Rosecare Chesterfield Limited

Brookholme Care Home

Inspection report

23 Somersall Lane
Chesterfield
Derbyshire
S40 3LA

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12 June 2018

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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

The inspection of Brookholme Care Home took place on 12 June 2018 and it was unannounced. Brookholme Care Home is a is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides care across two floors and has a range of communal rooms that people can use. There are quieter spaces for people to meet families and friends privately and an accessible garden. It is a care home for 40 older people and at the time of our inspection 39 people were living there.

This was Brookholme Care Home's first inspection under a new registration.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff received training and support to enable them to fulfil their role effectively and were encouraged to develop their skills. They received regular supervision and attended team meetings where they discussed improvements to the home.

People were kept safe by staff who understood their responsibilities to detect and report abuse. They had developed caring, respectful relationships with people and ensured that their dignity and privacy were upheld. There were enough staff to meet people's needs promptly. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to maintain good health and had regular access to healthcare professionals. Mealtimes were not rushed and people were given a choice of meal. We saw that food and drink was regularly provided and records were maintained for people who were nutritionally at risk. Care plans were regularly reviewed to correspond with changing support needs and they were personalised and accessible.

People were encouraged to pursue interests and hobbies and regular activities were planned. Visitors were welcomed at any time. People knew the registered manager and felt confident that any concerns they raised would be resolved promptly. There were regular meetings with people and their relatives and their feedback was used to improve the home.

Risk was assessed and actions were put in place to reduce it and their effectiveness was monitored and regularly reviewed. Lessons were learnt when things went wrong to reduce the likelihood of it happening again. There were systems in the home to keep it clean and free from infection. Medicines were managed to reduce the risks associated with them and people received them when they needed them.

There were systems in place to drive quality improvement which included regular audits and feedback from people who use the service and staff. There were good relationships with other organisations and professionals; including specialist support to improve the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected by staff who knew how to keep them safe from harm and how to report any concerns. They were supported to take their medicines safely and there were systems in place to store them securely. There were sufficient staff to ensure that people were supported safely. Risks to people health and wellbeing were assessed and plans to manage them were followed. Lessons were learnt when things went wrong to avoid repetition. Safe recruitment procedures had been followed when employing new staff. Infection control procedures were embedded.

Is the service effective?

Good

The service was effective.

Staff received training and support to enable them to work with people effectively. They understood how to support people to make decisions about their care. If they did not have capacity to do this, then assessments were completed to ensure decisions were made in the person's best interest. People were supported to maintain a balanced diet and to access healthcare when required. This was done through close collaboration with other professionals. The environment was designed to meet people's needs.

Is the service caring?

Good

The service was caring.

Staff had developed caring, respectful relationships with the people they supported. People were supported to make choices about their care and their privacy and dignity were respected and upheld. If they could not communicate their choices independent advocates were provided. Relatives and friends were welcomed to visit freely.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in planning their care. Care was reviewed to meet people's changing needs and new plans were devised. Hobbies and interests were encouraged and planned on a weekly and daily basis. Complaints were investigated and responded to in line with their procedure.

Is the service well-led?

Good

The service was well led.

People knew the registered manager well and reported that they were approachable. There were systems in place to drive quality improvement, which the provider had an oversight of. The staff team felt well supported and understood their responsibilities.

Brookholme 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.

This inspection took place on 12 June 2018 and was unannounced. It was completed by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return to plan the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used a range of different methods to help us understand people's experiences. We spoke with ten people who lived at the home about their experience of the care and support they received. People who lived at the home had variable verbal communication. Therefore, we observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We also spoke with seven visiting families and friends to gain their feedback.

We spoke with the registered manager, the provider, the deputy manager, a senior member of care staff, two care staff and two activities co-ordinators. We reviewed care plans for six people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We reviewed audits and quality checks for infection control, medicines management, accidents and incidents, and health and safety checks. We reviewed two staff files to ensure they were recruited safely.

Good

Is the service safe?

Our findings

People were safe living at the home. None of the people we spoke with had experienced or seen any form of bullying or abuse. One person said, "There's no question about feeling safe here. Everyone is lovely and they look after me so well. I never even think about being unsafe." We observed relaxed and friendly interactions between staff and people during the inspection visit. All the people we spoke with told us that they would speak to staff if they had any concerns about their own, or other's safety

People were protected from abuse by staff who understood how to identify signs and report in line with procedures. One member of staff said, "I would report anything that worried me straight away to either the manager or the owner. They are both approachable and I trust them to follow it up." Staff were also aware the external local safeguarding authority. When safeguarding concerns had been reported we saw that when requested, the registered manager had completed a thorough investigation. Action was taken to reduce the risk of the situation recurring. For example, after a medicines administration error guidance was given to staff about following prescriber's instructions at all times rather than verbal direction from family members.

