

## Brookside Residential Care Home (Braybrooke) Limited

# Brookside Care Home

### Inspection report

Brookside Care Homes  
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### Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service effective?       | Good ● |
| Is the service caring?          | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

### About the service

Brookside Care Home is a residential care home providing accommodation and personal care for up to 18 people. The service provides support for older people including people living with dementia. At the time of our inspection there were 12 people using the service.

Brookside Care Home is a small family run care home.

### People's experience of using this service and what we found

Staff understood their responsibilities to protect people from abuse and avoidable harm. Risks were assessed and preventative action was taken to reduce any risks of harm.

Staff were recruited in a safe way. Sufficient numbers of staff with the right skills were deployed to meet people's needs.

Systems were in place to ensure medicines were received, store and administered in a safe way. Staff received appropriate training to ensure they had the skills to meet people's needs. Staff knew and understood people's support needs well.

Infection control systems were followed. People were protected against the risks of transmission of COVID-19. A staff member commented, "We keep all our residents safe and protected at such a difficult time. There are posters around the home that catch my eye that are a reminder of following infection controls."

People were provided with a choice of nutritious home cooked meals. Staff monitored the food and fluid intake of people at risk of malnutrition and / or dehydration and timely action was taken in response to any concerns identified.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People were asked for their consent before care and support was provided and staff understood the principles of the Mental Capacity Act 2005. Systems to assess and record people's capacity to make informed decisions about their care and treatment were in place.

People had access to healthcare services as and when required. People commented the staff were kind and caring and they had positive relationships with all the staff. Staff maintained people's privacy and dignity and encouraged people to be as independent as possible. Staff worked in a flexible way to meet people's support needs in a person-centred way.

People were involved in developing their care plans and were given choices. People knew how to make a complaint and felt confident any concerns or complaints would be listened to and appropriate action taken by the management.

People and staff all commented they had confidence in the registered manager and the management team. People and staff were asked for their feedback and this was acted on to continually improve the service provision.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

This service was registered with us on 30 March 2020. The last rating for the service under the previous provider was Good published on 17 November 2017.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# Brookside Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Brookside Care Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Brookside Care Home is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make.

We sought feedback from commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service, the registered manager, one head of care, the nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider). We spoke with two members of the care staff. We reviewed a range of records. This included the care records of three people using the service. We looked at a variety of records relating to the overall management of the service, including policies and procedures.

After the inspection

We reviewed records in relation to staff training and feedback received from people using the service and staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel very safe living here."
- Staff understood their responsibilities to protect people from abuse and avoidable harm. Staff told us and records showed they received safeguarding training, they knew how to recognise the signs of abuse and the actions to take should they witness or suspect any form of abuse.
- One staff member commented, "I am aware of the safeguarding policy and how to raise concerns, I would inform a senior on duty or the manager. I am aware how to whistle blow if it required further escalation. I received an employee handbook along with the whistle blowing policy from the manager." Another commented, "I fully understand our whistle blowing procedure at Brookside."

Assessing risk, safety monitoring and management

- Risks were assessed, and risk management plans were in place. For example, action was taken to manage the risk of falls or skin breakdown and the development of pressure sores.
- Staff received training on moving people in a safe way and how to safely use moving and handling equipment.
- Staff told us, and records showed they knew the actions to take in response to accidents or incidents.
- Emergency contingency plans were in place and routine tests were carried out on the fire and emergency lighting systems. Records showed that maintenance checks were carried out on the fire, water, gas, electrical system and other equipment.
- People had personal emergency evacuation plans (PEEP's) in place in the event of the building requiring evacuation.

Staffing and recruitment

- Checks were carried out on staff suitability to work at the service before they were offered employment. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The registered manager was aware they need to follow the published COVID-19 interim guidance on DBS and other recruitment checks in the event of urgent staff appointments.
- People told us, and records showed there were enough staff available to meet people's needs. One person said, "The staff are always available to help me whenever I need them." We saw that staff worked at a relaxed pace, responding promptly to people's requests for assistance.

