

Mr John Clarke & Mrs Linda Dawn Clarke

Brookside

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 

Overall summary

This unannounced inspection took place on 27 August 2015.

Brookside accommodates and provides personal care for a maximum of 18 people. There were 16 people living at Brookside on the day of our inspection.

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.

The registered manager had an ethos of making people feel at home whilst living at Brookside. This was evident in the welcoming and homely environment and the caring attitude of the staff. People were offered a variety of activities on a regular basis and were asked for their feedback about activities that they would like to do.

Summary of findings

Staff safely met people's personal care needs and had a good understanding of how to report any concerns of abuse. Risk assessments were in place and these were reviewed on a regular basis. Staffing levels were sufficient and people's needs were supported in a timely manner. Medicines were administered correctly and staff were appropriately trained to give them to people that required them.

People were supported by staff that had received an induction and training program to support them in their role and they were provided with regular supervision from the management. Staff were skilled in their interactions and the support they provided to people. The registered manager had an understanding of the Mental Capacity Act (MCA) and their requirement to comply with this. People were provided with nutritional meals and further professional assistance was sought if people required it. Health professionals were contacted when people became unwell in a timely manner.

People were cared for by kind and compassionate staff. Staff understood people's needs and worked with them

to resolve any issues. People were involved in their own care planning and care was provided in a way that suited each individual. Visitors were made to feel welcome whenever they wanted to visit the home.

People's needs, interests and life history were used to understand each person and how they wished to be treated. People were encouraged to identify any changes they would like to their care, and were supported to utilise other services including the doctors, hospitals and opticians.

The culture of the service was upbeat and morale was high. People who used the service, relatives, visitors and staff told us they had confidence in the managers and they were always approachable and ready to assist. The registered manager had a good understanding of their role and had systems in place to monitor the quality of the service it provided. There were strong community links and people were supported to attend events outside of the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

Staff understood how to keep people safe and understood they had a duty to report any suspicions of abuse.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People's medicines were appropriately managed and safely stored.

Good



Is the service effective?

The service was effective.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005).

Staff had the training and acquired skills they needed to support people and enable them to be as independent as possible.

People's nutritional and healthcare needs were met.

Good



Is the service caring?

The service was caring.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Good



Is the service responsive?

The service was responsive.

People's care plans were individualised.

People were asked for their feedback and involvement. People felt listened to and any issues were quickly resolved.

Good



Is the service well-led?

The service was well-led.

There were systems in place to monitor the quality and safety of the service.

People were supported by staff that received the managerial guidance they needed to do their job.

People and staff had confidence in the way the home was managed.

The service maintained strong community links.

Good



Brookside

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 27 August 2015 and was unannounced. The inspection was completed by one inspector.

Before the inspection, the provider completed 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 improvements they plan to make. We reviewed statutory notifications the service had sent to us. A statutory notification contains information about important events which the provider is required to send to us by law. We also contacted the health and social care commissioners who help place and monitor the care of people living in the home.

We contacted two local medical centres that supported people living at Brookside and asked them for their feedback on the service.

We took into account people's experiences of receiving care by listening to them, their relatives and their visitors.

We undertook general observations in the communal areas of the home, including interactions between staff and people. We also spoke with people in their bedroom, with their agreement.

During this inspection we spoke with ten people who used the service, as well as one relative. We also spoke with seven visitors and looked at the care records of two people. We spoke with the registered manager and four care staff which included one of the cooks and the office supervisor. We looked at four records in relation to staff recruitment and training, and also looked at records related to the quality monitoring of the service by.

Is the service safe?

Our findings

People and their relatives said that they were happy at the home and they felt safe. One person said, “Oh yes, I feel very safe here”. Another person said “I don’t worry about anything here”. People, their relatives, visitors and staff all told us that there were enough staff to meet people’s needs and maintain their safety.

Staff said that they felt there was enough staff to give enough time to each person, and they did not feel rushed to provide the care people needed. Staff also said that if somebody was poorly or required palliative care extra staff were available to assist. We found that there was a sufficient number of staff available to support people’s needs and to respond to them in a timely manner.

The provider had a rigorous recruitment and selection procedure in place which ensured that they employed staff with the right skills and experience to meet the needs of people living at Brookside. This included obtaining references and carrying out a Disclosure and Barring Service (DBS) check to establish staff were of good character before they started working at the service.