Medicines were managed to ensure that people received them as prescribed. People we spoke with told us they received their medicines on time and that staff took time to explain what they were. Staff told us about the training they received and the checks that were in place to ensure that they were competent in administration. The medicines were stored, recorded and monitored to reduce the risks associated with them. When people received medicines which were prescribed to take 'as required' there was guidance in place for staff to know when it was needed.

Risk was managed to protect people from harm. When we spoke with staff they talked to us knowledgeably about the risk management systems that were in place. We saw that they were confident in moving people using equipment, that they did not rush people and took time to explain their actions. When people were at risk of skin damage they were using equipment such as cushions and specialised mattresses to reduce the risk. There was an individualised approach to risk management. For example, one person had been assessed as being at risk of choking and advised to have thickened drinks. They told us that they did not like it and had told staff that they did notwant it. The registered manager arranged for the speech and language therapist to visit. The person told us, "I was feeling better by then and so they watched me drink and said it was okay for me to use a straw instead." We reviewed records which demonstrated that staff had clear guidance in managing risk and that it was regularly reviewed. There were also plans in place in case of emergency such as evacuation of the building. The plans were specific for each individual and gave clear guidance to staff.

We also saw that the staff team took a proactive approach to reducing risk. In the PIR they told us, 'We are presently working towards 'the strictly no falling' award. This includes training and chair based exercises and prevention of falls work.' We saw that staff had undertaken some training and were implementing an exercise programme.

The environment was regularly checked to ensure that it was a safe place to live. For example, on the day of our inspection visit there was an issue with the building's drains which required action. We saw that there was a member of staff available to investigate it on site and that all the team worked together to enable them to do this while keeping people safe. One area of the home was evacuated, signs were used to warn people of the danger and staff were extra attentive to some people who were less able to understand the problem.

The home was clean and odour free and there were infection control checks in place. One member of staff was the infection control lead and they told us that they supervised the domestic and laundry staff so that they could have a joined-up approach. They did full infection control audits every two months and also set other staff weekly checks. They told us, "We had a recent suspected outbreak of a sickness infection. We followed our protocol and set an action plan and managed to contain it quickly." When we signed in to the building the form asked us to tick if we had used the hand sanitizer. The registered manager told us, "We have always had the sanitizer there with a request for people to use it but we observed they were not always doing so. Putting that on the signing in record has prompted visitors to do so." This demonstrated to us that systems to manage infection were embedded throughout the home.

The home had been rated five stars by the food standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to food. When we spoke with staff they understood their responsibilities to protect people from infection and we saw that protective equipment such as gloves and aprons was readily available.

There were enough staff to ensure that people's needs were met safely. One relative we spoke with said, "I visit a lot and there always seems to be enough staff on duty to help all the residents. The carers seem very attentive, and I've never seen anybody in distress." Another relative told us, "There are always plenty of staff around and what's great is that the carers will go with [Name] when they have a hospital appointment." Staffing levels were based on individual needs and staff told us they felt the staffing levels were good. One member of staff said, "We do have enough staff on shift and we work well together. Everyone gets on and we always work as a team." We saw that staff had plenty of time to spend with people throughout the day of the inspection and were able to attend to them promptly when required.

The provider followed safe recruitment procedures to ensure that staff were safe to work with people. We reviewed records and saw that checks for criminal records had been completed and the provider had obtained two references to evidence the staff members experience and good character.

Lessons were learnt from when things went wrong and actions taken to reduce the risk. For example, when people had falls there was a thorough analysis of them and we saw that actions were taken to reduce the risk. Referrals were made to other professionals; new equipment was obtained and additional checks by staff were implemented. This demonstrated to us that the provider was committed to ensuring that actions were taken to reduce the risk of repetition.

Good

Is the service effective?

Our findings

Care and support was planned and delivered in line with current legislation and best practice guidance. Staff understood people's assessments about their needs and were given guidance to assist them to meet them. For example, in the PIR the provider told us, 'The latest guidance from NICE on oral health has been utilised and the new oral health assessment has been put in place for each person at the home.' NICE stands for the National Institute for Health and Care Excellence and their guidelines are evidence-based recommendations, for health and care in England. We saw that each person had an assessment in place and some of them recommended dental treatment which was organised. One member of staff told us, "We use a local dentist that people can choose to visit and they will come here if the person is unable to go. They are very good at supporting people who are living with dementia."

