

Czajka Properties Limited

# Brookfield Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

Our inspection of Brookfield Care Home took place on 21 December 2016 and was unannounced. At the previous inspection in November 2015 the service had been in breach of regulations relating to staffing, safe care and treatment and good governance. During this inspection, we saw the service had made significant improvements within these areas and found it no longer in breach of regulations.

Brookfield Care Home is located in Nabwood, Shipley on the outskirts of Bradford and is registered to provide personal care for up to 40 people, although the service had made two double rooms into single rooms which reduced the maximum occupancy to 38. At the time of our inspection there were 36 people living at the service. Accommodation was arranged over two floors and all bedrooms were en-suite with toilets, baths or showers. There were a number of communal lounges on both floors, two dining rooms on the ground floor and a passenger lift in place. Outside the property were gardens and a car parking area.

A registered manager was in position. 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 they felt safe living at the home and the care provided was good. Staff understood how to keep people safe and safeguarding training was in place. Staffing levels were sufficient to keep people safe although increased levels would allow more interactions with people at busy times.

A robust recruitment process was in place and staff received a range of training to enable them to care and support people living at the home.

Appropriate risk assessments were in place in people's care records and these were updated as care and support needs changed. People's needs were assessed and plans of care put in place which were updated appropriately.

The premises were well maintained with no malodours. People were encouraged to have personal possessions such as ornaments, pictures and toiletries in their bedrooms.

Medicines were well managed with appropriate safe systems in place to ensure people received their medicines at the right times.

People had access to a range of health care professionals and referrals were made where required.

The home was working within the legal requirements of the Mental Capacity Act 2005 and people's consent was sought wherever possible. People's preferences were respected and people were treated with dignity and kindness.

People told us the food was of a high standard and menus were formulated with people's input and feedback. People were provided with nutritious and varied diets with plenty of fluids encouraged and dietary supplements were given to those nutritionally at risk.

Any complaints were treated seriously with actions and outcomes documented. People told us they felt able to approach staff and management with any concerns they had.

A range of audits and processes were in place to ensure the quality of the service was maintained.

The management team were highly visible and people knew the registered manager by name. All staff worked together as a team and morale was good.

Resident and staff meetings took place as well as quality questionnaires sent to gauge service satisfaction.

## 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 generally safe although improvements needed to be continued and sustained.

Staffing levels were sufficient to keep people safe and robust recruitment processes were in place.

People felt safe at the service and appropriate safeguarding referrals had been made.

Risk assessments were in place to keep people safe. These were reviewed regularly.

**Requires Improvement** 

### Is the service effective?

The service was effective.

The service was working within the legal framework of the Mental Capacity Act 2005.

People enjoyed a healthy and nutritional diet and told us the food quality was good.

People had access to a range of health care professionals and referrals were made appropriately.

Staff training was up to date or booked in order to give staff the level of knowledge needed to provide effective care and support.

**Good** 

### Is the service caring?

The service was caring.

People were treated with dignity and respect. Staff knew people well and respected people's privacy.

Staff encouraged people to be as independent as possible.

Visitors were welcomed and the atmosphere was relaxed and homely.

**Good** 

### Is the service responsive?

Good 

The service was responsive.

People's preferences were respected.

Care records were clear, individualised and reviewed regularly.

Activities were according to people's wishes and people's likes and dislikes were taken into account.

### Is the service well-led?

Good 

The service was well led.

A range of audit processes were in place to ensure the quality of the service.

Staff and management worked well together and the registered manager was a visible presence.

People's opinion about the service was sought through meetings and quality questionnaires.

Notifications had been received from the service in a timely manner.

