

Brookvale

Brookvale - Prestwich

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

Brookvale- Prestwich is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection. Brookvale is a purpose built home set in extensive well maintained grounds close to open countryside. There are also seven cottages within the grounds which can accommodate people who live semi independently. The home is registered to provide accommodation and personal care for up to 80 people with learning disabilities. On the day of our inspection there were 78 people using the service.

At our last inspection on 20 October 2015 we rated the service Good overall. At that inspection we found one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because staff did not receive all the training and supervision they needed to carry out their roles effectively. Following the last inspection, we asked the provider to complete an action plan to tell us what they intended to do and by when to improve the key question; is the service effective to at least good. At this inspection, we found that required improvements had been made.

We found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good overall.

Why the service is rated good.

Staff received the training they needed to carry out their roles effectively and were well supported. Staff members had been safely recruited. There was sufficient numbers of staff to provide people with the support they needed.

The service has a registered manager. 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 positive about the registered manager and the way the home was run.

Care records were detailed and person centred. They identified what was important to and for the person. People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or avoidable harm.

People's nutritional and health needs were met and medicines were managed safely.

Health and safety checks had been carried out and there was a programme of regular maintenance to the

building and any equipment used. Brookvale–Prestwich was beautifully decorated and furnished. The home was very clean and staff had been trained in infection prevention.

The requirements of the Mental Capacity Act 2005 were being met, and staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. 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 support this practice.

People told us they liked the staff that worked at the home. Staff treated people with kindness, respect and compassion.

There was a wide range of activities available for people both in the home and in the community. There was a range of sporting facilities on site including: a gym, swimming pool, football and basketball pitch and put golf, tennis and a running track and cycling track. People were supported to maintain friendships outside of the home.

Quality assurance systems were in place to monitor and continually improve the quality of the service provided. Policies and procedures were in place and were kept under review.

Feedback was obtained from people who used the service, their families and representatives. There was a procedure to help people to complain if they wanted to. People told us they had no complaints.

The provider had notified CQC of significant events and displayed the rating from the last report.

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 was now effective.

Staff received the induction, training and supervision they needed to be able to provide safe and effective care.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff gained people's consent before care or support was provided.

People who used the service received appropriate support to ensure their health and nutritional needs were met.

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.

Brookvale - Prestwich

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 was an unannounced comprehensive inspection which took place on the 20 and 21 February 2018. The inspection was undertaken by two adult social care inspectors 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 the inspection we asked the provider to complete 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 what improvements they plan to make. We reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority and Healthwatch Bury for their views on the service. They raised no concerns.

As some people living at Brookvale-Prestwich were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

During our inspection we spoke with eight people who used the service, two visitors, the registered manager, the quality assurance manager, the chief executive officer, training manager, five support workers, the kitchen manager, two laundry assistants, a visiting Yoga teacher and a visiting Healthcare professional.

We carried out observations in public areas of the service. We looked at four care records, a range of records relating to how the service was managed including medication records, four staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

At our previous inspection we found that the service was safe. At this inspection we had no concerns about people's safety and the service continued to be good in this area.

Everyone we spoke with told us they felt safe living at Brookvale-Prestwich. People who used the service said, "The staff are so nice, I get on with everyone", "It's great here I love it, it's like a home. The people here are so friendly", "I feel safe when people are around me, I don't like to be alone", "I feel safe. I talk to my friends" and "Yes, the staff make me feel safe."

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. Staff had received training in preventing and detecting abuse. They were able to discuss the signs that might alert them to suspect different types of abuse and knew how to raise any concerns. Staff were confident any concerns they raised would be dealt with appropriately.

We found there was a safe system of staff recruitment in place. The provider completed pre-employment checks before they offered staff employment. These checks should help to ensure people are protected from the risk of unsuitable staff being employed. We saw the service had policies and procedures to guide staff on what was expected of them in their roles.

There was sufficient numbers of staff to provide people with the support they needed. People who used the service told us, "There are enough staff day and night. If I need anyone in the night I just go and tell them. I have a buzzer in my room but I have never used it" and "There is always someone [staff] there to help me." Records we looked at confirmed staffing levels were provided at consistent levels.