People's healthcare needs were met to ensure their wellbeing. People we spoke with told us they had access to a range of health services such as district nurses, opticians, dentists and podiatrists. One person said, "I have to go for check-ups sometimes, and a carer will come with me, which is a real help because I couldn't manage on my own." There was a weekly surgery with the GP and all the people we spoke with valued that. Family members we spoke with told us that it was very reassuring to know that their relative could be seen on a weekly basis if necessary. One relative said, "[Name] is getting second to none care from the district nurses every week. They are absolute gems." Family members also told us that staff kept them informed of any health concerns or incidents. One relative said, "The staff keep me informed if there's any problem or concern. They noticed a problem last week and told me they had called the 111 service for advice. Between us we worked out the best plan for [Name] and it seems to be working." This demonstrated to us that the staff team worked effectively across organisations to ensure that people's needs were met.

People were supported by staff who were skilled and knowledgeable. One person we spoke with said, "The carers all seem to know what they're doing. They seem very competent, so I think they must have had good training." Another person told us, "The carers are very good. I'm not so good on my legs, but they help me when I need it and they tell me what they're going to do." Staff confirmed that they received regular training and supervision to be able to do their job well. One member of staff said, I have done lots of training including national qualifications. The provider will also support you with individual requests and I did some additional training in dementia and sensory loss. It did make me think and we started to use cards with pictures on as a back-up for when someone struggles to communicate."

There was a planned induction for new staff. One member of staff told us that they were qualified to train new staff in moving people safely. They said, "After the training the new staff work alongside one of the staff who are qualified in training in moving people. We don't count them as staff on shift until they have fully understood it and demonstrated that." Some staff had champion roles which meant they had more detailed knowledge and led best practice with other staff members. One member of staff who was the infection control lead told us about the support they had received from other health professionals to enable them to set up monitoring systems.

People were supported to have enough to eat and drink. One person told us, "The food is lovely. What I like best is the lunches because they're always tasty and really hot. I don't know how they keep the meals so hot when they're serving so many people." We saw that people had a choice of meals offered to them and that there were picture menus to assist them with their choices. People ate their lunchtime meal in two settings and the registered manager told us this was so that people could be supported by staff when needed without being rushed. We saw that people who did require support were offered it patiently and with respect. Some people had aid and adaptations to assist them to eat more independently such as adapted cutlery or plate guards. People were offered drinks and snacks throughout the day and one person told us, "I like it here. The biscuits and cakes are nice."

Staff were knowledgeable about specialist diets that people required and food was prepared to assessed needs. People were monitored and if they were losing or gaining weight they were supported with their diet. Staff told us that they kept records of people's meals when they were at risk and we saw that these were completed.

The Mental Capacity Act 2005 (MCA) provides the legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. People told us that staff always explained care to them and asked them for permission. One person said, "The carers give me time to say what I want. I'm very slow, but they wait for me to finish." When people did not have capacity to make their own decisions there were systems in place to make them in their best interest. One relative told us, "I have power of attorney and I've been fully involved in my relative's care all along. We've had a review of the care plan and I'm happy that we're working together on it. They are getting really good care here." We found that capacity assessments were completed when people were unable to make their own decisions.

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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met. DoLS authorisations were in place when people did have restrictions in place that they could not consent to and we saw further applications were in process. Conditions on DoLS were understood by staff and actions were in place to ensure they were met.

The environment was accessible and met people's needs. The conservatory had recently been altered so that it was now part of the lounge and people had chosen to decorate it as a beach. Each fire zone was painted a different colour to assist people to orientate in an emergency. Attention had been given to meeting the needs of people living with dementia. There was signage and pictures around the building and the frames of the toilet doors were painted a bright contrasting colour to the doors to make them more visible for people. There was also a smaller lounge which was designed for people with sensory needs which had large objects which could be handled and explored.

Good

Is the service caring?

Our findings

People had caring, kind supportive relationships with the staff who supported them. One person told us, "The staff here are second to none, so friendly and caring; you couldn't wish for better." A relative we spoke with said, "The staff are very caring. The atmosphere is always cheerful and friendly and we have no qualms about leaving [Name] when we go. We know they're being well looked after." We saw warm interactions between staff and the people they supported including joking with people and laughing together. We heard conversations during the day which showed that care staff knew about people's past lives and their family situations. For example, we heard one member of staff ask one person about their family's recent holiday and another asked about the health of a someone's relative who was not well.

