can for her" and "No worries about the place". A relative also told us that they would recommend the place to other people.

The care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition, and management plans were in place to help reduce or eliminate the risk.

We visited every area of the home and gardens, including some of the outlying cottages. We saw that all areas of the

home were accessible, making it safe for people with limited mobility. We were told that people who lived in the cottages were independent and were able to undertake small household tasks without supervision. All areas of the home and cottages were clean and tidy. We saw that, to keep people safe, access to the home was via door keypads and we were told that a security firm patrolled the extensive grounds throughout the night.

The staffing rotas we looked at, plus our observations throughout the day, demonstrated there were enough staff on duty to meet people's needs. Staff and relatives told us they felt there were enough staff available at all times. One of the care staff told us, "There are enough staff, we're able to manage everything".

We looked to see how the medication system was managed. We checked the systems for the receipt, storage, administration and disposal of medicines. We also checked the medication administration records (MARs) of four people who used the service. We found that medicines, including controlled drugs, were stored securely and the systems in place for the receipt, administration and disposal of medicines were safe.

We saw that policies and procedures were in place to guide staff in the safeguarding of adults. Records showed that staff training had been provided in this area. We spoke with three care staff about safeguarding adults. They were able to tell us what action they would take if they suspected abuse or if a concern was raised with them. They told us they felt confident the manager would listen and take any action required. We were shown a document called 'Say No'. This was an easy read pictorial document that would enable people with learning disabilities to have a better understanding of the procedure they could use if they had any concerns about their care or safety.

We looked at what systems were in place in the event of an emergency, for example a fire. We saw a fire risk assessment had been carried out in January 2014. Where recommendations had been made requiring immediate action, we saw they had been addressed. We saw personal emergency evacuation plans (PEEPs) had been developed for all people who used the service. Regular in-house fire safety checks had also been carried out to check the fire alarm, emergency lighting and extinguishers were in good working order and the fire exits were kept clear.

## Is the service safe?

We looked to see if up to date servicing certificates were in place for the mains circuits and equipment. We saw up to date certificates for the gas safety, mains electric small appliances, hoisting equipment and the fire alarm. We saw there were procedures in place for dealing with any

emergency that could affect the provision of care, such as severe weather conditions and utility failures. This should help ensure staff took appropriate action to keep people safe in the event of an emergency.

# Is the service effective?

## Our findings

The service was effective. The visitors we spoke with told us that the home was meeting their relative's needs.

Comments made included; "She is fully dependent on the staff for all her care and the facilities meet all her needs. They stimulate her and she comes home happy" and "We can talk about anything, they listen and involve us". Also, "I can't fault it as they do so much here; swimming pool, gym, sport, outings, bowling, concerts" and "Wonderful service, you only have to look around at the environment and facilities".

We spoke with a visiting GP who told us they visited the home routinely every week to see people who had minor illnesses, needed any specific advice or treatment and also to undertake people's annual health checks. The GP told us the staff were very good at following medical advice and instructions and were quick to contact them if they had concerns about the health of any person who used the service.

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We found the provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is deprived of their liberty in a safe and correct way. Whilst no one was subject to a DoLS, proper policies and procedures were in place with regards to the MCA 2005 and DoLS procedures. We were told senior staff had undertaken training in the MCA 2005 and DoLS procedures and from our discussions with them they were able to demonstrate their understanding.

We looked to see how people were involved in consenting to their care and treatment. People who used the service communicated in different ways; some people were able to verbally tell staff what they wanted whilst others used signs or gestures. We saw that most people were able to make some decisions about their daily routines and support. In the main office we saw a copy of the Department of Health (DOH) guidance on 'Seeking consent for people with learning disabilities'. However on examination of people's care records there was no evidence to show the DOH

guidance had been put into practice. The provider told us that they would refer to the guidance when compiling people's care plans to show how they sought consent from those people with the capacity to give it.

We spoke with five care staff. They all confirmed they had received the necessary training to allow them to do their jobs effectively and safely. One staff member told us they had been sent on several training courses and that further training courses were being planned. We were told they were very appreciative of the opportunities given to allow them to continue their personal professional career development through accredited National Vocational Qualification (NVQ) training. Care staff told us they received regular supervision sessions to discuss any learning and development needs they might have. Inspection of their personnel files confirmed this information was correct.

We looked at how people were supported in meeting their nutritional needs. Many of the people who lived at Brookvale observed Kashrut (a set of Jewish religious dietary laws). This included Kiddish every Friday night and Jewish festivals. We were told the kitchens were regularly inspected by the Manchester Beth Din (religious court) to ensure compliance with dietary law and a 'Shomer' (religious supervisor) regularly attended. Before Passover a whole team of experts visited the home to fully prepare the kitchens for the forthcoming festival and change over all the cutlery and crockery as required by Jewish dietary law.