Staff were knowledgeable about their safeguarding responsibilities and had completed safeguarding training. Staff were able to tell us how they kept people safe, knew how to identify different signs of abuse and understood how they could report any concerns of abuse. The registered manager understood their responsibility to report any concerns to the local authority to ensure people’s safety and welfare were protected. The contact details for the local authority were available to all the staff.

Records we looked at demonstrated the registered manager’s understanding of working with the local authority if they were concerned about any safeguarding matters.

People’s care requirements were regularly reviewed to ensure that the care provided was in keeping with people’s current needs. People were encouraged and supported to carry out activities that could involve an element of risk but plans were in place to minimise those risks. For example one person at risk of falling enjoyed spending time alone in their bedroom. All unnecessary furniture had been removed so they could move around freely without any hazards. We also saw that the person wore a pendant around their neck which was connected to an alarm system to alert staff if somebody needed assistance. People’s risk assessments were included in their care plan and were updated to reflect their changing needs. Staff read the updates and signed to confirm that they understood the changes to people’s risks.

People’s medicines were safely administered, and in a timely way. One person told us “The staff come at the same time every day with my medicine”. We saw that people were supported to take their medicine when they required it.. Staff gave people plenty of time to take their medicine and ensured that they had sufficient fluids to take their medicines safely. Care plans included a current list of all medicines each person required, and a medication administration record (MAR) was correctly completed by staff when people had taken their medicines. All medicines were competently handled and administered by care workers that had received appropriate training. Medicines were stored safely and were locked away when unattended.

Is the service effective?

Our findings

People were provided with effective care from staff that had the required knowledge and skills to support them. People we spoke with told us that their care supported their independence and they enjoyed living at the home. They told us that the staff understood what they needed and they offered help if they needed it. One person told us, "I like it here very much. The staff look after us well and I wouldn't like to go anywhere else". One person's relative commented, "I feel so lucky to have Brookside...Communication is key and it's brilliant here". They also commented on the staff group and said that they felt that as the staff were from a mixture of ages and backgrounds, this helped the staff team work together and helped them to understand the needs of people that lived at Brookside.

Staff had a good level of knowledge and skills to look after people. New staff received a suitable induction and were not included in the staffing levels for at least four or five shifts. During this time they shadowed more experienced staff so they could understand each person's needs. Senior staff reviewed the ability and competency of each new staff member before they were able to care for people without supervision. One senior member of staff said that if they did not feel a new member of staff was ready to provide care without supervision then further support was provided for them.

Staff received training which helped them to understand how to care for people. Staff told us that they felt their training was good and was primarily completed online. However some training was 'hands on' such as moving and handling and staff said that this helped them to understand how it felt to be moved by another person. Staff also said that this understanding helped them to carry out their work more effectively as they had experienced it for themselves.

Staff had regular supervision sessions and supervisors and the registered manager were readily available for support and advice. Staff also had their work performance reviewed and appraised at frequent intervals and staff were supported to obtain qualifications relevant to their role. Staff were supported to complete National Vocational

Qualifications (NVQ) in care and one newer member of staff was in the process of completing the Care Certificate. A senior member of staff told us staff were supported to obtain relevant qualifications by the service.

The registered manager had an awareness of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) but told us that nobody living at Brookside currently required mental capacity assessments, best interest decisions or required a DoLS authorisation. Staff had received training in these topics and understood that people had a right to make potentially unsafe choices as long as they had the mental capacity to understand and weigh up the possible consequences of their actions; however it may be beneficial for the policies and procedures to contain more detailed information about how people would be supported with this. We saw that people were supported to do as they wished and were able to go wherever they wanted to. For example we saw people being supported to go in the garden area if they wanted to go outside.

People were supported to eat and drink sufficiently and to maintain a balanced diet. People told us they always had enough to eat, and the food was tasty. One person said, "The food is very good, I never get hungry". The cook had a good knowledge and understanding of their responsibility to provide food and drink that met people's nutritional needs, and to provide food that people enjoyed. People were able to choose if they wanted a hot or cold meal and the cook was knowledgeable about people's dietary needs and how they could modify meals accordingly. For example two people were diabetic and the cook explained to us how they worked with the two people to provide them nutritious meals of their choice. The cook understood people's food intolerances and dislikes and how some people were unable to have food at certain times of the day, for example people were not given grapefruit with their medication. The cook also explained that they were in the process of creating a picture library of food to assist people in choosing what they would like to eat.