We looked to see if there were safe systems in place for managing people's medicines. We found that people received their medicines as prescribed and medicines were stored safely and securely. People who used the service said, "I get it [medicine] at breakfast from either day or night staff who sign to say I have had it" and "Someone gives it [medicine] to me, and they never forget; they are good."

We found medicines management policies and procedures were in place. Records showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines checked. We observed staff supported people to take medication in their own time, not rushing them and signed the MAR only after medicines had been administered.

Stocks of medicines including Controlled drugs (CDs) matched records kept by the home. CD's are prescribed medicines that have additional safety precautions and requirements. There are legal requirements for the storage, administration, records and disposal of CDs. The service met these requirements.

We saw that several people were prescribed 'thickeners'. Thickeners are added to drinks, and sometimes food, for people who have difficulty swallowing, and they may help prevent choking. A discussion with staff

showed overall they knew when the thickeners were to be given and how much was required for each person, however we saw that people's MAR were not specific and stated 'as prescribed'. Although instructions in relation to the amount of thickener were in place in people's care plans, we discussed with the registered manager the possibility of ensuring that the written instructions for staff were more specific; such as the consistency identified by the speech and language therapist and how many scoops of the thickener to be added to the actual amount of fluid. The registered manager agreed that this would be a much safer way of ensuring the thickeners were mixed to the correct consistency. We also suggested that the instructions could be more accessible for all staff. On the second day of inspection we saw the system to guide staff had been put in place.

Assessments were carried out to identify any risks to the person or the staff supporting them. These included environmental risks and any risks to people's health and well-being. These assessments gave guidance to people and staff on how risks could be minimised. Records showed that there was a system in place to review risk assessments regularly. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

Systems were in place to protect people in the event of an emergency. Health and safety checks had been carried out and there was a programme of regular maintenance to the building and any equipment used. On the first day of our inspection we found that on one unit a number of doors were being wedged open. We were told by the registered manager that this only happened whilst the housekeeping staff were cleaning. Wedging of fire safety doors poses a risk of any fire spreading more quickly. We discussed this with the registered manager who immediately threw away the door wedges. They showed us an order later that day for several automatic door closers that they had arranged to be fitted later that week.

People we spoke with told us the home was always very clean. We found the home to be visibly clean in all areas and there were no unpleasant odours. On the first day of our inspection we saw some cleaning products had been left on a shelf in the hairdressing salon. These posed a potential risk to people using the service. We spoke with senior staff about this who said people who used the service did not have unsupervised access to that area but they would remove the products immediately, which we later confirmed this had done.

We looked at the systems in place for laundry. The service had a system for keeping dirty and clean items separate and used red alginate bags to safely wash soiled items.

We saw that staff wore appropriate personal protective equipment (PPE) when carrying out personal care tasks. Records showed that staff had received training in infection prevention. Staff we spoke with were aware of their responsibilities in protecting people from the risks of cross infection and were able to discuss handwashing and appropriate use of personal protection equipment (PPE). We saw an audit had taken place in September 2017 by external Health Protection Nurses and the service had scored 100% for infection prevention and control.

Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident, any injury and any action taken by staff or managers. We found that managers of the service kept a log of all accidents and incidents so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences.

Is the service effective?

Our findings

At the last comprehensive inspection of the service on 20 October 2015 we found the service was not always effective. This was because the home was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff did not receive all the training and supervision they needed to carry out their roles effectively. The overall rating for this key question was requires improvement.

Following the last inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good. At this inspection we had no concerns and found the required improvements had been made. The rating for effective was now found to be good.

All the staff we spoke with thought they had received enough training to care for people living at the home effectively. Records we reviewed and staff we spoke with showed that staff now received a programme of training and regular supervision and appraisal. We saw staff completed an induction to the service which was in line with the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This was a twelve week induction which included training, an introduction to the service, information about the individual staff member's role and responsibility.

Staff completed training which included; person centred care, health and safety, first aid, use of hoisting equipment, manual handling, fire safety, mental capacity act, communication and duty of care. Some staff had also received additional training relating to the use of defibrillators, which we saw were sited around the building. We were told that one was also in the reception area for the use of the local community. People who used the service told us staff had the skills and knowledge they need to support them. One person who used the service said, "All of them are well trained and know how to help you."

