

# Qualitas Healthcare Limited

# Brookwood Manor

## Inspection report

Holbrook Hall Park  
Little Waldingfield  
Sudbury  
Suffolk  
CO10 0TH

Tel: 01787248062

Website: [www.qualitas-healthcare.com](http://www.qualitas-healthcare.com)

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

Brookwood Manor can accommodate up to 28 people and there were 26 people using the service on the day of our inspection. The service supports older people some of whom are living with dementia. The service is based over three floors.

### People's experience of using this service and what we found

All staff had received training in safeguarding people. Each person had a care plan containing their risk assessments. Staff were aware of people's needs and how to support them. This included recorded information in the care plans regarding people's prescribed medicines and staff had received training in the administration of medicines. Staff were recruited through a robust recruiting procedure. Staff were given supervision and on-going support including a yearly appraisal and training including training in end of life care.

People's care plans recorded information about support provided by other professionals and when appointments had been made for them by the staff with their permission. Staff recorded when necessary how they had supported people to have enough to eat and drink of their choice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. Relatives spoke positively about the way staff treated and provided care to the people using the service. Staff demonstrated a good knowledge and understanding of the people they cared for and supported, such as people with a diagnosis of diabetes or dementia.

The registered manager carried out an assessment of people's needs before they commenced using the service. From this information a care plan was written which was reviewed each month or sooner should the need arise. The service had a complaints process and we saw that complaints were recorded and responded to in line with the recorded procedure. Since our last inspection, the service had increased the activity staff and this meant staff were supporting people to visit the local town on organised outings.

Senior staff carried out a monthly audit of the service activities to identify any issues that needed attention. Senior staff also worked closely with other professionals to determine the care that the people living at Brookwood Manor required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 17 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Brookwood Manor

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Brookwood Manor 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. This service does not provide nursing care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted the Local Authority and Healthwatch for information they held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of the information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experiences of the care provided. We spoke with six members of staff including the provider, registered manager, deputy manager, a senior care staff, care assistant and a member of the domestic staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one relative and one professional who regularly visits the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One person said, "The staff are nice and look after all of us."
- The service had a safeguarding policy in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns. One member of staff told us, "I had safeguarding training in my induction and refresher training since then."
- The service had reported matters of safeguarding to the Local Authority appropriately and worked with the safeguarding service to resolve those matters.

Assessing risk, safety monitoring and management

- The service had been advised by the Fire Officer of additional work required regarding boxing in pipes in the laundry and had commenced taking the necessary actions on the issue raised.
- Staff carried out weekly checks about the safety of the service and we saw that windows above the ground floor had restrictors in place to prevent people falling out of open windows.
- People we spoke with told us they felt safe. One person said, "I feel safe with the staff."
- Each person had a risk assessment in their care plan which advised staff of the risk and the action to be taken to reduce the risk to the person. The risk assessment was reviewed monthly or sooner should the need arise.

Staffing and recruitment

- The service had robust recruitment practices. New staff were appointed only after all checks were completed to determine they were suitable to work in providing care.
- There were consistently enough staff to meet people's assessed needs. The registered manager had recently increased the number of night staff on duty. A relative told us, "I think there are enough staff on duty whenever I visit."
- The registered manager also completed a dependency score each month or more frequently if needed to determine the number of staff required to support people.

Using medicines safely

- People's medicines administration records (MAR) showed people received their medicines as prescribed.
- Competency assessments were completed for all staff which helped to ensure they were safe to administer prescribed medicines to people.
- The deputy manager had built up a positive relationship with the supplying pharmacy and ordered repeat prescribed medicines every 28 days and newly prescribed medicines were ordered with immediate effect.
- When people were prescribed medicines on a when-required basis, there was written information

available to guide staff about how and when to give the medicine to people to ensure this was given consistently and appropriately.

#### Preventing and controlling infection

- Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection. A member of staff told us, "We have enough supplies of gloves and equipment." They further explained they were very pleased with the performance of the new vacuum cleaners.
- The service had systems in place to make sure that staff practices controlled and prevented infection as far as possible.

#### Learning lessons when things go wrong

- The registered manager worked closely with and sought the advice of the Local Authority and Safeguarding teams.
- Lessons were learned when things went wrong. Regular staff meetings were arranged and actions were implemented as necessary to improve the service and to keep people safe.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager explained how they assessed people's needs before they joined the service to ensure the service could meet their individual needs.
- People's assessments included advice from other professionals and how the staff could support people to achieve their agreed goals.
- Care plans were divided into sections and the information recorded explained how the care was to be achieved while also taking into account people's choices. The care plans were reviewed at pre-set dates and in response to any events.

Staff support: induction, training, skills and experience

- The service had an induction process in place for new staff and this included working alongside an experienced member of staff until the new staff member was deemed confident to work unsupervised.
- People were supported by staff who had received training for their roles. One member of staff told us, "The training is very good and covers all that we need to fulfil our role."
- Staff told us they received regular supervision and an annual appraisal. One member of staff told us, "I have supervision every two months with the manager."

Supporting people to eat and drink enough to maintain a balanced diet

- All people upon using the service had their food and fluid intake recorded to determine they were having sufficient nourishment upon admission to the service and then on-going should the need arise.
- The staff had identified people's preferences and choices of food with them. People also had the choice of where they took their meals.
- People told us they enjoyed their meals and it was a pleasant occasion. One person said, "There was a lot, but I struggled through." Another person told us, "I particularly enjoyed the desert today." A relative informed us they were impressed with the fresh cooking provided by the service each day.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with people using the service to arrange appointments with other professionals to support people's well-being. Information regarding appointments was recorded in people's care plans.
- Staff understood people's health needs and the importance of raising concerns if they noticed any changes in people's condition. A member of staff told us, "I would report any changes to a senior staff member straight away and record in the notes."