# Brookfield Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection of Brookfield Care Home took place on 21 December 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to the inspection we reviewed the information we held about the service, including provider notifications and information received from the local safeguarding and contracts and commissioning teams. On this occasion we had not asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with nine people who use the service, three relatives, one health care professional, three care staff, the chef, the activities co-ordinator, the deputy manager, the registered manager and the proprietor. We reviewed three people's plans of care, three staff files, training records and other records relating to the management of the service. We spent time observing care and support in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI). This is a way of observing care and support in order to help us understand the experience of people using the service who were unable to express their views. We also looked around the building and saw people's bedrooms, bathrooms, communal areas and the gardens.

# Is the service safe?

## Our findings

People told us they felt safe living in the home. For example, one person said, "Safe yes, nobody has ever been nasty to me," and another told us, "I feel safe here." Staff had received safeguarding training and understood how to identify and raise concerns and said they were confident people were safe in the home. Safeguarding procedures were in place and we saw evidence they had been followed. We saw one safeguarding incident had occurred within 2016. We saw this had been appropriately investigated and action taken to prevent a re-occurrence including the use of disciplinary procedures.

Appropriate risk assessments were in place within people's plans of care and we saw risks were managed appropriately. Care plan audits identified risk assessments which needed to be updated and we saw suitable action had been taken. Personal evacuation plans were contained in people's care records to safely support them to leave the building in emergency situations.

People told us equipment was used correctly and safely. For example, one person told us how staff always took great care when they were hoisted from bed to chair.

Overall, medicines were safely managed. Medicines were administered by trained senior care workers. Some people kept certain medicines themselves which showed the provider was helping people to maintain their independence.

We looked at Medicine Administration Records (MAR) and saw overall they were consistently completed indicating people had received their medicines as prescribed.

There was a system in place to make sure all medicines could be accounted for. We checked some medicines and found the number in stock matched with what should have been present. This demonstrated medicines were given in a consistent and proper way.

The number of tablets administered was clearly recorded and in some instances the specific time was also recorded so staff could ensure an appropriate gap between doses of medicines such as those for pain relief. However, we identified one person's prescribed pain relief should be given 12 hours apart, but the MAR chart showed the time of administration for the whole month as 08:00 and 22:00. Although we found no evidence they received their medicines at exactly these times, this highlighted the need to record and monitor the exact administration time.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These medicines are called controlled drugs. We saw these medicines were managed in a safe and proper way.

Some people were prescribed topical medicines such as creams. Body maps were in place which instructed staff exactly where to apply these. Records showed people regularly received their prescribed creams.

Appropriate secure storage arrangements were in place for medicines. Fridge and room temperatures were taken daily and on the day of the inspection we saw the temperature was within safe limits, although the

temperature gauge had not been recalibrated before each reading for the last few months. We spoke with the registered manager who told us they would speak with staff about this and we were confident this would be actioned.

Some people were prescribed 'as required' medicines. We saw protocols were in place instructing staff under which circumstances to give these medicines to help ensure a consistent approach to their administration.

We observed the administration of medicines and saw the member of staff responsible for administering medicines did so in a calm and unhurried manner. We saw they ensured people had a drink to help swallow their tablets and remained with the person to check tablets were swallowed.

We found the premises to be safely managed and well maintained. We detected no malodours during our inspection and a health care professional told us, "It's always clean; no odours." The home was pleasant and tastefully decorated with several communal lounges and two dining rooms for people to spend time. People's rooms contained personal items of furniture, ornaments and personal pictures or photographs of meaning to them on the walls. One person told us the only improvement needed to the home was, "Extra seats downstairs."

Since our last inspection, improvements had been made to the safety of the building including improved fire safety. Regular checks were undertaken on the premises. These included checks on water temperatures to reduce the risk of scalding, fire, gas and electric systems and equipment such as hoists and bed rails. Radiators were guarded to protect people from the risk of burns and window restrictors were in place to reduce the risk of falls.