Staff also received training in supporting people whose behaviour might be challenging. Staff were able to tell us how they observed people's behaviour and care records we reviewed gave good detail of what staff should do if someone was becoming upset or angry.

The service maintained a sensory room with low level lighting and light patterns, bean bag seating and music equipment. We asked staff how it was used. They said one person liked to use the room to help calm them and others used it to provide sensory stimulation.

Staff told us people who used the service were encouraged to make decisions about everyday life and explained how people communicated. They said sometimes a person will seem to understand what has been said but they might change the wording to see if they responded the same way. Care records we reviewed gave staff information on how people communicated. This included information on non-verbal communication such as what people's gestures and facial expressions meant. We saw they also included where people used a communication aid or system, for example we saw that people used pictures, photographs, Picture Exchange Communication System (PECS). PECS is an alternative communication

system developed to help people affected by autism convey their thoughts and needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection we checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the provider was working within the principles of the MCA. People had been assessed in line with the MCA to determine whether they had capacity to make specific decisions and also whether a DoLS authorisation was required. DoLS applications had been submitted to the relevant local authorities where appropriate and a record of this was kept.

We saw best interests assessments were detailed and included a wide range of decisions and how they arrived at making the decision on the person's behalf. These included medicines administration and gender specific health checks. Records showed that staff at the home had consulted with the person and other people concerned with the person's care and welfare such as relatives, close friends, commissioners, and health and care staff.

Care records contained information to guide staff on how best to support people to enable them to make decisions and give their consent. One person who used the service told us, "They listen and act on what I say"

We found that people's nutritional needs were met. Kitchen staff had completed food hygiene training and correct procedures were in place and followed wherever food was prepared. The home had received 5 staff food hygiene rating in January 2017 which was the highest National Food Hygiene rating. This meant they followed safe food storage and preparation practices.

The service followed Jewish Kosher food rules. They maintained a kosher kitchen and fridges and freezers were designated to store different foods. We spoke with the kitchen manager who prepared three week cycles of menus, changed seasonally. We saw menus showed only one meal option at lunch and dinner but were assured people could ask for something else if they did not like the meal. The kitchen manager told us information about people's preferences and dietary requirements were provided to them by the care staff. This ensured people received altered textures of food when this had been assessed as required to maintain their safety or promote adequate nutrition. We saw some individual assessments for people which listed problems and risks, specified consistencies of food, correct positioning of the person and listed food they were unable to eat. We saw pureed meals were well presented and served appetisingly with meat, vegetables and carbohydrates distinct from each other on the plate. These documents also included contact details for speech and language therapists (SALT), dietician and GP for the person.

Everyone we spoke with was positive about the food and the choices they had. People who used the service told us, "I think the food is lovely. My favourite is fish and chips and peas" and "The food is great they give you options and if you don't like them they will give you something else, it is great food."

The dining room was large and airy and well presented. We found staff did not rush people and allowed them the time they needed to eat and drink. We noticed that when staff were supporting people who need additional support with eating they kept the door to the dining room closed and discouraged other people from entering the room. This helped to protect the privacy and dignity of people being supported to eat and drink.

We found the home to be well maintained, everywhere was beautifully decorated, to a very high standard with a wide range of art work and different coloured lighting. There were indoor flowerbeds with scented flowers that created a pleasant natural aroma. Bedrooms were personalised and furnished bedrooms with en-suite facilities. All areas of the home were bright and well furnished. We saw that thought had been given to the spacing of furniture so that people with mobility difficulties or who use wheelchairs were able to move around the home freely.

The individual cottages or bungalows in the grounds have all the living facilities they need, including: kitchen, each bedroom is en-suite and they have a garage with washing machine and dryers. They also have their own garden which they are encouraged to plant up with the help of the home's gardener.

One person who used the service said about the home's décor, "It's nice I like the fashion things they match all the paintwork up. It is very posh. Another person said, "It is nice, well decorated. Outside it is very, very good I go outside in summer just to relax."

