

Brookhouse Care Home Limited

Brook House Care Home

Inspection report

15 Bell Lane
Husbands Bosworth
Lutterworth
Leicestershire
LE17 6LA

Tel: 01858880247

Date of inspection visit:
03 March 2016
07 March 2016

Date of publication:
19 April 2016

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

We carried out our inspection on 3 and 7 March 2016. The inspection was unannounced.

Brook House Care Home provides accommodation for up to 41 older people. At the time of our inspection there were 25 people using the service. The provider had recently extended the home to increase their capacity to 41.

The service had employed a new manager who will be applying to the Care Quality Commission to become the registered manager. It is a condition of registration that the service has a registered manager in order to provide regulated activities to people. The service has employed a manager who will be applying to the Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People felt safe at Brook House Care Home. Staff had a good understanding of their responsibilities to keep people safe from harm and abuse. They were confident to apply the provider's policies to report abuse and ensure people were safe.

People received their medicines as prescribed by their doctor.

Staff had effective induction and training that equipped them with the skills they required to look after people.

Staff understood the Mental Capacity Act (MCA) 2005 and how they would practice it in their role. They sought people's consent before they provided care and support. People were supported in accordance to the Mental Capacity Act (MCA) 2005. Deprivation of Liberty (DoLS) applications made by the provider to restrict people's liberty had not fully specified the reason for the request. The manager rectified this after our inspection.

People were supported with their nutritional and health needs. They had access to a variety of healthy meals that they enjoyed. They also had prompt access to healthcare services when they needed them.

People were complimentary of the caring attitudes of the staff. They said staff made them feel like they mattered. Staff treated them with respect and promoted their dignity and human rights. They also promoted people's right to privacy.

The relatives and friends of people using the service had no restrictions to visiting Brook House Care Home.

People's care plans reflected their individual needs. Their care was provided in a person centred manner. The provider listened to feedback from people using the service and their relatives. People told us that staff

acted promptly on their feedback.

People using the service, their relatives and staff told us the managers were accessible and supported them when needed.

The provider had quality assurance systems to monitor the quality of the service.

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.

Staff knew what constituted abuse. They knew how to report any concerns they had about people's safety.

There were sufficient staff to meet people's needs.

The provider had good practices that ensured people safely received their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

Staff felt supported through training and regular supervision meetings. Staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported with their nutritional and hydration needs.

People had prompt access to healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff supported people in a kind and compassionate manner.

People were involved in decisions about their care.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care was provided in a person centred manner.

People and their relatives contributed to the assessments of their

needs. They could also raise any concerns with staff. The provider listened and acted upon people's views.

People were supported to access a variety of activities, maintain links with their family and friends, and with the local community.

Is the service well-led?

Good ●

The service was well led.

People using the service, their relatives and staff told us that the management team were approachable and easily accessible.

Staff had a clear understanding of the standards expected of them. They were supported by the manager and deputy manager to meet those standards.

The provider had quality assurance systems in place to monitor the quality of care that people received at Brook House Care Home.

Brook House 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.

We inspected the service on 3 and 7 March 2016. The inspection was unannounced on the first day. We returned announced on the second day. The inspection team consisted of one inspector.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also reviewed the Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make.

We spoke with five people who used the service, relatives of four people who used the service, three care staff, the manager, the deputy manager, and the cook. We also spoke with a visiting health professional and two visiting activity coordinators from an independent organisation. We looked at the care records of four people who used the service, people's medication records, staff training records, two staff recruitment files and the provider's quality assurance documentation.

We spent time observing the care and support that people received. We also used the Short Observational Framework for Inspectors (SOFI) to observe the support staff provided to people over lunch time. SOFI a specific way of observing care to help us understand the experiences of people who were unable to talk to us.

Is the service safe?

Our findings

People were safe at Brook House Care Home. People using the service told us that they felt safe for a variety of reasons. One person said they felt safe because, "Everything is alright here. Staff are okay. Nothing to worry about." Another person said, "I feel safe. It suits me being here." We asked relatives of other people using the service if people were safe at the home. One relative responded, "Yes, no doubt about it!" Other relatives responded with similar comments.

People were kept safe from harm and abuse because staff understood their responsibilities to keep people safe from avoidable harm and abuse. Staff we spoke with had good knowledge of what constituted abuse, and how to recognise and report signs of abuse. They told us that the manager and deputy manager regularly reminded them of their responsibilities to keep people safe. They said they had each been given a copy of the provider's whistleblowing policy and that they felt confident to apply the policy when required. One staff member said they applied these policies and procedures to keep people safe because, "Their [people using service] safety is paramount."

