

Brookside Residential Care Limited

Brookside Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 20 March 2015 and was unannounced.

Brookside House provides personal care and accommodation for up to 25 older people, some of whom are living with dementia.

A registered manager is 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's risks were assessed in a way that kept them safe from the risk of harm. Where possible people's rights to be as independent as possible were respected.

People who used the service received their medicines safely. Systems were in place that ensured people were protected from risks associated with medicines management.

We found that there were enough suitably qualified staff available to meet people's care needs. Call bells were responded to in a timely manner.

Summary of findings

Staff were trained to carry out their role and the provider had plans in place for updates and refresher training. The provider had safe recruitment procedures that ensured people were supported by suitable staff.

Staff had some knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS), but not all had received the training. The Mental Capacity Act 2005 and the DoLS set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Staff knew how to support people in a way that was in their best interests but advice hadn't been sought from other agencies to ensure formal authorisations were in place where people may be restricted.

Improvements to the choice and presentation of food would mean people received a diet that met their preferences.

People told us that staff were kind and caring. Staff treated people with respect and ensured their privacy and dignity was upheld.

People had opportunities to be involved in hobbies and interests that were important to them but were not always involved in reviews of their care and treatment plans to ensure they were up to date.

The provider had a complaints procedure available for people who used the service and complaints were appropriately managed.

Staff told us that the registered manager was approachable and led the team well. Staff received supervision of their practice and had opportunities to meet regularly as a team.

There was a positive atmosphere within the home. The registered manager had systems in place to monitor the service and we saw that improvements had been made when identified as necessary. Further improvements to how the service is monitored were necessary to ensure good quality standards were met.

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 told us they felt safe. Staff knew people's needs and supported them to remain independent whilst protecting their safety. The provider had suitable recruitment procedures in place and there were enough suitable staff available to meet people's needs.

Good



Is the service effective?

The service was not consistently effective.

Staff received training to carry out their role. People told us that they consented to their care. Some staff had limited understanding of their responsibilities under the Mental Capacity Act 2005. Improvements to the quality and choice of food were needed.

Requires improvement



Is the service caring?

The service was not consistently caring.

People told us that the staff were caring and staff treated them with dignity and respect. People's care needs were met in the way they had agreed, but further improvements would ensure people were able to make more choices about the care they received.

Requires improvement



Is the service responsive?

The service was not consistently responsive.

People were supported to be involved in hobbies and activities they enjoyed. People received individual care that met their personal needs but were not routinely involved in reviews to ensure their care and treatment plans continued to be suitable. There was an effective complaints procedure available for people.

Requires improvement



Is the service well-led?

The service was not consistently well led.

There was a registered manager in place and there was a positive atmosphere in the home. Staff told us the manager was committed to providing a good standard of care. Systems for monitoring the service were in place but we saw that improvements were needed to ensure the systems were effective enough to identify areas for further action.

Requires improvement



Brookside Residential 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 20 March 2015 and was unannounced.

The membership of the inspection team included an 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. The expert we used had experience of caring for an older person.

The provider had kept us updated of events by sending us relevant notifications. Notifications are reports of accidents, incidents and deaths of service users. We looked at pre inspection documentation we received, this included 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 the information included in the PIR along with information we held about the home. We also reviewed the information we received from other agencies that had an interest in the service, such as the local authority commissioners and Healthwatch Staffordshire.

We spoke with six people, two visitors and five care staff. We observed care and support in communal areas and also looked around the home.

We viewed three records about people's care and records that showed how the home was managed. We also viewed four people's medication records.

Is the service safe?

Our findings

People we spoke with told us they felt safe and that the staff treated them well. Staff we spoke with were aware of the procedures to follow if they suspected that a person was at risk of harm. They told us they could speak to the staff or the registered manager about their concerns. One staff member said, "I've had the training and know what I should do if I had any concerns". We saw that the provider had a safeguarding policy and guidelines in place. We received a concern about the standards of care at Brookside House before our inspection. The registered manager investigated and reported the outcomes to us. Staff told us they knew how to 'blow the whistle' if they felt people were at risk.

A relative told us, "They explained the risks when [person using the service] moved in". We saw that people were supported to live as independently as possible whilst taking account any risks. One person said, "I had to fill in a form about me getting up from my chair without the help of a Care Assistant, and me accepting the risks. I also discussed this with the Manager." Reviews of peoples' risk assessments meant staff had accurate information about the support people needed to keep them safe from the risk of harm. Staff we spoke with were able to describe the support each person needed to keep them safe.

We saw that accidents and incidents at the service had been recorded and included a summary of the incident and what actions had been taken. The manager had monitored these incidents and recorded the actions taken to lower the risk of further occurrences. For example; two people had fallen and were identified as being at risk of further falls and harm. Personal alarms had been provided to each person who used the service so they could summon help when they needed it. Assessments for equipment such as bed rails, alarmed pressure mats as well as alarms to doors had been carried out.

