

Czajka Properties Limited

Brookfield Care Home

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

About the service

Brookfield Care Home is a residential care home providing personal care to 37 people aged 65 and over at the time of the inspection. The service can support up to 38 people. Accommodation is all contained within one adapted building.

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

People and relatives provided positive feedback about the home. They said they received a high standard of care from kind and caring staff. Staff we spoke with knew people well and were committed to providing people with compassionate, person-centred care.

People felt safe living in the home. Any safeguarding issues or concerns were taken seriously by the management team and fully investigated.

Risks to people's health and safety were assessed and mitigated. Staff knew people's needs and how to care for them safely.

Medicines were managed safely. People received their medicines when they needed them, and clear records were kept.

Overall there were enough staff to ensure people received a good level of care and support. The registered manager was recruiting additional staff in order to increase staffing levels to take pressure of existing staff. Safe recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people.

Incidents and accidents were logged and analysed, and action taken to learn from incidents. This helped improve the safety of the service.

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 had access to a range of healthcare services. People were referred to relevant professionals when their needs changed.

People praised the food provided by the home. We saw people had sufficient choice and variety and the mealtime experience was positive.

People's care needs were assessed, and a range of appropriate care plans put in place. Whilst these were largely appropriate, additional detail was required in some.

People were able to raise issues or complaints, and these were responded to positively by the management team. People praised the management team and said they were effective and listened to them.

Appropriate governance arrangements were in place. The registered manager had good oversight of the service and regularly audited and checked the service to ensure high standards were maintained.

People had a voice in the home, and their comments and suggestions were used to make improvements to care, food and activities.

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

Rating at last inspection

The last rating for this service was Good (published 17 January 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

Brookfield 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 two 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.

Service and service type

Brookfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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 sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and eight relatives about their experience of the care

provided. We spoke with five care workers, the activities co-ordinator, the chef, the support manager and registered manager. We also spoke with two professionals who visit the service.

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 three 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 asked for some further documentation to be sent to us which was not available on the day of the inspection. We used all this information to inform our judgements.

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 because we were not fully assured that improvements made at the inspection prior to this were sustained. At this inspection this key question has now improved to Good. This is because the provider had been able to demonstrate sustained good practice in this area. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were operated to protect people from the risk of abuse.
- People told us they felt safe in the home and that staff consistently treated them well. One person said, "I know that I am safe here" and another said "I love it here. I feel completely safe and secure." We observed people looked comfortable in the presence of staff and enjoyed interacting with them.
- Following safeguarding concerns, appropriate action had been taken. This included referral to the local adult protection unit, investigating incidents and taking action to prevent a re-occurrence. Safeguarding concerns would benefit from being collated on a safeguarding log to help monitor for themes and trends over a longer period of time.
- Staff had received training in safeguarding vulnerable adults and understood how to identify and act on any allegations. Staff said they felt able to raise any concerns no matter how trivial with management. This gave us assurance that concerns would be identified and dealt with.

Assessing risk, safety monitoring and management

- People told us staff provided appropriate care and support and did this safely, for example when assisting people to mobilise.
- Risks to people's health and safety were assessed and guidance was in place for staff to follow. Whilst these varied in the level of detail recorded, staff were knowledgeable about the people they were supporting, giving us assurance that safe plans of care were adhered to.
- People and/or relatives were involved in discussions about risk management. People were supported to take positive risks for example in accessing the community.
- Safety checks took place on the equipment and premises such as the gas, electrical and fire systems to help ensure the building was safe. The premises were well maintained and suitable for its intended purpose. Maintenance staff were employed to ensure the home and its gardens were kept in good condition.

Staffing and recruitment

- Overall, we concluded there were sufficient suitably qualified staff to ensure people received appropriate care and support. People said that call bells were answered promptly, and we saw this was usually the case both on the day of the inspection and through a review of call bell response times. One person said "There are always plenty of staff and they are always really caring. If I use my buzzer they are here straight away."
- Staff said they were always very busy and some expressed concern that they needed an extra staff member on shift at times. The registered manager was aware of this and an extra staff member had been authorised to work each day, although at the time of the inspection this was not consistently in place. We were assured

that this would be fully in place once newly recruited staff had completed their induction period.

- People told us the staff who supported them were suitable to be caring for vulnerable people with the right attitudes and personalities.
- Safe recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people. This included checks on staff's backgrounds and previous employment.

Using medicines safely

- Medicines were managed safely by the service. Medicines were stored securely, and the medicine management system was well organised.
- Staff received training in medicines management and had their competency to give medicines regularly assessed.
- Medicine administration records (MAR) were in place which demonstrated that people had received their medicines as prescribed. People received their medicines at the times they needed them. Stock checks were regularly taken to ensure all medicines could be accounted for.
- Checks were undertaken on the medicines system to ensure it continued to be managed safely. Following the identification of any errors, action was taken to reduce the risk of a re-occurrence.
- The application of topical medicines such as creams was done on the provider's electronic care management system. The way information was collated on the system meant it was difficult to quickly review when creams had been applied. We spoke with the registered manager who had plans to re-introduce paper records whilst they reviewed how the electronic care management system operated.

Preventing and controlling infection

- The building was kept in a clean and hygienic state. Staff had access to, and utilised gloves and aprons appropriately to prevent the risk of cross infection. Hand sanitiser dispensers were located throughout the building. Staff had received training in infection control and this was a regular agenda item at staff meetings.
- Infection control and hand hygiene audits were completed by the support manager. We saw the service scored highly in these checks and any actions generated as a result of the checks were completed to further improve the safety of the service. The service had achieved five stars for food hygiene which is the highest rating possible.