People were involved in making choices about their care. One person told us, "If I want a bit of a lie in I can ask the carers if I can get up later, and they come back when I'm feeling more awake." Another person said, "The staff are very good and can't do enough for me. They know how important my routine is and that I am particular about where I put my things so I can get to them at night. They always do this." Staff understood the importance of each individual's communication style in doing this. They told us how some people had to be shown things to make a choice and we saw them doing this.

People were encouraged to be as independent as possible. One person told us, "The carers are lovely; attentive, but not too attentive if you know what I mean. They don't try to do things for you. They're just there if you need them." We saw people being encouraged to be as independent as possible when mobilising and that staff gave them the time they needed. Some people had adapted crockery, cups and utensils to enable independent eating and drinking. Some people chose to spend time in their rooms and had televisions, craft materials and radios to occupy themselves.

Dignity and privacy were upheld for people to ensure that their rights were respected. We saw staff asking people quietly and sensitively if they wished to go to the toilet, or change their clothing after eating. We saw that people were well-dressed, and well-presented. People told us that a hairdresser visited every week. One person said, "I like to look my best so I have my hair done every couple of weeks and my nails done. It gives you a lift to have a bit of a pamper session."

The home had been awarded a local authority Dignity Award. This meant that they demonstrated how they met the dignity standards, had provided training to staff as well as creating dignity champion roles. In the PIR the provider told us how these roles were being embedded. They said, 'One dignity champion has been undertaking audits in relation to personal care. Each audit has considered a particular subject e.g. hair, teeth, clean clothing, glasses and hearing aid and whether care staff have provided sufficient care and attention in relation to these areas. Any issues have been fed back to individual staff members identifying any improvements needed.' The registered manager told us that they were now in the process of applying for a dementia award which would further evidence how they met individual need.

There were celebrations of special occasions; for example, birthday parties. However, the registered manager explained that when they asked people how they wanted to celebrate some people chose to not to

have a party and wanted their day to pass more quietly. They said this was now respected. We saw that there was a 'Wishing Well' on the wall in a communal area where some people had chosen to share their wishes. These included a drink out of a china cup wearing gloves to a trip to the seaside. The registered manager told us that some were easy to immediately put in place and others were being planned. However, in the meantime they had created a beach in the garden for a themed 'Seaside Day'.

Relatives and friends were welcome to visit freely and we saw friendly interaction with staff when they did. Relatives we spoke with told us that staff knew them well and were friendly and respectful towards them, offering them drinks on arrival and often updating them on their relative's wellbeing during the visit. One relative said, "The staff often update me on anything new when I visit, which is so helpful."

Good

Is the service responsive?

Our findings

People were supported by staff who knew them very well and understood their preferences and interests. One person we spoke with said, "I am happy for my family to deal with all the paperwork and they talk to staff about how things are going for me. I'm happy here so it's all working well." Family members we spoke with told us they had been fully involved in creating care plans for their relatives and that these care plans were reviewed regularly. One family member told us that the care plan for their relative was changing frequently recently due to their changing needs and this was successful. Staff we spoke with were aware of people's needs and talked to us confidently about their care and support.

Staff understood people's diverse needs and were proactive in ensuring they were met and they did not suffer any discrimination in line with protected characteristics. When people had a religious belief, there were arrangements for them to continue with it. This included visits from local religious groups; for example, to give communion. When people had disabilities, there was equipment and adaptations used to support them. For example, some people had chairs designed specifically to meet their needs. Other people were supported to manage sensory loss with aids and information was accessible for people. For example, the complaints procedure was available as a paper copy in large print and easy read, and also an audio recording. We also saw that notices for people were on yellow paper in bold large print. This was in line with national guidance about sight loss from the RNIB. It demonstrated to us that the provider complied with the Accessible Information Standard (AIS) which was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.

Care plans provided staff with detailed information on how to meet people's needs in a personalised manner. We saw that they were regularly reviewed and amended when required. Staff told us that they shared detailed information about people during handover meetings to ensure they were up to date with people's care needs.

People had lots of opportunity to pursue their interests and hobbies. One person said, "I like musical bingo best. Its more interesting than normal bingo and we have a good laugh." Another person told us, "I don't get bored here. There's always something to do or something going on." A relative said, "[Name] like doing sit-down activities, but loves singing and dancing, so when there's music and entertainment the staff make sure they're involved and having a good time, which is great. It really perks them up. We get invited to the music events too, so it's a good family social."