Staff had time to support people and chat whilst they provided support. People we spoke with had mixed views on the numbers of staff available to them. One person told us, "Sometimes I have to wait for a long time". One person told us, "I don't have any problems". We observed staff responded to people's needs and the call bell promptly and a staff member told us, "We have recruited new staff recently". We saw that the registered manager had a system in place that ensured there were enough staff. The registered manager was not included in the care staff numbers so was able to provide additional care support if necessary.

We saw that the provider undertook appropriate recruitment checks on staff before they provided support to people. These checks included references from previous employers and criminal record checks which ensured that staff were suitable to provide support to people who used the service. All staff we spoke with confirmed they had completed an application form and had been asked to produce two references and their personal details to enable a criminal record's check to be carried out.

People we spoke with told us they knew what their medicines were for. One person said, "Yes I take painkillers for my Arthritis". We observed staff administering medicines to people in a way that ensured they took the time to explain what the medicine was for and the person took it. One person we spoke with was prescribed medicines on an 'as required' basis that they managed for themselves. They told us, "They leave it for me to take. I take other meds as and when required, including for Angina. I do have to tell the staff what I have taken". We saw that staff were trained in the safe administration of medicines. We found that the provider had systems in place that ensured medicines were administered and managed safely.

Is the service effective?

Our findings

When we asked people if they felt the staff were well trained. One person told us, “Yes, I would say very competent”. Another said, “I have no complaints”. Staff we spoke with told us that they received an induction when they were first employed at the service. One staff member said, “I was shown around and received all the health and safety training. Then I shadowed other members of staff until I felt ready to work on my own”. Another confirmed they had completed essential training and had regular meetings with the manager to discuss their progress and training needs. They also said, “We have staff meetings and training is updated regularly”.

We observed staff talking to people in a way that met their needs and we saw that consent to care and support was always sought. Staff told us, “We always ask people how they want to be cared for”. Another staff member said, “We always give people choices about what they want, it’s important”. Most staff understood their responsibilities under the Mental Capacity Act 2005 and explained the principles that applied, but not all staff had undertaken the training, which meant their knowledge was limited. The provider told us that additional training was available and planned. We saw that care plans contained details of how staff needed to support people in their best interests.

There were no authorisations under Deprivation of Liberty Safeguards (DoLS) in place at the time of the inspection. These requirements ensure that where appropriate, decisions are made in people’s best interests when they are unable to do this for themselves. Some people had alarms fitted to their bedroom doors to alert staff if the bedroom door opened, and some people had gates fitted to their bedroom doors to reduce any risk of harm. While accepting these arrangements were in place to reduce any risk of harm and in the people’s best interests there was no evidence of multi-agency discussion or formal approval of these measures. The provider agreed to make referral under DoLS for the people these restrictions applied to.

Staff told us how they supported people whose behaviour became challenging. Staff told us that they spoke with people in a calm manner and used distraction to help ensure people did not become more anxious. One staff member said, “[Person who used the service] can become anxious but if you talk to them about the things they like or hold their hand. They soon come round”.

People we spoke with gave mixed views of the choice of food. People told us they did not always know what the food choices were. One person said, “You never know what you’re going to get. They don’t have menus here”. Another said, “Breakfast is good. The meals are decided for me, but we can have other meals if required”. Two relatives told us, “Yes; {person who used the service} is putting on weight, so we are very pleased” and “[Person who used the service] loves the food”. We observed people at lunch time were served their meals, but weren’t offered a choice. Staff told us people had chosen what they wanted to eat in the morning. One member of staff told us, “If I could improve anything it would be the food, people need to know what the choices are and the pureed meals need to be presented better”. The provider agreed to review the food provision.

Where people were at risk of malnutrition or dehydration, the records we viewed showed that records of their food and drink intake were recorded and monitored to ensure they consumed enough to maintain their health and well-being.

We saw and were told that some people had access to community health checks such as chiropody, ophthalmic and dental care, by making their own private arrangements. We saw for others that support had been sought as was required. Staff identified that people did not have routine access to dental services for check-ups of their oral health, saying, “We can arrange this when they need it”. This meant some people did not receive routine checks.

A visiting health professional told us that the staff were very good and contacted the service promptly and always carried out care instructions when asked.

Is the service caring?

Our findings

We observed staff being respectful and kind. They knew the needs of all the people they spoke to. People told us the staff were kind and caring and respected their privacy and dignity. One person told us, “The Carers are very, very good”. Staff we spoke with were positive about their role and told us that they ensured people received a good standard of care. They told us, “I know their likes and dislikes” and “I always knock on the bedroom door and cover the person up if I am washing them”.

We observed none of the bedrooms doors had locks fitted, so that people could protect their property if they weren’t in their rooms. People we spoke with did not make any comments about this. A staff member told us, “Everyone has a lockable drawer for any valuable items”. Visitors told us they could visit at any time and if they needed privacy with their relative they would visit them in their bedrooms.

People we spoke with told us that they were happy with the care provided and they were given the support they needed. One person told us, “They listen to you and always do as I ask”. We observed staff attended to people’s needs promptly when they were asked to.

