

Astley Care Homes Limited

Brookfield House Care Home

Inspection report

Brookfield Park
Shrewbridge Road
Nantwich
Cheshire
CW5 7AD

Tel: 01270624951

Date of inspection visit:
03 February 2020
04 February 2020

Date of publication:
16 March 2020

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

About the service

Brookfield House Care Home is a residential care home providing personal and nursing care to 28 people living with dementia time of the inspection. The service can support up to 51 people.

Brookfield House Care Home accommodates 51 people across five separate wings over two floors, each of which has adapted facilities. The home specialises in providing care to people living with dementia.

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

During this inspection we found improvements regarding medication however additional improvements were needed and so we have made recommendations in regard to medication. We also made additional recommendations regarding and risk management.

Care plans and risk assessments were in place that reflected the needs of the people, however we identified that some information held in care plans was basic and in need of review. The registered manager was aware of this and this was planned for as the provider was transitioning to an electronic care planning system.

Improvements were needed to be made in some areas of the environment. The registered manager informed us that they were already in discussion with the provider to make improvements.

We observed care being delivered in the home and saw that this was done in a caring and patient manner. We saw that people were comfortable in the presence of staff and positive and familiar relationships had developed between people receiving support, relatives and care staff. Visitors told us staff were kind and treated their relatives with dignity and respect.

Staff were recruited safely and received regular training, attended staff meetings and had regular practice checks. Staff we spoke to said that they felt well supported.

Complaints, accidents and incidents were managed appropriately, and referrals were made to other professionals in a timely manner when people living in the home were in need.

The provider employed an activities co-ordinator and people were able to choose and access meaningful activities that were person centred. The feedback received regarding the food being provided was all positive and peoples dietary needs were catered for.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was requires improvement (published 14 February 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Brookfield House Care Home

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 and one 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.

Service and service type

Brookfield House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We checked the Healthwatch website for information. 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 this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff, the registered manager, deputy manager and one visiting professional. 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 three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 two professionals who visited 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had made improvements to the way medicines were managed. However, further improvements were needed in the home.

- The majority of medicines were managed safely. However, we identified aspects of the management of the administration of medication needed improvement. For example, times that 'as and when needed' medications were administered had not been documented and it was not being regularly documented why people were not given their medicine. We identified that there was no risk to people living in the home and we considered these issues as part of record-keeping and governance
- The home held more than the needed stock of medications. We also identified one mismatch of stock that was in the home and what had been recorded. This is not best practice.

We recommend the provider consider current guidance on safe handling and administration of prescribed medication and take action to update their practice accordingly.

- Staff who administered medication received training and had their competencies regularly checked.
- Appropriate measures were in place for controlled medicines and these were regularly audited.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess risk. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had made improvements to the way risk was assessed. However additional improvements were needed.

- Basic risks were identified, assessed and recorded in people's care plans. They included what action staff needed to take to keep people safe. If relevant, risks were assessed and managed in consultation with health professionals.
- However, the risk assessments did not give detailed information on how to support a person with specific behaviours. This was discussed with the registered manager who had updated the persons care plan by the next day of inspection. We identified that there was no risk to people living in the home and we considered these issues as part of record-keeping and governance.

We recommend the provider review their current practice when reviewing risk assessments and update their practice accordingly.

- Each person had a Personal Emergency Evacuation Plan (PEEP) in place. This informed staff of the safest way to evacuate a person from the building in an emergency.
- Regular health and safety checks of the environment were completed. Service agreements and certificates were all in date.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with had no concerns about the service, were aware of safeguarding responsibilities and had confidence in the registered manager to address concerns.
- The registered manager was aware of their responsibilities to protect people from the risk of abuse and had shared any concerns with local safeguarding teams for further investigation.
- Relatives we spoke with all said they felt their loved ones were safe and we observed people were very comfortable in the presence of the staff. We were told "It's very safe here, clean and well maintained." We were also told "Absolutely safe, there's enough staff, numbers have gone up lately."

Staffing and recruitment

- During the inspection we saw that there appeared to be an appropriate number of staff on duty.
- Staff were safely recruited by the service. Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. This helped to ensure that only people who were suitable to work with vulnerable adults were employed by the home.

Preventing and controlling infection

- The environment was visibly clean and there was a clear system in place for the maintenance of cleanliness and hygiene in private and communal spaces.
- The kitchen had recently been awarded a score of 5 by the Food Standards Agency. This is the highest score that can be awarded.
- Staff had completed appropriate training and were aware of the need to control the potential spread of infection.

Learning lessons when things go wrong

- The provider had used the previous inspection report to improve their systems.
- We saw that the management team regularly reviewed information when things did not work well or there were shortfalls in the service. There were systems in place to monitor and review accidents and incidents, medicines and other processes in the home.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were given an induction in accordance with recognised standards for care staff. Staff were also given regular additional training to improve their skills and knowledge. One person said, "Staff are always doing training, so they know what they are doing."
- During our observations although we saw some caring interactions between staff and people living in the home.
- However, we also identified that staff knowledge on how to approach or interact with people living with dementia may need updating. We discussed this with the registered manager who then sourced additional training for the staff by the second day of inspection.