On the day of our inspection the service was holding a lunch event for visitors and relatives. People were able to choose where they wanted to eat and we observed people choosing to eat outside in the garden, in the dining areas of the home or in their bedrooms. People were provided with adapted chairs to empower them to access the dining table independently and without staff support.

Is the service effective?

Staff had a good knowledge of people's healthcare and acted promptly when people became unwell or required assistance from healthcare professionals. People were supported to use their own doctor's surgery, and feedback we received from two local surgeries told us that medical

assistance was sought in a "timely and sensible way". Staff were keen to learn from the healthcare professionals that visited the service and they followed the advice they had been given.

Is the service caring?

Our findings

People were treated with kindness, compassion and care. All the people we spoke with commented very positively about the characteristics of the staff. One person said, “The staff are kind and we have a lovely jokey atmosphere here”. Another person said that the staff were thoughtful and always made sure they were OK. One relative said that they had found the admissions process emotionally difficult but explained that the staff and registered manager supported them and their relative with care, compassion and empathy through the process which they said “...Made it so much easier”. We read comments cards which included the comments “Contented and grateful” and “A lovely atmosphere from people living at, or visiting Brookside.

Staff and people showed genuine interest and concern in each other’s health and wellbeing. Staff chatted and joked with people in a relaxed and informal way and the home had a friendly and homely atmosphere, which was also welcoming to visitors and relatives. Visitors told us that they were made to feel relaxed but staff always made sure that the needs of people living at Brookside were supported first.

People’s individuality was respected and efforts were made to ensure people were happy. For example, one relative explained how three people liked to keep their bedroom door – one person liked it shut, another liked it open wide and another liked it ajar, and the staff accommodated all of their individual preferences. People were encouraged to bring their own belongings or items of furniture. We saw people had personalised their bedrooms and had photographs on the wall of times they had shared at Brookside, and memories from before they lived at

Brookside. One member of staff told us about the extra support they had given to one person whose partner was unable to find a hair accessory in the shops that they wanted. The member of staff visited the shops, identified the item and bought the item back to the home.

Staff were skilled in understanding people’s changing needs and took appropriate action. One person who was unable to clearly verbally communicate became distressed. We saw the registered manager noticed this and took time to sit with the person and understand what was upsetting them. The manager stayed with the person to calm them and resolve their anxiety.

People’s privacy and dignity were respected, particularly when people were being supported with their personal care. Bedroom doors were kept closed whilst people received personal care and people told us that staff did not enter their bedrooms uninvited. Staff demonstrated a good knowledge of how to maintain people’s dignity whilst they were assisting them with personal care and relatives told us that staff were very respectful.

Care planning focused on people’s individual needs and preferences. People and their families were encouraged to be involved in planning their own care and every month they were involved in reviewing whether they would like to change anything. People and their relatives were also involved in considering their end of life wishes and a plan was made to respect this. Consideration had been given to location, environmental factors such as music, religious, cultural or spiritual requests, and who they would like to be with them. The end of life plans were full of compassion and gave people the opportunity to have a say in the way their end of life would be treated.

Is the service responsive?

Our findings

Before people moved to Brookside staff carried out an assessment to understand people's requirements and to make sure the person's needs could be met at the home. For example detailed information was gathered so staff knew all about each person, their life histories and their likes and dislikes. It also included information about how people liked to receive their personal care and what a typical day may be like for them. One person said they liked to have a hot drink in their bedroom in the morning and the staff always brought this in at the right time.

People's needs were responded to efficiently by staff. One person told us that on one occasion they had mentioned to staff in the morning that their leg was a little swollen and sore. Staff promptly called a doctor and together they arranged for the person to be seen at hospital. Staff immediately informed the person's relatives and the person was taken to hospital. The person believed the hospital knew all about them and said because the staff acted quickly they were able to get back home for their dinner. The person told us this was a good example of co-ordinated care.

People were supported to participate in activities they enjoyed. People were asked to complete a short form about the kinds of activities they would like to see on offer in the future. One person said that one of their favourite activities was flower arranging and they were able to do this on a regular basis. Another person said that they really enjoyed it when the choir come to sing at Brookside, and this was also something that was arranged on a frequent basis. People told us they were supported in the community to the pub, farm shops, or "anywhere we can sit down to have a cup of tea". Activity schedules were on display throughout the home and people were able to choose if they wanted to participate in these. Staff told us they took photos of events to discuss with people who were unable to participate in some of the activities to help them feel involved.