Overall we concluded there were sufficient staff to ensure safe care. Since the last inspection increases had been made to the staffing levels within the home. Most people told us there were enough staff and they all said when they called for assistance staff arrived promptly, although one person told us, "At weekends it can be chaos sometimes." Staff said there were enough staff on duty and they were able to meet people's care needs. A health care professional told us they thought the staffing levels were ok for the needs of the people who lived at the home. We reviewed the response times to call buzzers and found they were responded to appropriately, mostly within 1-2 minutes and all in less than 6 minutes. We saw although safe staffing levels were maintained, the number of care staff on duty each day did sometimes vary which meant there was a risk of inconsistent service quality. Recruitment was on-going within the home for care staff; the registered manager told us they aimed to overstaff the home to improve flexibility and responsiveness to staff sickness or staff leaving.

The service had received a five star rating from the Food Standards Agency. This is the highest rating which can be awarded and demonstrated food was prepared in hygienic conditions. We saw staff used gloves, aprons and hand sanitizers when delivering personal care and support.

Where accidents or incidents had occurred, we saw these were usually well documented with details of the incident, any injuries sustained and any actions taken as a result.

We saw the service had made improvements regarding safe care and treatment and staffing. However, we needed to ensure these improvements were continued and sustained before rating this domain above 'requires improvement'.



# Is the service effective?

## Our findings

New staff received an induction to the service and its ways of working. This consisted of four days at the provider's training centre plus additional time orientating to the specific role requirements within the home. New staff were required to complete the Care Certificate. The Care Certificate is a government backed training scheme for staff in social care to help ensure a consistent skill set is developed. We spoke with staff about the induction process. They said training was of a high quality and gave them the necessary skills to provide effective care. We saw the provider employed two dedicated training managers at their training centre and staff received a wide range of training. This included service mandatory subjects such as moving and handling, infection control, safeguarding and health and safety and additional training such as diabetes, continence, dignity and communication. We saw staff training was up to date or booked. We also saw staff were encouraged to complete additional training such as National Vocational Qualifications (NVQ).

The registered manager told us there had been a high turnover of staff in recent months with lots of new staff. Some people we spoke with also commented on this saying there were frequent changes. One person commented, "Girls vary, a few have left recently"

People told us they had a choice for breakfast. We observed people eating a range of foods including a cooked breakfast, porridge and cereals with fresh fruit added to the top. A choice of fruit juices and hot drinks were offered and we saw staff regularly asked people if they would like more to drink. Where people's choices were documented in their care records, we saw this was fulfilled; for example, one person's care records stated they liked porridge for their breakfast and we saw them enjoying this when we observed the breakfast experience.

People told us the food provided was very good. Comments included, "Quality of food is good, good choice of food and anything you particularly ask for you can have", "Food is really good, chef cooks what you want", "You can have anything you like. No complaints; the food is good," and, "I think the food's good."

People told us there was good choice of food offered. One person said, "Always have a choice of two things on each menu." We heard staff asking people what they wanted to eat and overheard one member of staff asking a person, "Would you like brown toast or white toast? Would you like marmalade?"

People were asked several hours before each mealtime which of the two choices they wanted from the menu. When food was served people were asked again in case they had changed their minds. We saw any changes were accommodated.

We observed the breakfast and lunchtime experience and found the mealtime experience to be pleasant and person centred. Tables were pleasantly set at mealtimes with table cloths, napkins and condiments. People were all served together and where people required support this was provided appropriately. There was a high level of attention to detail; for example, people were regularly asked if everything was ok and at lunchtime we heard staff asking people if they wanted more sauce on the fish dish. We tried a sample of the

food and found it to be of high quality, tasty and flavoursome.

The home employed chefs who worked seven days a week. We saw a new four weekly menu had recently been introduced. They told us the new menu had been developed in conjunction with people who used the service. We saw food was discussed with people at resident meetings and opinions sought through surveys as well as more informal methods. There was a good variety of options on the menu with more traditional options as well as spicier foods such as curries. We saw people had recently enjoyed a lamb tagine. In addition there was a list of separate dishes including vegetarian options which could be prepared for people should they not want the main options on any particular day. The chef told us they had introduced new options to the menu such as the curries and lamb tagine following requests from people living at the service.