We saw group and individual activities taking place throughout the inspection visit. For example, staff were reading newspaper and magazines articles to some people who had limited eyesight. Some people were engaged in games and puzzles independently. One person told us about their art work. They said, "I have some of my paintings hanging in the home and I am very proud of that." Several people we spoke with told us they enjoyed the regular entertainers and outdoor events. There was a gardening club for those interested in plants and gardens. Some people had visited the local park, shops or cafes accompanied by staff. There were large screens in two communal areas and these were used on the day of our visit to play music chosen by people and to show a slide show of photos from the recent 'Seaside' event.

We spoke with the provider who told us about the investment they had made in extending the activities available for people. They said that they supported the staff team and understood that keeping people engaged improved their wellbeing. There were staff employed to concentrate on activities seven days per week and they had bought resources and equipment. For example, they had purchased a candy floss machine and popcorn machine to help create a film night atmosphere. The staff told us they also borrowed resources from the local library. They said, "They are really supportive. I get a lot from them and then give them feedback on how well they went down."

There was a complaints procedure in place that people and their relatives felt confident to us when needed. One person told us, "I have never needed to complain. There were a few things when I first moved in but that was quickly sorted and it was really that they didn't know me well yet." One relative said that the registered manager had taken a concern about a damp smell in their relative's bedroom seriously and was addressing it quickly. They had asked the maintenance staff member to investigate any possible water leakage and had committed to replacing the carpet if necessary. The relative expressed their gratitude that the registered manager had listened and responded promptly. When the provider did receive complaints, we saw that they were responded to in line with their procedure. We spoke with the registered manager about the actions they had taken as a consequence; for example, reviewing people's healthcare needs.

At the time of our inspection there was no one receiving end of life care and so we did not inspect this.

Good

Is the service well-led?

Our findings

There was a registered manager in post. People knew the registered manager and we observed them interacting with them in a relaxed manner. One person told us, "The registered manager is brilliant. If I've got any concern, she attends to it straight away and tells me what she's doing about it." Another person said, "If I ever had a problem I'd go straight to the manager and she'd sort it out there and then."

Staff felt that they were well supported and able to develop in their role. One member of staff told us, "All the managers are really supportive. They are approachable and I know I could raise any issues with them and they would listen." Staff were clear about their roles and responsibilities; for example, there was a team leader in post who offered regular support to the team and staff told us that they would contact them first if there were any issues.

There were quality audits in place to measure the success of the service and to continue to develop it. We saw that these were effective and that there were plans in place to respond to areas highlighted. For example, after a meal time audit plate guards were ordered and hot drinks were offered alongside cold to improve the experience for people. This was based on observations and feedback from people who used the service. The registered manager also spoke with staff to gain their feedback and to check their knowledge as part of their reviews. For example, they reviewed two care plans each month and included speaking with the newest member of staff about the information in them. This demonstrated to us that the approach to quality improvement embedded feedback from staff and people who use the service as part of the assessment.

There were other methods employed to gain feedback as well. Staff had regular team meetings and told us that these were relaxed and they felt comfortable to share their opinions. There were also meetings for the people who lived at the home and we saw that at the last one eight people had volunteered to help to organise the summer fair. The registered manager also sent surveys and we saw that there was a very high level of satisfaction reported.

The provider was also known to the people who lived at the home and staff were familiar and relaxed with them. The provider told us, "I visit one day per week and do a walk round of the building. I generally make myself available for any issues that may be arising and I also speak with the registered manager by telephone each day." The provider had also invested in a consultant who gave the registered manager support with improving the quality of the care and support provided. The registered manager told us, "I have a full supervision with the consultant each month and it has really helped to turn the home around; for example, in embedding person-centred planning. They have encouraged us to reflect more and to see our achievements. I have written a twelve-month report which I shared with people who live here and their relatives. It was also a real morale booster to staff." We saw that other recommended reviews had also been implemented; for example, analysis of recruitment and retention of staff to ensure that they maintained a consistent workforce. This demonstrated to us that the provider had systems in place to ensure oversight of the governance of the home.

There were links with other agencies and professionals to ensure that people's needs were met effectively and information was shared when needed. As well as a weekly surgery with the GP the registered manager had a three-monthly meeting with them. They said that this gave them a chance to review the bigger picture and to share information. In the PIR the provider told us, 'The home is a member of the Registered Nursing Home Association and the managers attend seminars.' The registered manager told us, "Although we are not a nursing home I find it really useful to attend to make sure we are up to date with developments."

The registered manager understood the responsibilities of their registration and ensured that we received notifications about important events so that we could check that appropriate action had been taken.