People we spoke with told us they enjoyed the food and had plenty to eat. One person who had just finished their meal told us, "That was good". A relative told us, "He enjoys the food despite it being Kosher". We asked the cook if kitchen staff were made aware of the individual dietary needs of people. We were told that relevant information about people's dietary needs was made available in the kitchen. The kitchen was well organised with separate facilities so that 'milk' and 'meat' items were prepared separately as required by Jewish dietary laws. We looked at the kitchen and food storage areas and spoke with the cook about the arrangements for the ordering of food. We were told regular deliveries of fresh, frozen, tinned and dry goods were made. We saw good stocks of food were available.



## Is the service effective?

The care records we looked at showed that people were assessed in relation to the risk of inadequate nutrition and hydration and action was taken if a risk was identified, such as referral to a dietician or their GP.

# Is the service caring?

## Our findings

The service was caring. Although verbal communication was rather limited with some of the people who used the service, they responded positively by smiling when asked about their lives, activities and the staff's attitude to them. The visitors we spoke with told us they were happy with the support and care their relative received at Brookvale. One of the relatives we spoke with told us, "It's a lovely place, just look at the staff, very caring. If I've ever got a problem the staff will listen to me". Another relative told us, "Gives us confidence to know she is being so well looked after" and "The staff are wonderful and give 100%. They make us welcome at any time". We were also told, "The staff are very accommodating and cater for every need. My son is resistant to change so I appreciate the good staff continuity and devotion" and "This place has been a God send".

We spent time in each of the arts and crafts rooms and also the music room and observed how people were supported by staff to undertake the various activities. We saw that staff were kind, attentive and patient. There was also a lot of friendly banter and laughter. A discussion with the staff showed they were aware of what each person liked to do. Staff were also aware of when a person needed to take 'time out' from any activity. We were told that, although there was an allotted time for individual people to spend

time in the 'sensory room', sometimes people visited the room regardless of any scheduled time booked. This was when staff felt they would benefit from a period of relaxation. This was to enable them to feel calm and relaxed by having one to one staff attention, listening to soothing music and watching the various 'stargazing' images on the walls and ceiling.

We saw staff treating the people who used the service with dignity and respect. We spent time in the dining rooms, observing the lunch time period. We saw those people who required assistance with eating and drinking were supported on a one to one basis. Staff were patient and mealtimes were unhurried. To promote their independence and preserve their dignity, plate guards were provided for people who found difficulty keeping the food on their plates when they were eating.

We saw that staff promoted the privacy of people who used the service, their families and their visitors. Staff told us that all personal care was undertaken in people's own rooms and that any medical interventions, such as GP examinations, chiropody and dentist visits were undertaken privately in the medical room, known as 'primary care'. We saw that people had access to the many small lounges within the home where they could sit and talk in private if they wished to.

# Is the service responsive?

## Our findings

The service was not always responsive to people's needs. The quality of information about people's needs, wishes and preferences varied in the care records we looked at. Four of the records provided good information about the individual needs of people and there was clear guidance for staff on what support people required. One of the records we looked at however was dated 2010 and was not fully reflective of the person's current support needs. The care record had not been updated. The care records for a second person did not include specific information regarding their dietary needs. We found the speech and language therapist had been involved on several occasions offering advice. However the person's care plan and nutritional risk assessment had not been updated to include this information. To ensure care is consistent and appropriate, information in the care records needs to be up to date.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People were not protected against the risk of unsafe or inappropriate care because care records were not always updated and did not always reflect people's needs.

We saw that great emphasis was placed on ensuring the religious and cultural needs of the people of the Jewish Faith were met. The Sukka (tabernacle) used in the recent Jewish festival was easily accessible and available for people who used the service. We also saw two candlesticks in the dining room that are lit on the eve of Sabbaths and Festivals and a Menora (candelabra) that is used during the winter Hannuka festival. We were told that regular visits were undertaken by local synagogue rabbis although, to cater for the needs of all the people who lived at the home, clergy from other faiths were welcomed into the home. We were also told that people from other faiths, if they wished to, were able to decorate their own rooms as part of their own religious festivals.

We saw that activities played an important part in people's daily routines. The home had several arts and crafts rooms, a music room, a gymnasium that was also used for themed events, a beauty/hairdressing salon and a sensory room. The extensive grounds had an outdoor gymnasium, a crazy golf course and a designated cycle path. In addition there was the hydrotherapy pool and the jacuzzi.

