

Brook Healthcare Limited

Brook House Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Brook House Care Centre is registered to provide accommodation for persons who require nursing or personal care for up to 35 people. Nursing care is not provided. There were 28 people living in the home when we visited.

This unannounced inspection was carried out on 8 August 2017. At the last inspection on 14 July 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

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

People were supported to be safely cared for whilst living at the home. Staff were knowledgeable about the procedures to ensure that people were protected from harm. Staff were also aware of whistleblowing procedures and would have no hesitation in reporting any poor care. People's medicines were safely administered by trained and competent staff.

There were sufficient numbers of suitably qualified staff employed at the home. The provider's recruitment process ensured that only staff deemed suitable to work at the home were employed. Staff did not commence working in the home until all pre-employment checks had been satisfactorily completed.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the registered manager and all staff were knowledgeable about when a request for a DoLS would be required. The registered manager had submitted DoLS applications to ensure a person was only deprived of their liberty to ensure their safety. People who had limited capacity to make decisions were supported with their care and support needs in their best interests. 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.

Staff respected and maintained people's privacy. People were provided with care and support as required and people only had to wait a short period of time before having their care needs met. This meant that people's dignity was respected and met in a timely manner.

People's care and support needs were planned, detailed and reviewed regularly. Staff had a good understanding of how and when to provide people's care. Staff respected people's independence and choices.

People were supported to access a range of health care professionals. This included a GP, hospital

appointments and visits from district nurses and community psychiatric nurses. People were consistently supported with their health care needs in a timely manner. Risk assessments were in place to ensure that people were safely supported with potential health risks.

People were provided with a varied menu and had a range of meals to choose from including those who required a specialist diet. There was a sufficient quantity of food and drinks available and whenever people required these.

People's care was provided by staff in a kind, caring and compassionate way. Staff were proactive in arranging activities and they supported people with their hobbies and interests to prevent them from becoming socially isolated. There was a wide range of activities for people to be involved with.

The home had an effective complaints procedure in place. Prompt action was taken to address any concerns that had been raised.

People were provided with several ways they could comment on the quality of their care. This included regular contact with the registered manager staff and by completing quality assurance surveys.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Brook House Care Centre

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 unannounced inspection took place on 8 August 2017 and was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. We spoke with service commissioners, a safeguarding manager and an NHS continuing care officer. We also spoke with a local GP, a chiropodist and a diabetes care technician who were visiting people at the home.

During the inspection we spoke with nine people living in the home and four relatives. We also spoke with the registered manager, administrator, cook, housekeeper and seven care staff. We observed people's care and support during our inspection to assist us in understanding the quality of care that people received.

We looked at audit and quality assurance records. We looked at three people's care records, quality assurance surveys, staff training and recruitment records and medicine administration records. We checked records in relation to the management of the service such as audits, policies and staff records.

Is the service safe?

Our findings

We asked people if they felt safe living at Brook House Care Centre. None of the people we spoke with had any concerns about their personal safety. One person said, "Yes, I do feel safe here in my room, I am happy here and they [staff] are kind to me. They [staff] look after me well." Another person said, "The staff are really wonderful and make me feel safe – all such lovely people - I fell the day before yesterday trying to get something out of the wardrobe and shouted for help and carer [staff] was passing and she came running [to help]."

Staff we spoke with had an awareness of the safeguarding reporting procedures so that they could escalate any concerns to the management team and protect people from harm. One staff member said, "I have received training in safeguarding and I would report any concerns to the [registered] manager." A person said, "Yes – I feel safe with staff and I like the people around me. They [staff] do help me when I need it but they try to let me help myself while I can."

We saw that people's individual risk assessments had been completed and regularly updated including; falls, moving and handling and nutrition. During our inspection we observed staff using mobility equipment to support people safely in accordance with their risk assessments. This showed us that staff took appropriate steps to minimise the risk of harm occurring.

People told us, and we saw, that there was sufficient number of staff available to meet people's needs. The registered manager told us staffing levels were monitored on an ongoing basis.. The registered manager told us that they were recruiting new care staff and that this had sometimes been unsuccessful. However, the registered manager told us that bank staff were used to cover any shortfalls in staffing..

Three recruitment records we examined demonstrated that appropriate checks had been carried out. Staff confirmed that they had only started work after these checks had been completed. This showed us the provider only employed staff who were suitable to work with people living at the home. We found that regular and up-to-date checks had been completed on systems and equipment such as the home's water and fire safety systems. This helped ensure that the home was a safe place to live, visit and work in.

We saw that medicines were stored safely. Temperatures in the medicine room and refrigerator were recorded to ensure that medicines remained effective. Medicine administration records (MARs) showed that medicines had been administered as prescribed. This had been undertaken by staff that had been trained and deemed competent to safely administer people's medicines. We saw that dates had been recorded when liquid medicines had been opened. These measures showed that people were provided with the support they needed with their prescribed medicines in a safe way.