The provider had arrangements to respond to, and manage emergencies. For example, staff had received training in fire safety which meant that they had the skills to support people in the event of an emergency. People using the service had an emergency evacuation plan. People were at low risks of trips and falls because the home was tidy and free from clutter. The premises were well maintained. The provider had systems for reporting and investigating accidents and incidents. Records showed that when accidents or incidents occurred, that staff liaised with other professionals to develop the person's support plan in a way that minimised the risks of a reoccurrence of the accident or incident.

People were supported by suitable staff. The provider completed relevant pre-employment checks before staff commenced their employment. This aimed to ensure that only staff suited to work at Brook House were employed. We compared information in the provider's training records and the staff rotas. We found that that rostered staff had a good mix of skills to meet people's needs.

Staff we spoke with gave us mixed responses about that the staffing levels. Most staff said staffing levels were sufficient to allow them meet the needs of people using the service. Others said there had been recent reduction in staffing levels. However, they said that this had not impacted on the care they provided to people. A member of the night care team said, "I like the night shift. I feel we have enough carers on the night shift. We have three staff, sometimes four staff on shift." People told us that there was enough staff to meet their needs. One person said, "When I use the bell, staff come as soon as they can. I've never had to wait too long." One relative told us, "They sometimes struggle in the evening. They seem stretched. I have told them that they are under staffed, but it depends on the residents they have." A health professional said, "There had been issues, they were sometimes understaffed but they seem to be recruiting more staff." Staff rota showed us that the staffing levels were maintained. We saw that the provider used the services of agency staff to cover any period of staff absence or shortages. During our visit, we saw that staff responded promptly to people's needs.

Medicines were stored securely and administered safely. This meant that medicines were safe to take when administered, and that people were protected from the unsafe access and potential misuse of medicines. We reviewed people's medication administration records (MAR) charts. Where medicines were prescribed on an 'as required' [PRN] basis there was guidance in people's MARs to support staff when administering the medicine. People's MAR charts were completed correctly following the provider's guidelines. The provider followed best practice for administering medicines. We observed that when staff administered medicines to a person, they dispensed each person's medicines from the medicines room and took it to them individually. They ensured that the medicine had been taken before they recorded a person had taken their medicine then proceeded to support the next person with their medicine. Only staff that had been trained to administer medicines did so.

Is the service effective?

Our findings

People's needs were met by staff who had the skills and knowledge to support them. People and their relatives gave us positive feedback when we asked them about the staff that supported them. They said that staff understood their needs and met their needs well. One person said, "They are not trained nurses but they care. They do the best they can." A relative said, "Staff are absolutely wonderful!"

Staff told us they had the skills required to fulfil their roles and responsibilities because they were supported through training and supervision. One staff member said, "We get a lot of training." Staff told us that the training they had completed included safeguarding of vulnerable adults, moving and handling and the Mental Capacity Act (MCA). We saw evidence that staff completed this training when we reviewed staff training records. Staff told us that they had access to regular supervision. They said that they were trialling a new system of supervision which allowed senior carers to provide supervision support to care assistants. The manager told us that this system would be reviewed in the future to evaluate its effectiveness. Staff we spoke with were aware of the specific needs of people that used the service and supported people to meet their assessed needs. People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. This meant that staff provided support that was specific to people individual needs and preferences.

People's care and support were provided in line with legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We reviewed records that showed that staff had received training in MCA. Staff we spoke with had a good awareness of MCA and Deprivation of Liberty Safeguards (DoLS) and how they would apply it to their work. They gave us good examples of how they put these in practice when they supported people. We also observed staff seek people's consent before they provided care or treatment. This was done in accordance to relevant legislation and guidelines.

The provider had made applications to the local authority for DoLS authorisation for people they felt required this. However, we observed that some DoLS applications had not fully specified the reason for the request. We brought this to the attention of the manager. Following our inspection, the manager advised us that new applications had been made to the authority which contained more specific information. The provider had good practices to ensure that any restrictions did not restrict the independence of people using the service.

People's nutritional needs were met. They were supported to have a healthy balanced diet that they enjoyed. One person said, "The food is lovely. We are never presented with anything none of us wanted." Another person told us, "The food is good. They know what you like and don't like." The cook and other staff we spoke with were aware of people's needs, and provided meals based on their nutritional needs and

preferences. The provider liaised promptly with other professionals such as dieticians and GP to meet people's nutritional needs where required.