Over the lunch time meal we saw there were enough staff to support people if they needed assistance with eating. We saw staff interacted well with people and knew what support was required. We observed that condiments were not available unless asked for and people were only offered a cold drink. We spoke with the provider about improvements that could be made.

People were able to be engaged in activities of their choice and each person’s hobbies and interests were known to the staff team. The provider arranged for external entertainers to visit the home to offer a range of events. People told us they enjoyed these events and looked forward to them. We observed an exercise to music event take place. People actively engaged and were observed to smile and respond positively to the organiser’s instructions.

One person preferred to spend their time in their bedroom, they told us, “There are some things I prefer not to become involved in. My views are respected. I like my own company sometimes”. They showed and told us how they had a newspaper delivered and had access to library books.

We saw thank you cards on display from relatives showing how they appreciated the support the staff had provided to their relative.

Is the service responsive?

Our findings

People told us their individual needs were met and when they first came to the home they were able to discuss how they would like their care to be delivered. The people we spoke with did not remember being involved in reviewing their care and treatment plans since admission or being asked their opinion of the service. There was no evidence that the provider actively sought people's views.

A visitor to the service told us, "We were recommended to try here". We saw that people's preferences and interests were detailed in their initial assessment information and there were records of review of care needs and risk assessments. Staff told us, "We involve the relatives with planning and reviews where possible".

One member of staff had dedicated time to undertake activities with people and kept a record of the things they were involved in. A member of staff told, "We try to organise things for people but we can always do more. They enjoy the music and movement session so we have now arranged this for twice per week".

People we spoke with told us that they had opportunities to be involved in activities they enjoyed and were interested in. One person told us, "We have exercises. I can't move my arms. I like the guitar man though, and

making Easter bonnets, and one to one" another person said, "I go to the exercises plus some others" and, "I don't go to activities, can't be bothered". We observed that a weekly programme of events was available. This included external entertainers and arts and crafts sessions. One member of staff told us, "I do one to one arts and crafts; plus I bring animal(s) in". Another said, "Yes, I do word searches and colouring with people" and "When it's warmer we take people out for walks to the shops and have coffee. We can also sit outside, we're hoping to do more".

People who used the service told us that they were involved in discussions about their care. One person told us, "Definitely yes". A visitor said, "Involved in care? Yes absolutely". We saw evidence of reviews that had been undertaken which showed involvement of people and contained details of any changes to their health and wellbeing. People told us they didn't have meetings to discuss things in the home. One person said, "I suppose we could do". A member of staff said, "That would be a good idea".

There was information on display within the home on how to make a complaint. People who used the service and their visitors commented, "I would speak to the manager if I had a complaint" and, "I have no complaints". The provider maintained records of any complaints received and of the action taken to investigate and respond.

Is the service well-led?

Our findings

People told us there was a positive atmosphere at the home. One person said, “Yes the staff did communicate in a friendly patient manner”. A visitor told us, “There is a relaxed atmosphere”. Staff told us they enjoyed working at the home. One staff member said, “I am always learning something new. I love it here. It is small and friendly” another told us, “I would like my Mum to be looked after here”.

Staff told us the registered manager was approachable and supportive. They said, “She is very good. You can always talk to her” and, “They ask us for our views and they listen”. People who used the service commented, “I don’t really know the Manager, but I think that she is approachable” and, “I know the manager and would talk to her”, both visitors confirmed the management were approachable.

People we spoke with were not able to confirm they felt involved in decisions about the running of the home. They and their visitors said, “The staff just get on with it really” “I don’t think I’ve been asked about anything”. “They did tell us about the changes to the garden. It will be nice to sit out there in the summer”. Staff we spoke with told us, “We do discuss things” and, “It’s just right here, as it is. All staff have a say”.

We saw that family and resident surveys had been circulated in the past, but as the records were not dated it wasn’t possible to tell when they had been sent or returned. Most of the comments were very positive about the service and care provided. A staff member told us, “If there are any issues we do respond to them”. A relative told

us, “I am happy with the way things are” and “They do listen. [Person who used the service] loves it here”. One person said, “The owners talk to me and ask me how things are”.

The provider had a dedicated maintenance person who was responsible for monitoring the safety of equipment in the home. They showed how they monitored and carried out repairs and maintenance checks of electrical equipment, fire alarms and emergency lighting, but they had not always carried out fire drills for all staff and maintenance checks on equipment in the home were not always effective.

The registered manager assessed and monitored the staffs learning and development needs through regular meetings and supervision and appraisal. One staff member told us, “I had asked to do some more training and it was sorted out quickly”.

Checks on the quality of the service were carried out and there was evidence of improvements based upon the outcomes of the checks. For example, improvements had been made to the outside garden area to create a safe seating area for people who used the service. There was some evidence that monitoring checks were not always effective in identifying the need for improvements in some areas such as medicines stock control systems and the need for improvements to people’s food choices and mealtimes

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.