Adapting service, design, decoration to meet people's needs

- The service had recently benefited from new carpeting. There were plans in place to develop a coffee lounge and also increase the signage of the service to help people to find their way around.

Supporting people to live healthier lives, access healthcare services and support

- Staff had recorded in people's care plans the support received from health care professionals, including their GP and community nurses. Feedback and guidance was recorded to ensure people received a consistent service with regard to their needs. A healthcare professional informed us that the service staff sought their advice appropriately.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- The registered manager had arranged Best interest meetings for people as necessary.
- The senior staff had made appropriate DoLS applications after assessing people in line with the MCA.
- Staff knew how the MCA and DoLS applied to their work. One member of staff said, "I understand to ask for consent before doing any care and explaining what I doing to the person. If they refuse then I will not do anything against their wish but will speak with my manager."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them with care and respect. One person said, "The staff are all kind and helpful."
- People were encouraged to express their views on how they preferred to receive their care and support. The information had been clearly and carefully documented in people's care plans.
- Staff communicated with each person in the way that the person preferred. We could see that people had good relationships with the staff. We saw people smiling at each other and jokes being shared.
- We heard one member of staff explaining to a person why they needed to use the hoist and provided verbal reassurance to the person throughout the procedure.

Supporting people to express their views and be involved in making decisions about their care

- Upon entering the service not everybody was up and some people were still in bed which was their choice. The service had recorded how people spent their lives and times they got up before using the service and used this as a guide to determine when people would like to start the day.
- Each person had a person-centred care plan which had been written with them and their family as appropriate and included information from professionals referring the person to the service.
- Staff knew people well and knew their likes, dislikes and how they wanted to be supported.

Respecting and promoting people's privacy, dignity and independence

- People's personal records were stored securely to ensure they could not be accessed by others. People's care records guided staff to ensure that people's rights to privacy, dignity and independence were always promoted and respected.
- Staff respected and promoted people's privacy and dignity. Personal care was offered discreetly and carried out privately.
- People were treated with compassion by knowledgeable staff who respected people by addressing them by their preferred name.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs had been assessed and recorded in a person-centred care way with the focus upon working with the person to fulfil their needs.
- The registered manager had worked with people and their families and identified that people had an interest in livestock such as sheep and chickens and they were in the process of introducing the animals into the garden adjoining the service.
- The service provided consistent staff which helped to develop positive relationships between the people using the service and staff members.
- The activity staff had developed an activities programme from identifying the interests of the people living at the service.
- We observed staff interactions between staff members and the people using the service. This included games being played and one person was brushing a member of staffs hair in return for them brushing their hair earlier.
- The service had developed the garden resources from understanding people's interest and this now included a water feature for people to enjoy.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with information in a format they could understand.
- We saw staff using non-verbal communication to support the spoken word in order to explain themselves to the people using the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The activity staff were taking people into the local town for shopping and also for lunches. A relative informed us that they thought this was a very good idea.
- The registered manager had arranged for all people, if they so wished, to open their Christmas presents together around the Christmas tree to encourage an inclusion atmosphere within the service.
- People told us they were content using the service and they received care which met their needs. One person told us, "I do like living here."

- The activity staff had arranged a Christmas party and invited members of the community and family to attend. We saw photographs of the party and this had been clearly enjoyed by all.

#### Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure and Information about how to raise a complaint was given to people upon joining the service.
- We saw that complaints had been recorded and investigated as per the policy of the service. A relative informed us that they had no complaints and were highly confident any matter of concern would be investigated and acted upon.

#### End of life care and support

- The registered manager informed us this aspect of the service had been provided in the past for which staff were trained and further support was provided from qualified nurses.
- People would be supported to remain with the service, if they chose to, and supported by staff who knew them well.
- Peoples care plans contained information about peoples end of life wishes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had arranged residents' meetings which focussed upon families being informed about and involved in the future direction of the service.
- The senior staff of the service showed us the monitoring systems which they were responsible for completing, which clearly demonstrated the governance of the service.
- Staff informed us that the senior staff were available and approachable to support them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well-organised and there was a clear staffing structure. The staffing rota was organised in advance, so staff were aware of when they were required. One member of staff told us, "The manager is very helpful with arranging and understanding what shifts each person can work."
- Staff understood their roles and responsibilities and found the management team supportive. A member of staff told us, "The manager and deputy ask us for our views at staff meetings and supervision."
- There was an on-call system in operation for the staff to seek support at anytime.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A relative told us, "The manager keeps me informed about any concerns or developments regarding [my relative]."
- Staff spoke with respect with the people using the service to clarify their choices.

Continuous learning and improving care

- The management team supported a culture of continuous learning and improvement. Staff informed us that both the registered manager and deputy were supportive of training requests. A member of staff

informed us, "If you request training the manager will do their best to arrange this quickly."

- The management team positively encouraged feedback, reviewed the quality of the service and acted on any identified shortfalls to continuously improve the service.

Working in partnership with others

- A healthcare professional informed us that the registered manager spoke with them regularly seeking advice appropriately.
- The registered manager had sought the support of other organisations to work together to support the people living at Brookwood Manor. This included people who used the service, their families and representatives, GPs, community nursing teams and other health care professionals.