People who lived at the home had access to healthcare services and received ongoing healthcare support. Care records included a 'Health Action Plan' (HAP). This contained important information about what the person needs to maintain and improve their health. A visiting health care professional we spoke with said of the staff; "They are brilliant, really enthusiastic. Every time I come they are really welcoming."

The service also used a 'My hospital traffic light passport.' This included important information about each person's support needs and medical conditions and was given to health care professionals if the person needed to go to hospital. We found this contained information that would help keep the person safe by making sure healthcare staff had the information they needed to care for and support the person in the way they preferred.

Medication and health needs were reviewed annually by the GP or at a Learning Difficulties clinic by a psychiatrist, depending on individual's needs and medication. A podiatrist, chiropodist and optician visited the service regularly and treated people in the clinic room. People told us they could choose whether to see the health care professional at the home or use their own community based facilities. One person said, "The doctor comes here and I see him here, we also have a podiatrist, I go to the opticians for an eye test."

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

People who used the service told us they liked the staff that worked at the home and that they were kind and caring. People told us, "They [staff] are great, they are wonderful people", "[staff name] is my friend she is a member of staff and she helps me. I can talk to any member of staff and they listen to me" and "They encourage me to the things I like." A relative we spoke with said, "Yes, they always have time to speak to us and it is the way they do their job. We have been to places that aren't that good. They are a lot more caring here." During the inspection we observed many interactions between staff and people living in the home. These were all calm and cheerful. Some people responded to gentle humour, people were treated with kindness, respect and compassion.

Everyone who used the service we spoke with told us managers and staff knew them well. We saw staff were patient and appeared to know individuals well. We asked staff to tell us about some of the people living at the home. They showed us they knew them well, both their care needs and as individuals. They knew about people's family and their preferences, what food they liked and what activities they enjoyed. This showed us staff genuinely cared about the people in their care.

People who used the service told us they were supported to maintain links with family and friends. People said, "I go home every other weekend with my [relatives] and I have a lot of friends who come here", "[staff] arrange a taxi for me to visit my relatives], I have friends come and visit" and "My relative] comes to see me, and they take me out for a walk and to go and eat." One person who used the service told us, "I don't have any visitors but my friends at the home are like my family now I get on with everybody."

During our inspection we saw staff treated people with respect and dignity. People who used the service told us their privacy was respected. They told us, "They would knock if they were coming into my room; I feel that if I want to be quiet or private I can find a space for myself", "I close the door, they knock when they are coming into my room" and "Yes they respect your personal space."

The home has strong links with the Jewish community but we saw that other faiths were also respected. Important festivals and holidays from all faiths were celebrated.

Care records were very person centred and included people's preferences and what was important to them. The identified what people could do for themselves and how people's independence could be maintained and promoted by staff. People who used the service told us, "Mostly I like doing things for myself being independent, if you do it yourself you get more confidence because people notice what you can do", "I try [to be independent], I go shopping in Prestwich on the bus, I have my own bus pass, I make my own drinks."

We saw that leaflets were available to people who used the service to inform them about a local advocacy service should they need someone independent to advise them.

We found that care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

At our previous inspection we found the service was responsive. At this inspection we had no concerns and the service continued to be good in this area.

People who used the service told us the staff were responsive to their needs. People told us, "Yes they take an interest in you", "I think the staff know all about me as a person" and "The staff know all about me."

Care records we reviewed included detailed assessments and care plans. The assessment process ensured people were suitably placed and that staff knew about people's needs, wishes and goals. Records were person centred and had lots of detail about what was important to and for the person. People told us they were involved in developing their care records and in reviewing the support they received. People, and where appropriate their relatives, were involved in the development of these records. Information about people was reviewed regularly and we saw changes were made if needed. People told us, "I have seen my care plan; I review it with my Social Worker and a member of staff", "Yes it [care plans] tells if you are healthy and strong, they read it out to me when we review it" and "We [the person and staff] review it every year, unless anything changes." A relative said, "Yes they [staff] contact us if there is anything we need to know."