Is the service effective?

Our findings

One person told us, "They look after us well here." Another person said that, "I couldn't be better looked after anywhere." The relative said, "The staff really meet my [family member's] needs very well and I have no concerns at all." Another relative told us that, "The staff are very good in helping [family member], and they are also very good at sorting out my queries [about what] promptly."

Staff told us they had regular supervision and daily support and saw evidence of their training achievements in the training records. One staff member said, "The registered manager and senior staff organise training and we get refreshers [training updates] throughout the year." This ensured that staff were kept up to date with any changes in current care practice. Staff confirmed they had received an induction which included mandatory training to ensure they were working safely.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). Staff we spoke with showed an understanding of promoting people's rights, choices and independence.

The registered manager told us that applications for a number of people living in the home had been submitted to the relevant local authority. And that they were waiting for these assessments to be carried out and completed. We also saw people were provided with information as to how to access local independent advocacy services when required.

Lunch time was a sociable occasion in each of the units, with lots of interaction between the staff on duty and people having lunch in the dining room and in their rooms. We saw that people were offered a choice of main meal and choices of drinks. Choices given including beef stew and dumplings, or cheese and tomato pie and homemade apple pie or fruit salad and ice cream. Meals were attractively presented on the plate and were being enjoyed by people. One person said, "I get plenty of tea and coffee, they are very good and the food is very good, hot enough, have lovely porridge for breakfast, a cooked lunch and sandwiches and cake for tea." Another person told us that, "The food is good, the meals are nice and the food is always hot."

We saw staff assisting a person with their meal patiently and encouraged them to eat. We saw that staff provided assistance to people to eat their meal in an unhurried and encouraging manner. We saw that some people had chosen to have their meals in their room or in an area of the lounge if they preferred. People told us that they had regular snacks and drinks provided to them during the day. There was a large fruit platter and a snack basket with cakes, crisps, biscuits in the lounges for people to help themselves to during the day. This showed us that people were supported to maintain a health balanced diet and drink sufficient quantities.

We spoke with the cook who told us that they were made aware by the registered manager and staff of any special diets that may need to be provided for people such as for people with diabetes. The cook was also

made aware of any meals that needed to be cut up smaller to aid a person's swallowing. The cook regularly spoke with people living in the home to ensure that their preferences and favourites were included when planning the menus.

People's dietary needs were monitored and the registered manager told us that where any concerns were identified advice from the person's GP and a dietician were sought where necessary. Nutritional assessments were recorded along with monthly weight records where appropriate. One person said, "I can see a doctor whenever I need." A relative told us that the staff always kept them informed of any health care issues affecting their family member and that any concerns had been swiftly referred for a GP's attention. Healthcare professionals that we spoke with were positive about the care provided at the home and that the staff followed any advice given. A GP we spoke with told us that their contact with the home was very positive and that the registered manager and staff proactively responded to people's health care needs and followed any advice that they had given. This demonstrated that the registered manager and staff monitored people's care and health needs and followed up on any advice provided by health care professionals.

Is the service caring?

Our findings

People told us that the home was very homely, staff were very caring and sensitive in the way that care and supported was provided. One person said, "Staff are awfully good, you can ask them anything, they are very kind and everybody knocks on the door." Another person said, "They [staff] all treat me very well and make sure I have everything I need." We saw that the people and their visitors interacted very well with the staff. A friend of a person told us that they felt that staff were friendly and provided a cheerful atmosphere in the home. A relative told us, "The atmosphere in the home was cheerful and very homely."

We saw that staff interacted and spoke to people in a kind, unhurried and dignified manner. Relatives that we spoke with were positive about the care their family members received and one relative said, "My (family member) is happy living at Brook House - it's very homely and comfortable." Another relative said, "First class care and they [staff] seem to have a personal interaction with all the residents." Relatives of people we spoke with told us that they were encouraged to be involved in reviews of their family members care and support. One relative told us that they were regularly involved in discussions and decisions about their [family member's] care.

During our inspection we saw a lot of positive and gentle interactions between staff and people using the service. Requests for assistance were responded to quickly and this helped promote people's dignity. Staff were proactive and assisted people in an attentive way. We saw staff making sure a person's spectacles was cleaned and that they had a drink. We also saw that when people requested assistance to go to the bathroom they only had to wait a few minutes. We saw a member of staff safely and patiently assisting a person with their mobility and said, "Okay, got to take four steps to the right, one, two, good, have a rest, now one, two, good, going to sit down now." A relative said, "It is excellent, they [staff] are very good to my [family member] – and respond to their requests straight away."