The care records we looked at contained information about the preferred type of activities that people enjoyed. We saw people taking part in several types of activities during the day. One of the relatives we spoke with told us, "They have music, singing and dancing at least twice a week and they all seem to enjoy it. The music therapist is remarkable". We spoke with the music therapist who told us that individual music lessons were provided for people less able or willing to join in with a group. One of the people who had lived at the home for many years told us they preferred to help around the home and garden rather than take part in activities. They told us the staff supported them to do this. They also told us how they liked to go out on the day trips and go to the holiday home in Lytham.

We looked at the care records for six people. It was evident that family members and /or social workers were involved in the compiling of the care plans. There was not a lot of evidence however to show that the people who used the service were involved. The care records were not 'user friendly'. They did not contain 'easy read' pictorial information which may have enabled people to be more involved and have a better understanding of what was in their care plan. **We recommend the provider refers to the Department of Health Document- Valuing People - A New Strategy for Learning Disability for the 21st Century (2001) (England).**

The care records had a 'hospital traffic light assessment' document in place. This was an 'easy read' document and provided good information about individual's needs, health conditions and the medication and support required should people be admitted to hospital.

Adequate equipment and adaptations were available to promote people's safety, independence and comfort. All the bedrooms had an en-suite bathroom with adapted bathing facilities. Ceiling tracking was in place in some bedrooms to enable staff to safely hoist and transfer people whose mobility was greatly impaired. We saw that portable defibrillators were in place at certain key points within the home; for example within the hydrotherapy pool building. We were told that, to help ensure people's safety, only staff trained as life guards accompanied people into the hydrotherapy pool.

Relatives we spoke with told us they would have no problems raising any concerns they might have. Comments made to us included; "I have never needed to raise any issues or concerns, but would feel able to speak with staff

## Is the service responsive?

or managers if needed” and “If I need to raise anything the manager is there and will listen and explain”. We saw that people were provided with clear information about the procedure in place for handling complaints. The

complaints procedure was also in an ‘easy read’ format. This may help people who use the service to understand how to make a complaint and to know when and who will investigate it for them.

# Is the service well-led?

## Our findings

The home was well led. The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. A registered manager is a person who has registered with CQC 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 and associated regulations about how the service is run.

The five staff we had discussions with spoke positively about working at the home. One staff member told us they were very happy in their job and felt well supported by senior management. Another staff member told us they looked forward to coming to work as, "I love it here". They told us they felt there was a high standard of care and people were well looked after. Comments made to us by other staff members were; "They (management) give me confidence if there are any issues" and "Every day is different and it is a really nice place to work".

Staff and management told us that full team meetings were not held, however handovers were undertaken twice a day at shift change. The staff we spoke with told us they were happy with things the way they were. We were told. "I am happy with the management and can speak with any of them" and "I always go to the managers if there are any problems; they are very approachable".

The staff we spoke with were able to demonstrate their understanding of the whistle blowing procedures. They knew they could raise concerns in confidence and contact people outside the service if they felt their concerns would not be listened to.

We asked the manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were shown the

'quality management policy'. This outlined who was responsible for the specific procedures in place for monitoring the quality of the service provided. We saw monthly audits were undertaken on areas such as accidents/ incidents, medications, and health and safety issues within the environment. We saw that the registered manager received a written daily report from staff and when any issue of concern was identified there was evidence to show that the issue was acted upon.

We were told by management that meetings for relatives and people who used the service were not held formally. We were told they had been held previously but attendance was poor or non-existent. Management told us they had an 'open door' and there was lots of 'face to face' contact with people who used the service and with their visitors. Our observations throughout the day confirmed this.

We saw management sought feedback from people who used the service and their relatives through questionnaires. We were told that questionnaires were sent out to relatives every six months. We looked at four of the responses. They were very positive about the care and facilities provided. Comments made included; "I am very happy with the care provision she receives each day" and "She is very settled in beautiful surroundings and contented in every way". We saw that questionnaires were left at the reception desk for people to take. We were told questionnaires were given out each month to 10 different people who used the service. The questionnaires were in an 'easy read format'. We did not look at any responses during this inspection.

We checked our records before the inspection and saw that any accidents or incidents that CQC needed to be informed about had been notified to us by one of the management team. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>How the regulation was not being met. People were not protected against the risk of unsafe or inappropriate care because care records were not always updated and did not always reflect people's needs. Regulation 20 (1) (a)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>How the regulation was not being met. The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.</p>