We saw a special three course meal had been organised for Christmas Day, Boxing Day and New Year's Day to ensure people were able to celebrate these occasions as they would do at home.

Any special dietary requirements were catered for, for example, those who were diabetic were offered a lower sugar alternative to the main dessert. It was clear a lot of thought had gone into these options to make them as appealing as possible. Food was fortified and the chef was aware of who required additional calories such as milky drinks to help gain weight. Where people were at risk nutritionally, we saw appropriate referrals had been made to the dietician or SALT teams. Some people had food and fluid charts in place and we saw these were mostly completed appropriately and this had improved since our last inspection. However, the registered manager recognised the need for staff to fully document why fluids had not been offered or refused by people.

Menus were on display and shown on a screen in the lobby area.

The home utilised the telemedicine scheme. This scheme provides remote video consultations between healthcare professionals and patients either in care and nursing homes. It helps to reduce patients' lengths of stay in hospital and also supports care outside hospital, including early discharge, or avoids unnecessary visits and admissions to hospital. We saw from reviewing people's care records they had good access to health care professionals such as GPs, district nurses, dieticians, chiropodists and opticians. On the day of our inspection we saw an optician had come to the home to test people's vision and a healthcare professional visited to review some people. They told us the home communicated well with them and contacted them with any concerns they had about people's health.

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 the case of a residential home a Deprivation of Liberty Safeguards (DoLS) must be in place. The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control.

Most people within the home had capacity to consent to their care and treatment therefore DoLS did not apply to them. Where people lacked capacity, appropriate DoLS authorisations had been made for people the service had identified were likely having their liberty deprived. These applications were currently with the Local Authority awaiting assessment. The registered manager had a good understanding of DoLS which gave us assurance the correct process would continue to be followed.

People we spoke with told us their consent was sought before care and support and this was confirmed through our observations. We saw evidence of consent documented in people's care records, such as consent forms for photographs and care records to be shared with other appropriate bodies. Where people

were not able to provide consent we saw evidence of best interests meetings and some people's relatives had obtained lasting power of attorney for care and welfare. Some care records were signed by the person or their family member to show agreement and consent. However, the registered manager agreed some consent forms and care records which had recently been updated required signing.

# Is the service caring?

## Our findings

People spoke positively about care staff. Comments included, "Staff are friendly and kind", "Staff-wise, good," and, "They're (staff) very good to me. Most of them are very nice and very helpful as well."

Relatives praised the staff. One told us, "I think they're doing very well. They cope with [person] very well. They are caring." Another commented, "[Person] is well looked after. Always clean and well-presented including [person's] nails."

We observed kind and compassionate interactions, with staff talking with some people quietly and gently and having a laugh and a joke with others. It was clear staff knew people well and some good relationships had developed. One relative told us, "When I ring up (to ask about relative), staff are able to tell me straightaway and not have to refer to notes."

People told us their dignity was maintained and staff were respectful towards them. For example, we saw a staff member speaking quietly and discretely to a person about their care needs. However one person did tell us sometimes staff interrupted their care to answer the buzzer whilst assisting them to change.

Staff we spoke with demonstrated good caring values and recognised the importance of treating people with dignity and respect. Staff received dignity training and dignity was monitored through the supervision process, audits and dignity questionnaires. Some staff and people living at the home were dignity ambassadors. We saw where minor concerns had been raised by people through these questionnaires action was taken. This demonstrated the provider recognised the importance of dignity.

During our observations we saw staff explaining to people what they were doing when assisting with care. Relatives we spoke with confirmed this, saying, "They talk to [person], explain what they're doing." People's privacy was respected; for example, staff knocked on doors before entering and respected people's wishes to eat in private if they wished to do so.

People's independence was encouraged by the service. For example, one person told us how the service had installed raised flower beds which had allowed them and other residents to maintain one of the garden areas independently. People were also encouraged to self-medicate when this was safe and encouraged to be independent with their personal care. Telephones within people's bedrooms were adapted with a large keypad to help people maintain their independence in using the telephone.