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. We saw staff engaging with people in their rooms and communal areas and enquired whether people had everything they needed. We saw that staff knocked and waited for the person to answer before entering their bedroom or bathroom. People's independence was valued and promoted by the registered manager and the staff. One person said, "I am mobile and yesterday walked for 40 minutes and the day before I caught the bus to town and went to my bank. I have made a friend here and we sit in her room and watch TV – we are here for each other."

People were able to see their friends and relatives without any restrictions. A relative said, "We can visit whenever we like, and we are always made to feel very welcome." Another relative told us, "The care is very good and they give my (family member) a lot of kind help."

Is the service responsive?

Our findings

There were planned and spontaneous activities in the home including, music sessions, gardening, and visits from professional entertainers and outings to local towns.. We saw that people had enjoyed visits from organisations that had brought pets and reptiles to show people in the home. We met a dog handler who was visiting who had brought a dog for people to enjoy and we saw that people enjoyed stroking and patting the dog.

The service was flexible and responsive to the individual needs of everyone using the service, finding creative ways that enabled people to live a full a life as possible. The activities coordinator had arranged, at people's request, a number of group trips out to local venues including garden centres and the Botanical Gardens [in Cambridge]. We saw that there had been a complete redevelopment to the gardens at the front of the home. This included a variety of planted areas with raised plant beds to aid people's access such as people who used a wheelchair. There was a vegetable and herb garden and people told us that they had enjoyed picking the tomatoes and other vegetables which had been used as part of evening meals. We saw that people were able to spend time enjoying the garden and were very proud of their success with growing the plants and vegetables. One person said, "They [the home] have got new raised beds now and we can garden, I have done some weeding, I painted some of the tins to hold the plants and I tried out the [raised] beds from my wheelchair to see if they were are the right height." There was also a 'beach' area that had been created including a boat.

We also saw the quarterly newsletter which gave a variety of news and updates for events such as the Saint Patrick's Day celebrations. This included a popular Irish stout tasting session. We also saw that in response to popular demand, the visits from the music person had been increased to two sessions per month.

We looked at four care plans during the inspection. We saw that the care plans included information about people's preferences, and what was important to them. People we met said that said that they felt they were treated as individuals. One person said, "I feel that they really know me well and meet my needs." Care plans were in detail and gave staff clear guidance regarding the care and support that people required. We saw that people's care and support records were reviewed and daily care records were completed to show the care and support that people had received during the day.

There was a call bell system in each room, and we saw that staff attended as soon as possible. A person said, "Yes over there is a red button on the wall, you press it and they come, don't wait long."

We saw a number of compliments from relatives regarding the care and support that had been provided to their family members. There was an effective complaints process in place including an easy read/pictorial version to aid people's understanding of the complaints process. People and relatives we spoke with told us that any concerns they had raised were promptly dealt with to their satisfaction by the registered manager.

Is the service well-led?

Our findings

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

People and relatives we spoke with told us they knew the registered manager well and that they frequently spoke with them during the day. One person said, "I feel I can talk to [name of registered manager] if there is anything I am not happy about." Another person said, "The [registered] manager is marvellous and she comes to see me and we chat, she is a good boss and I can talk to any of them [staff]." A relative said, "The [registered] manager is so good, she takes residents [for personal care] and she helps to dish up the dinners. It does not matter if you are a carer [staff], domestic or office staff everyone mucks in together and they definitely work as a team."

All staff we spoke with told us that they felt very well supported by the registered manager and senior staff and that they were always available for any advice or guidance. The registered manager told us they worked alongside staff to monitor the care and support, which helped them to identify what worked well and where improvements were needed. One member of staff said, "I really enjoy working here and we all work very well as a team."

The registered manager and provider carried out a regular programme of audits to assess and monitor the quality of medicines, staff training, care planning and finances. Where shortfalls were identified; records demonstrated that these were acted upon promptly such as any changes to people's care, mobility needs and staff recruitment and training. Areas identified as being highlighted for improvement included upgrading some of the kitchen areas. A programme of refurbishments was underway. This showed us that a proactive approach was adopted in driving improvement in the quality of the service provided.

People told us that they felt confident that staff knew how to provide care in the way that they preferred. One person told us that "I can't think of one thing that I am not happy about. I don't think I would change anything." All staff told us they enjoyed working at the home felt supported by the registered manager, deputy manager and their colleagues. The staff told us that they were confident that if ever they identified or suspected poor care standards they would have no hesitation in whistle blowing and that they would be supported to do so by the registered manager. Whistle-blowing occurs when an employee raises a concern about a dangerous, illegal or improper activity that they become aware of through work. One staff member said, "We are a very good team and if there was any bad practice this would be acted upon immediately."

People were provided with several ways they could comment on the quality of their care. This included regular residents meetings and contact with the, registered manager, and staff and by completing quality assurance surveys. We saw a copy of a 2017 summary/analysis of surveys. Comments were positive regarding the care and staff in the home such as. "Very caring staff and an excellent manager which reflects in the atmosphere of the home."