People also had access to a variety of drinks and beverages. We observed that people appeared to enjoy their meals. Where people required additional support to have their meals, staff supported them in a reassuring manner. The cook ensured that the different components of their meal were blended separately so that people who required a soft diet still enjoyed the different tastes of the foods in their meal. They told us that they ensured there were sufficient supplies of foods and drinks that people enjoyed. They consulted with people regularly to get their views on their meals. They told us, "The residents do well. They do well because I am allowed to do well. I am allowed to order what I need. I do not have a food budget."

Staff promptly referred people to health care services when required. Relatives told us that staff supported people to see their doctor when they needed to. One relative said, "They [staff] are good at picking up health issues." Another said, "They [staff] call the doctor in when needed. They noticed [person using service] was more irritable. They got the doctor and fetched prescription when they were poorly. They organised hospital visit very quickly." We saw records in people care plans that staff promptly referred people to health services where required. We observed staff seek a person's consent to request a visit for a person who had sounded chesty, and we saw a GP visit the person shortly afterwards. A health care professional that we spoke with said, "Staff follow things through when asked. They are prompt with safeguarding referrals. I would send my mum here."

Is the service caring?

Our findings

People using the service and their relatives spoke fondly of the caring attitudes of the staff. One person said, "Staff are kind and caring." Another said, "Staff are lovely." One relative told us, "It's been smashing [wonderful] and homely." Another said, "It is a wonderful place. I speak highly of it. The staff are all friendly." One member of staff described Brook House as "a homely home."

Staff understood people's individual needs and supported them to meet their needs based on their preferences. People's bedrooms were personalised to their choice. People's care plan included details of their personal histories and their preferences. Throughout both days of our inspection we saw staff apply this knowledge when supporting people. We observed that staff made references to people's history in their conversations with them. We observed that this helped people connect with staff and formed the basis for further conversation. We observed caring interactions from staff. For example, we saw a member of staff reassure a person who appeared anxious in a nice and warm manner which appeared to settle him. We saw that staff on duty communicated with people effectively using different ways of enhancing that communication including touch, ensuring they were at eye level with those residents who were seated, and altering the tone of their voice appropriately.

People were involved in decisions about their care and support. The provider had arrangements to involve and enable people to feel listened to and involved in their own care. One of the ways they did this was by allocating regular time for staff to spend time with each person individually. This helped people feel that they mattered. It also provided an opportunity to listen to people's individual views. Staff were knowledgeable on how they would offer people choices to enable them make their own decisions about their care. All the relatives we spoke with told us that staff kept them updated about the care of their loved one, and that they had good experiences of communication with staff. One relative told us, "[Deputy manager] keeps me informed and involved. I am involved with changes, they tell me. Another relative said, "They keep me informed of any changes." People's care plans had a log of staff communication with their relatives which showed that staff involved them regularly.

People were treated with dignity and respect. We observed that staff supported people to maintain their independence where possible. They encouraged people to maintain any skills they had and provided any additional support when this was required. We observed that they spoke to people respectfully and cared for them according to their wishes.

Staff respected the privacy of people who used the service. We observed that staff knocked on bedroom doors and identified themselves before they entered people's room. We also observed that staff were discreet when supporting people that needed assistance with personal care tasks. We saw that people's information was stored securely.

People's family and friends visited them without undue restrictions. We observed that relatives visited freely on the day of our inspection. The staff also appeared to have positive relationships with relatives. One person who used the service said, "As far as I know people visit anytime."

Is the service responsive?

Our findings

People received support that was centred on their individual needs. A person using the service told us, "They [staff] know what I like and don't like. If it's something I don't like I get an alternative." A relative told us how their loved one started using the service by coming for daily visits for support with their meals. They said that staff supported them in a person centred manner that they decided to move into Brook House. Another relative told us that staff were sensitive to people's needs and responded promptly to them. They said, "For example, [deputy manager] noticed that mum had odd socks on and changed it."

The provider operated a keyworker system. This meant each person had a key member of staff who ensured that their needs were met and would report any change in person's need to a senior member of staff for follow up and further action.