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

- People's needs and choices about their care were clearly reflected in their care plans. Relatives told us that they were involved in people's care. We were told "I'm involved in the care plan reviews and am always contacted if there's a change."
- Policies promoted equality and diversity. People were treated fairly, and characteristics protected by law, such as sexuality and religion were considered.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their personal records. Where needed, people were supported with specific diets associated with their individual needs.
- We spoke to the cook who is responsible for menu planning. People were asked about their likes and dislikes in order to support the information they got from the care staff's admission forms.
- Food was cooked fresh and special dietary requirements were met including diabetic, pureed and soft diets. People told us "We have protected mealtimes, the food looks and smells very good" and "The food is excellent, there's choice and drinks and snacks on the go."
- All catering staff undertake training in caring for people living with dementia.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services when they needed it. People were referred for healthcare assessments promptly if required.
- When other health and social care professionals were involved in people's care, any advice given was incorporated within their plans of care.

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

- Specialist aids and equipment were in place as required to provide essential care and support needed when bathing.
- Brookfield House is a combination of an older building with adaptations and a new extension which is purpose designed. Care had been taken to ensure there were dementia friendly displays along the corridors and in the lounges.
- New lounge and dining areas were being developed to afford a greater level of choice for the people and there was a conservatory which acted as a quiet area.
- However, we identified that improvements needed to be made in some areas for example radiator covers, some carpeting and decoration. The registered manager informed us that they were already in discussion with the provider to improve the environment.

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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- We observed staff obtain consent for people's care and support.
- Where necessary, mental capacity assessments had been completed and the best interest decision making process was followed and documented.

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; Respecting and promoting people's privacy, dignity and independence

- The equality and diversity of people was respected. This included people's preferred sexuality and religion and the staff were fully aware of people's preferences and needs. One relative told us "The staff are courteous, kind and caring."
- During the inspection we observed warm and caring interactions between staff and people using the service. The staff we spoke to were able to discuss in detail the needs and preferences of the people living in the home.
- People and visitors we spoke with felt their privacy was respected at all times.
- We observed staff respect each person's privacy and dignity throughout the inspection.
- We observed that the staff were friendly and interacted positively with people and visitors which created a warm atmosphere in the home. This was supported by comments from people we spoke with and relatives who stated that they felt welcome on visiting and look forward to coming to the home.
- We were told "The staff are very helpful" and "[Relative's] care is wonderful."
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).

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

- We observed staff asking people their wishes during the day and respecting their choices.
- We saw how meetings were held with relatives and if possible with people living in the home where they could put forward their opinions on aspects of the home.
- Care plans held information on the person's level of understanding and how to promote the decision-making process to empower the person to understand information.

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 requires improvement. At this inspection this key question has now improved to good. 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 individual needs had been assessed and care plans developed to meet those needs.
- The registered manager and staff knew the people they supported well, we were able to discuss people's needs in depth with staff.
- Care plans matched relevant risk assessments. This meant that staff now had the correct guidance on how to support an individual appropriately. However, these documents in some cases held basic information. We discussed this with the registered manager who assured us that every care plan was to be reviewed as they were hoping to start using a new electronic system for care plans.

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.

- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs. Examples included if a person needed hearing support of glasses.
- In the corridors of the home the provider had clear pictures of what activities were on offer for the day and week, so people were able to make informed choices about their day.

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

- We saw how people were encouraged to get involved in social activities and have effective relationships with their relatives. The provider employed an activities co-ordinator who was very enthusiastic and actively engaging residents throughout the inspection.
- There were regular themed events and the provider continued to have photographs displayed in corridors showing activities which had taken place reminding people of the activities they had enjoyed. We were told "There's much more activity now."
- Relatives told us how they were always made welcome in the home. One visitor said, "I always get a brew and a biscuit when I visit."

Improving care quality in response to complaints or concerns

- There was a complaints procedure available to people and visitors.

- Visitors told us they knew how to make a complaint should they need to, and we were told that if they had had to raise a concern this had been dealt with appropriately and to the family's satisfaction. One person told us, "I go to the senior if I need to talk about anything" and a relative said "I'd talk to the manager but there's been no need to date."

End of life care and support

- Care plans documented people's wishes surrounding their end of life.
- Staff and management worked collaboratively with other professionals to ensure people were supported according to their wishes.
- We were provided with the providers end of life policy.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to effectively to assess and monitor the quality of the service. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had made improvements to the way quality of the service was monitored. This meant the provider was no longer in breach of regulation.

- The registered manager and provider completed regular safety and quality audits to measure performance and generate improvements. These included managers daily checks that included meal time checks and housekeeper checks.
- When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.
- Policies and procedures were in place, including infection control, data protection and disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.

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

- The registered manager was transparent, very receptive and acted on the feedback given during the inspection.
- The registered managers had shared information with the CQC as required.
- The registered manager and the staff we spoke with were clear with regards of what was expected of them within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Relatives we spoke with felt the registered manager was making good progress and we received positive comments.
- Relatives and staff we spoke with told us how the registered manager was approachable. One relative told us "It's a lovely friendly atmosphere here."

- Staff were supported to express their views and contribute to the development of the service at team meetings.
- Staff and resident surveys were carried out on an annual basis.
- Staff told us they were well supported and listened to. One staff member told us how they had received personal support as well as professional support.
- We observed the person-centred culture of the service in the way the registered manager, and staff spoke about their work and the people they worked with.
- The registered manager and staff worked with external professionals to ensure positive outcomes were achieved for people.