Using medicines safely

- Staff had received training on the safe management, administration and storage of medicines and had their medicines competency assessed, and people confirmed they received their medicines as prescribed.
- The medicine administration records (MAR) were accurate and up to date and medicines were stored securely.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Feedback was sought from people using the service and records showed the feedback was listened to and acted upon. For example, a recent satisfaction survey indicated that people wanted more frequent and regular updates regarding the COVID -19 pandemic. In response the registered manager sent out more frequent updates as government guidance changed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us, and records showed they received induction training that included completing the Care Certificate Award. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff confirmed they felt supported to progress in their roles. One staff member commented, "The training has helped me progress as a carer, I feel confident I can ask [manager] and the seniors any questions if unsure of and get extra support if needed."
- Bespoke training was provided to continually meet the needs of people using the service. One staff member said, "If an individual has a specific need management ensures we have access to all relevant information needed." Another commented, "I have had training on pressure care and diabetes, and have passed my level 2 Council for Awards in Care, Health and Education (CACHE) on dementia and falls prevention awareness."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the meals provided. One person said, "The meals are lovely, it's all home cooked."
- We observed the lunchtime meal and saw people were supported to eat and drink in a sensitive and appropriate manner. People were relaxed and chatting at the table and staff were unhurried and helpful.
- Records showed the staff closely monitored the food and drink intake for people at risk of malnutrition and / or dehydration, and timely advice was sought from health care professionals in response to any concerns identified.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff worked with other healthcare professionals in meeting people's needs. Staff knew how to recognise deterioration in people's health. Records showed they had contacted the GP timely and their advice was followed.
- People were supported to access healthcare appointments.

Adapting service, design, decoration to meet people's needs

- The home was homely, clean and well maintained. Space was available for people to socialise with others and to have time alone outside of their bedrooms.
- The garden was well maintained and provided a pleasant outdoor seating area.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions to deprive a person of their liberty had the appropriate legal authority and were being met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were supported to make decisions and make choices about their day to day lives.
- People's care plans included information on the person's mental health. People told us staff asked for their consent before providing care and support. The registered manager understood the requirement to apply for DoLS authorisations with the local authority supervisory body when needed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the staff who supported them. One person said, "The staff are kind and very friendly". We observed interactions between people and staff were positive and respectful.
- Staff received training on equality and diversity and upholding people's human rights. Staff respected people's choices and people using the service were supported to maintain contact with friends and family. Visits to people using the service were supported to take place safely during the COVID pandemic.

Supporting people to express their views and be involved in making decisions about their care

- People using the service and their representatives were involved in making decisions about their care. Care reviews were carried out involving people and their representatives. Staff knew people well and understood their needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful of respecting people's privacy and dignity. People told us the staff were kind, considerate and friendly and they had good relationships with all the staff.
- Staff encouraged people to maintain their independence and to build on their skills.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed before they moved in and a plan of care was developed with the person. Staff knew people well and knew how people preferred their care to be delivered. One staff member commented, "I feel the care provided is very person centred, the care plans allow me to ensure care needs can be met. Being part of a small home enables me to know residents on a personal level and know about their lives prior to Brookside, it's always lovely to sit and have a cuppa with the residents and have one to one time."
- Resident meetings took place during which people were encouraged to share their experiences of receiving care at the home. Records showed the registered manager took timely action to respond to suggestions from people, such as organising outings and reviewing the food menus.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The communication needs of each person was detailed within their individual care plans. All people were able to verbally communicate, and staff were observant of people's emotional state and moods.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and hobbies. During the COVID pandemic outside entertainers had provided entertainment behind screens to prevent the risk of spread of infection. With the opening of the restrictions outside entertainers were now coming back into the home.
- Staff knew about people's specific likes and dislikes, hobbies and interests and things that mattered to them, so they could provide person-centred care that was bespoke to everyone.

Improving care quality in response to complaints or concerns

- A complaint policy was in place and systems were in place to receive and act on complaints. At the time of the inspection no complaints had been received. People told us they would feel comfortable speaking with the registered manager if they were unhappy with the care they received or if they had any concerns.

End of life care and support

- An end of life policy was in place and staff had received end of life training. At the time of the inspection no people were receiving end of life care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and the senior team promoted a person-centred culture within the home. People using the service were involved in making decisions regarding the running of the home and encouraged to provide regular feedback on their experience of living at the home to continuously drive improvement.
- Feedback was encouraged from people using the service and staff to drive continuous improvement at the service. Resident meetings and quality assurance surveys were used to gain feedback and ideas for improvements. Records showed that ideas and suggestions were taken forward, such as places to visit for days out, activities and menu choices. Staff told us the registered manager was open and approachable.
- Feedback from the staff included, "I have been part of Brookside team for many years and continue to enjoy my job very much. There are many positives of working at Brookside one being it really is home from home, the residents are always in good spirits and have a good relationship with each other and the staff." And, "I am proud to say I am part of such a wonderful team and will continue to do my job to the best of my ability."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility of complying with the duty of candour. People knew the registered manager and told us they were open and accessible.
- Systems were in place to routinely check all aspects of the service. Such as, care records and risk assessments, medicines, infection controls, the premises and equipment and staff training.

Continuous learning and improving care; Working in partnership with others

- The registered manager reviewed and monitored all aspects of the service. They consistently sought the views of people using the service and staff and showed timely action was taken in response to areas identified for improvement.
- The registered manager and staff team worked with other healthcare professionals to ensure people's physical and emotional needs were consistently being met.