People said they felt listened to by staff. They said their choices were respected such as where they wanted to spend time, what they wanted to eat, what they wanted to do and when they got up and went to bed. We saw examples of people's choices in care records and observed these choices were respected. We saw an individualised and person centred culture within the home. For example, mealtimes could be delayed if people got up late or meals kept for later if people didn't want to eat their meal at that time. People could also choose in which dining room they ate their meals or if they preferred to eat in their rooms. Discussion

with the chef and care staff led us to conclude this culture was well embedded within the home.

One person's relatives told us how the service had provided a small tea party for them including sandwiches, cake and refreshments in a small lounge at the home in order to celebrate their relative's birthday. They told us, "They did a nice birthday tea for [person]; provided cake, tea, coffee and we had a little party in the lounge upstairs. We even had some balloons." We also saw a wake had been held in an upstairs lounge on the day of our inspection where food was provided following the funeral of a person who had been living at the home.

People had been encouraged to personalise their rooms with their own possessions and furniture. One person told us how they were very pleased with a built in wardrobe which had been provided to them at their request by the provider when they moved into the home.

Within each person's room was a 'Passport' which contained key information about people to assist staff with provision of personalised care. This included information on the person's life history and a summary of their care and support requirements. Staff we spoke with had a good understanding of the people we asked them about and how to support them appropriately.

We saw end of life plans had been discussed with people and their relatives and the service was working towards accreditation within the Gold Standard Framework (GSF). This is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis, and is a way of raising the level of care to the best possible standards. Palliative care files were in place where appropriate and these were comprehensive.

Visiting times were relaxed and we saw relatives were welcomed by staff when they arrived. Relatives told us they felt very welcomed by staff and were always offered a hot drink. We also saw a tray of mince pies and sherry had been put out for visitors to enjoy with their relatives over the festive season.

## Is the service responsive?

### Our findings

One person told us, "The care is really, really good." We saw from people's care records care was planned in an individualised and person centred way.

We saw initial meetings were held prior to people moving in. These included person specific information such as likes/dislikes, hobbies, how they liked to be addressed and a summary of their care and support needs. From this information initial plans of care were drawn up. We saw these were reviewed monthly and any changes to people's needs documented at this review or sooner if required. For example, we saw one person's initial care plan had stated they were mobile with the use of mobility aids. However, their dependency had altered and the revised plan of care showed the use of hoist due to reduced mobility. Another person's care plan talked about where they liked to sit, stating, 'I spend my days in the comfy chair in the small lounge,' and we observed this happened.

We saw person specific assessed needs were identified and dependency tools had been used to help assess these needs. These included reviewing dressing, eating/drinking, personal hygiene, continence, mobility, pressure care, behaviours and communication needs.

Care plans provided staff with guidance about how to meet people's specific needs. For example, one person could exhibit behaviour which challenges when staff were providing personal care. Clear strategies for dealing with this were in place including the use of breakaway techniques. This demonstrated clear person centred plans of care were in place.

We saw evidence people or their relatives had been involved in the planning of their care. Some people had signed care records and consent forms and other more recent documents were awaiting signatures. The registered manager told us they were aware where these required completion.

The service had a system in place to audit care plans and we saw actions were taken as a result, such as identifying where a moving and handling assessment and plan needed updating due to one person's altered mobility needs.

People told us there were enough activities within the home. One person commented, "Yes, there are activities, once a day," and another said, "There is plenty to do."

Activities were organised according to people's individual preferences. The service employed an activities co-ordinator who worked four hours daily. A range of activities were on offer including group and one to one activities, such as pampering. The activities co-ordinator told us some people liked to take part in small group activities such as a pampering afternoon where they would use a small lounge, close the curtains and light candles and offer hand and foot massages. The provider also ran a club house in the adjoining grounds and we saw people were encouraged to visit for activities and to maintain links with the local community. Trips out included to a local garden centre and summer days out. Relatives told us the home provided small

parties for special occasions such as people's birthdays.