Staff involved people's relatives to develop their care plans which included information such as their life stories, likes and dislikes and routines. One relative told us, "I am involved. I've got forms to fill in for her care plans. I have already completed some." Staff applied this information to support people in a person centred way to help people to feel they mattered. At the start of our inspection, we observed that people using the service were supported with personal hygiene and physical appearance, and that each person's dressing reflected their individuality. We also reviewed records that showed that staff regularly reviewed people's care plans to ensure that they continued to reflect their needs and wishes.

People were supported to engage in social activities and maintain relationships with people that mattered to them. A person using the service told us, "In the summer we go out a lot. In the colder months, we suggest the activities we want." Another person said, "We have activities – knee exercise, bus rides, go out for a cup of tea in the summer, sign songs and other activities." One relative told us, "They [staff] cater for us to have Christmas dinner and Sunday dinner with mum." They told us that this meant a lot to their family.

The provider had good practices to support people to follow their interests and engage in social activities. There was a programme of activities which included planned activities for the year and weekly activities as requested by people. The service employed three activity coordinators to organise activities of people choice. People also had access to a mini-bus which they used to access the community. The provider told us in their PIR that they also used the services of an independent organisation that provided expertise in meaningful activities. We saw this support being delivered on the first day of our inspection. We spoke to coordinators from this organisation who told us that they supported people to continue to engage and learn because, "People do not stop learning when they get old. They can continue to learn either through activities or engaging in conversations around a subject." They went on to say, "[Brook House] is very engaging. There is a lot of collaborative working. [Deputy manager] sends in the activity coordinators to sit in our activities and learn our techniques, so they can continue them with residents. It's all about what people can do, not what they cannot do."

People knew how to raise any concerns they had about the service. People using the service told us that they could make any views they had about the service known to staff. They were confident that they would

be listened to, and their feedback would be acted on. They did this in their individual conversations with staff or in monthly residents' meetings. One person using the service told us, "I feel okay to say if there was something I wasn't happy about." Another person said, "I have no concerns, I love it here!" Relative also told us that they were able to raise any concerns with staff. One relative said, "Any concern I would go to [deputy manager]. We are getting used to [manager], but no concerns at all." Another said, "If I have any concerns I go to [deputy manager]. I am always confident that she will follow things through." Another relative commented, "I have no complaints at all, except for the parking which is nothing to do with them."

Is the service well-led?

Our findings

People, their relatives and staff told us that the managers were open, transparent and easily accessible. One relative said, "We see enough of [deputy manager] and [manager], if any concerns, we raise it with them." The provider told us in their PIR that promoted a culture of open communication by ensuring that a member of the management team was easily accessible to support people and staff when required. They told us that this encouraged people, families and other professionals to be confident in coming to see the managers at any time.

The provider had recently increased the capacity of the home. They made the relevant applications to the Care Quality Commission in order to effect this change. We saw that they had made arrangements to ensure that people's needs would continue to be met safely following the increase in capacity. People told us that they were consulted throughout the process. We reviewed records that confirmed this, and saw that the provider ensured that there was minimal disruption to people's daily lives and support. One person using the service told us, "I can't fault it [the service]."

The service had employed a new manager who will be applying to the Care Quality Commission to become the registered manager. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The deputy manager had been the registered manager of the service until they recently resumed their current role. The manager and deputy manager reported events such as accidents and incidents to the Care Quality Commission.

Staff told us that they felt supported by the manager and deputy manager. They said that managers supported them to meet the standards they expected of them. They did this through supervision, appraisals and training. Staff had access to workbook style training and classroom style training. The provider had an effective on call system which staff accessed for management support and advice if they needed it. One staff member told us, "The management here will do anything for you. I love it here." We saw that staff had access to regular meetings where they could contribute their views of the service. Records showed that the provider and managers used meetings as an opportunity to remind staff to apply the service's core values of dignity, respect, compassion and empathy, and support people by giving them choice, right, inclusion and fulfilment.

The manager and deputy manager told us that the provider ensured that they had any required support to fulfil their role. They said they the provider often worked alongside staff to provide physical support. They promptly fulfilled any request by the managers to ensure that people were supported safely. The deputy manager said, "Whatever we need is made available by the provider."

The provider had quality assurance procedures for assessing and monitoring the quality of the service. The provider's quality assurance procedures consisted of a range of audits. These included monthly audits of falls, management of pressure care, care plans, infection control and staffing. They also assessed the quality of service through feedback from residents meetings and communication with their relatives. Their views were acted upon. One person using the service told us, "[Deputy manager] is nice. We expect her to lead us. I

am happy with how the home is run. Another person said, "[Deputy manager] and others are so pleasant to people. They show their love to us."