People had access to a wide range of activities both in the home and in the community. People who used the service told us they were very happy with the activities on offer. People said, "I get up when I want, go to bed when I want it is great. I live in one the cottages and I decide what I want to do with the day", "On Saturday I go to Bury with my friend on the bus", "I go shopping, sometimes we go to concerts, go on holiday, coffee mornings at the village hall just down the road" and "We did a flower competition with the local people. I go to the village hall to coffee mornings." Another person said, "It's good, I love it, it is a bit like a hotel and outside is really good, they have a swimming pool and a gym and a trampoline."

Activities were planned and organised to take into account people's preferences and abilities. Records we looked at showed that some people accessed work placements, people went on holiday, outbound activities, theatres, museums and the local shops. We saw that for activities within the home there were six separate rooms where staff supported people to take part in different activities during the day. During our inspection some people enjoyed completing a jigsaw, cake making and craft work. Some people listened to music. Other advertised activities included; a weekly choir, a Jewish friendship group- buddies, aromatherapy, hand massage and bingo. There was a range of sporting facilities on site including: a gym, football and basketball pitch and put golf, tennis and a running track and cycling track. Physical activities offered on site included; table tennis, indoor cricket, netball, trampoline, cycling, walking groups or attended yoga or Zumba classes. Some people enjoyed using the swimming pool and were supported by carers or one to one sessions with a physiotherapist. Many of the staff had been trained in rebound therapy using the service's trampoline. The home also had some chickens, people told us they enjoyed looking after them and collecting the eggs.

We saw that throughout the home there was pictorial and easy read information about activities and events. The registered manager told us if needed other information such as the safeguarding policy was available

on easy read, pictorial or large print.

The home had Wi-Fi throughout which people could access; the provider told us some people who lived at the home used this to communicate with relatives and friends via email and social media. The home also used a hand held electronic device to aid communication with one person who used the service. We saw that one person's television had a remote control that was voice activated, so that they could operate it independently from staff.

Care records we reviewed identified if the person had specific wishes about they wanted to be cared for at the end of their life. Staff had received training in end of life care.

We saw there was a complaints procedure and we saw that a system was in place to log any complaints received. The provider had received no complaints. People who used the service knew how to make a complaint. People said, "I would tell a member of staff or tell my family", "I would see the staff; I have never made a complaint" and "I would just tell the staff I have never made a complaint."

Is the service well-led?

Our findings

At our previous inspection we found the service was well-led. At this inspection we had no concerns and the service continued to be good in this area.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Everyone we spoke with told us they knew the registered manager and liked the way the home was run and organised. People who used the service said, "Yes, they [managers] listen to you all the time if you have something to say, if you are not sure about anything they will try and help you", "I can go and talk to them anytime if they aren't busy", "I talk to them and they listen to me" and "I talk to [registered manager] we talk about Hanukah" A relative said of the registered manager, "we feel we can talk to her about [person who used the service]." And of managers and staff at the home, "Yes they are [approachable] and they do listen."

Staff we spoke with told us they enjoyed working at Brookvale -Prestwich. "We work well together, we all know each other." Staff spoke positively about the management team. They said they were all approachable, good listeners and open to suggestions. One staff member said, "Even without meetings, I wouldn't have a problem talking to any of the managers."

We saw that the service had a range of policies and procedures in place. The policies we looked at included infection control, medicines administration, complaints, the Mental Capacity Act 2005, safeguarding adults and whistleblowing. These provide information and guidance to staff about the provider expectations and good practise.

We found there were good systems of weekly, monthly and annual quality assurance check and audits. We saw these were used to monitor the quality of the service provided and look for any improvements that could be made.

We looked to see if people had the opportunity to comment on the service they received. People who used the service and visitors we spoke with told us they had regular opportunities to comment on the service provided. People told us, "We talk between ourselves in a circle, if I want to do anything or go anywhere they write it down and it is reviewed", "We discuss what is happening during the week and if we have any problems or if anyone wants to do anything it gets written down" and "Yes I do once a month. On occasions we get surveys which we do with staff every few months."

We saw there was a statement of purpose. This gave people who used the service the details of the facilities provided at this care home. These also explained the service's aims, values, objectives and services provided. It also gave information about the provider's commitment to promoting equality and diversity in respect of the seven protected characteristics of the Equality Act 2010.

The provider had notified CQC of significant events and displayed the rating from the last report.