People told us there was access to religious ceremonies within the home, for example, communion and visits from local clergy.

We saw examples of how the service respected people's personal preferences. For example, some people preferred not to join in activities and liked spending time in their rooms rather than communal areas. Others chose to eat their meals in their rooms and this was accommodated. Other people enjoyed reading a particular paper and this was ordered for them.

People told us they felt involved in the service and how it was run. One person told us how they had been trained up as a dignity ambassador and we saw their certificate displayed on the wall of their room. They told us how they had been asked by the provider if they would like to dress up as Santa Claus at Christmas and they had agreed. Another person told us how they had been involved in the recruitment of new staff and had asked questions to potential candidates to ascertain their suitability.

We saw one complaint had been received by the service since the last inspection. This had been investigated and the complainant contacted to acknowledge the complaint receipt and with the result of the investigation. We saw the complainant had been satisfied with the outcome of the investigation. People told us they knew how to complain although they said they had no need to do so and would speak with the management team about any concerns they had.

# Is the service well-led?

## Our findings

People spoke positively about the quality of the care within the home. One person commented, "As good as you can get." People we spoke with knew who the manager and provider was and were able to give us examples of how they had taken the time to chat with them about their care and social events or opportunities they could be involved in. People told us they felt able to approach any of the management team with any concerns and felt they would be listened to.

Visitors and health care professionals we spoke with praised the management at the home. One person's relative told us, "Good communication with the management team; they are visible," and another commented, "We're all on first name terms," and all told us they would recommend the home.

A registered manager was in place and had been at the service for a number of years. We saw they spent time with people and helped out at busy periods such as meal times. This showed there was stability and embedded teamwork within the management structure and the registered manager knew people living at the home well.

Staff all told us that they enjoyed working at the service, thought that high quality care was provided and told us they would recommend the service. One staff member told us, "It's a good company to work for. I get a lot of support from [registered manager]. It's a good team we've got." Staff told us morale was good and staff worked together well as a team.

We observed a positive and inclusive atmosphere within the home with some good examples of high quality care and support observed. Staff and management we spoke with demonstrated person centred values and people told us how staff and the management had been extremely helpful in helping meet their care and support needs as well as assisting them to settle into life within the home.

We observed the staff and management team worked well together with all groups of staff helping out serving food and ensuring people's mealtime experience was positive, including activities staff, management and the chef. This demonstrated how all the staff worked together as a team.

The provider had a dedicated training centre and Human Resources department which helped ensure training, recruitment and disciplinary procedures were undertaken to a consistent and high quality standard. In addition, external expertise had been sought in health and safety and a consultant utilised to help the service achieve high quality care and support.

Systems to assess, monitor and improve the service were in place. For example, audits took place in areas such as care plans, infection control, medicines and environmental, as well as daily charts such as diet and fluid records. We saw evidence of actions put in place following these audits to improve the service. Although we saw some audits were not always carried out at the frequency specified within the provider's policies, we did not identify any impact on the quality of the service.



People's views on the service were regularly sought. 'Living in the home' questionnaires were completed by residents annually as well as relatives' questionnaires. The results were analysed to identify any trends or actions needed to improve people's experiences. We looked at the most recent questionnaire from January 2016 which showed most people were very happy with the care and support and all the people surveyed would recommend the service to others. We saw regular resident/relatives meetings were held which involved discussions on a range of topics including activities and the menu. We saw a member of the provider senior management team attended these to gauge satisfaction among people living at the service and to make themselves known to people.

Staff were also asked to complete a quality questionnaire to gauge staff satisfaction and identify any issues which needed to be addressed. Periodic staff meetings were held. These included care staff meetings, domestic meetings, health and safety meetings and management meetings. These covered a range of topics regarding the running of the home, any issues and service specific information.