Staff had a great understanding of people's needs and preferences and how they liked to spend their day however we observed staff respectfully ask if people would like to do something different, for example eating their lunch in a different place so they could socialise with other people.

The registered manager was focussed on making Brookside as homely as possible and tried to make it comfortable for the people living there. There were quieter areas of the home people could sit and relax and communal areas people could spend time together. There were comfortable chairs in all areas of the home so people could comfortably sit and spend their time wherever they wanted.

People had access to aids and adaptations they needed to support their mobility and independence. The registered manager explained the support they provided to one person whose health had marginally deteriorated. This person was usually mobile and independent however as they had been having a difficult day they were supported to use a wheelchair so they could travel around the home without a negative impact on their health. One relative told us that they never had any concerns about people being supported to use hearing aids and glasses and they were always in place whenever they visited.

There was a complaints process in place and people and their relatives knew how to raise concerns however the home had not received any complaints. People told us that if they were unhappy about something they mentioned this to a member of staff or talked about it at the residents meeting. They understood they could make a complaint if they wished but told us they had not needed to. There was a detailed complaints policy in place which the registered manager had access to. The home had also set up a 'conversation tree'. This allowed people to write comments, concerns or suggestions anonymously if they wished. All the comments we reviewed were positive and many expressed gratitude for the care they or their relative received.

Is the service well-led?

Our findings

The service was well led by a management team that had an in depth knowledge of the service. People, their relatives and visitors told us that they knew who the registered manager was and that they were very approachable. One person told us the manager and provider were “very good” and we saw many thank you cards and letters of compliment about the manager and the staff. We saw one relative had written a comment on the conversation tree stating “I think my mother is living in the best home in the country. What a fab place to be”.

Brookside was a family run service and the management team were stable with the registered manager and provider being consistent since the service began. A number of the staff had been with the service a number of years and the last staff member to leave the service to work in their own family business had written a thank you card to the manager expressing their gratitude for the support they had received whilst working there, and their enjoyment at being part of a strong team.

Advice and support was readily available to staff at all times due to the close proximity of the manager and provider. Staff felt valued and listened to and they told us that if there were any issues they were sorted out quickly. The management team also worked ‘hands on’ and were able to assist people with their personal care whenever it was needed. Staff told us this helped to create a team approach. Staff were praised and thanked for their work and morale was high.

Staff were able to raise issues or suggest changes to the service as regular meetings were in place. The management had identified that some staff missed staff meetings as they were required to work. Staff meetings were changed and were now held on two different days to provide all staff with the opportunity to attend. The meetings focussed on improving the service and staff were encouraged to come up with their own ideas, initiatives and solutions and were supported when they did so. One member of staff told us about their excitement when they

had raised the idea of creating a food picture library to assist people in choosing what food they would like to eat. Staff explained that they had been encouraged and supported by the manager to do this.

People were able to raise any issues, questions or concerns and they were asked for their feedback about the service. Regular ‘residents meetings’ were held and everyone was invited to attend. We saw that people had stated they would like more craft activities and a survey asking people what kind of craft activities they would enjoy was underway. People had commented that improvements could be made at tea time to ensure people who wanted hot drinks were provided with them during their meal. People confirmed that they were happy that changes had taken place and improvements had been made.

A stakeholder and staff survey had been completed within the last year and these had received highly positive responses. The registered manager explained that following feedback from people they were considering the installation of a ‘wet room’ and were in the process of having staff photos on display in the hall.

There was a process in place to regularly monitor the quality of the service. The registered manager completed a number of audits to ensure people were receiving care that was safe and correct. These included medication, care plan and environment audits. We found that the medication audits scored 100% each time and when further action was required on care plans these had been rectified immediately, and on the environment audits, within 14 days. All accidents and incidents were reported and reviewed. This included falls, and preventative action was taken following each incident to reduce the possibility of further falls.

Community involvement was high on the provider’s agenda with local members of the community frequently being invited to visit the home for coffee mornings, lunch events or open days. The local community joined up with Brookside on day trips which had previously included a visit to Althorp House or the local pub. Brookside also backed the local community with fundraising events and visitors to the home told us they felt well supported with these events.