Learning lessons when things go wrong

- An incident management system was in place. All incidents were logged, investigated and actions taken to prevent a reoccurrence. Monthly analysis took place of incidents to look for any themes and trends.
- Actions were taken when things went wrong to help continuous improvement of the service. For example, following medicine errors and injuries to people.

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., good. 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

- People told us they received effective and appropriate care which met their individual needs and requirements. One person said, "I have only been here two months and feel much better." Another person said, "The staff are very good and know what my needs are."
- People's needs were comprehensively assessed prior to admission. On admission a range of care and support plans were put in place to ensure people received care that met their needs and preferences.
- Recognised screening tools were used for example for nutrition and pressure area care, to ensure the service worked to required standards. External expertise was sought where required to ensure standards were maintained and legislation complied with.

Staff support: induction, training, skills and experience

- People praised the staff who supported them. One person said, "I am dependant on their care and they know what they are doing."
- Staff received appropriate training relevant to their role. The service had extensive training resources including a dedicated training centre. New staff received a comprehensive induction to the service. Staff told us the service induction and ongoing training was good and had equipped them with the required skills to provide safe and effective care and support.
- Existing staff received regular training updates. Training records showed training was kept up to date. Staff were supported to attend additional courses and achieve further qualifications.
- Staff received supervision and appraisal and said they felt well supported by the management team.

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

- People praised the food provided by the home. One person said, "The food is excellent with plenty of variety, always freshly cooked. I choose from a list each day and I eat in my room."
- People had a range of choices at each mealtime and menu's showed good variability from day to day. We sampled some of the food and found it to be tasty and appetising. The mealtime experience was pleasant and inclusive with staff providing people with support when required.
- People's nutritional needs were assessed, and clear plans of care put in place for staff to follow. People's weights were regularly monitored. Where people were losing weight, appropriate action was taken including monitoring food input, fortifying food and/or referral to the GP.

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

- People's healthcare needs were assessed by the service and their health was monitored by staff on a daily basis. Any changes in their health were communicated through staff handover.
- Systems were in place to ensure any changes in people's health were reported to other professionals such as district nurses and general practitioners.
- We spoke with two professionals and reviewed feedback from two others who worked with the service. They praised the responsiveness of staff and said they were contacted appropriately and in a timely way. Care records recorded the advice of any professionals to help ensure staff provided the required care.
- Information was available in a concise format to transfer with people to hospital should they be admitted. This would ensure hospital staff had information about people's care needs.

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

- The service was appropriately adapted to meet people's individual needs. People had the option of spending time in their rooms, or in various communal spaces throughout the building.
- People were consulted and involved in changes made to the environment for example in the decoration of the home. One person told us how staff had chopped down some trees to allow more light into their bedroom, which they had greatly appreciated. The building was well decorated and pleasant throughout.
- The service had pleasant and well-maintained grounds where people could spend time. Raised flower beds had been installed to assist people to participate with gardening and we saw these were used to good effect.

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.

- Appropriate DoLS referrals had been made for those who lacked capacity and the service suspected were being deprived of their liberty. At the time of the inspection three DoLS authorisations were in place. One of these had conditions attached which we saw were being complied with.
- Where people lacked capacity, we saw evidence best interest processes had been followed to ensure decisions such as the use of covert medicines and other restrictive practices were only done as a last resort and in people's best interests. This helped protect their rights.
- The management team and staff had an appropriate knowledge of DoLS and the MCA which gave us assurance the correct procedures would continue to be followed. Guidance and training had been provided to staff to ensure they worked within the correct legal frameworks.

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 now remained the same, good. 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 and relatives consistently said staff were kind and compassionate and treated them well. One person said, "The staff are very, very good and treat me with respect. I cannot fault the care and compassion." A relative said, "Brilliant staff, go out of their way to help [relative], compassionate and nothing is too much trouble."
- People said staff were thoughtful and treated them as individuals. For example, one person enjoyed painting but could no longer paint. They told us staff had supported them to hang paintings on their wall, so they could be reminded of their hobby.
- People appeared comfortable and relaxed in the presence of staff, enjoying jokes and conversation. People looked well dressed and groomed, indicating they were receiving appropriate personal care.
- Information on people's past lives was recorded to assist staff to better understand them. Staff and the management team demonstrated a good understanding of the people they were supporting.
- Through talking to people, staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People's views and preferences were considered on admission when making decisions about their care; for example, if they preferred a male or female staff member.
- People's said they felt consulted about their care and support arrangements on an ongoing basis. One person said, "I feel I am consulted when any decisions are being made which affect me." People received formal reviews of their care where their views were sought and acted on.

Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with dignity and respect. A relative said. "I know the staff here are not her family, but they treat her as such". This was confirmed by our observations of care and support, where staff consistently interacted positively with people.
- Staff were able to provide examples of how they treated people with dignity and respect, such as closing doors and curtains when providing personal care.
- People's independence was encouraged, such as encouraging people to go out into the community and do as much as possible for themselves during personal care.

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, 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 said they received appropriate and personalised care that met their individual needs. A relative said, "[relative's] care is spot on, excellent." Another person said, "I am getting the best care possible. I get involved with coming up with ideas for activities and trips. These are always well received by the staff and implemented where possible."
- People's needs were assessed prior to admission to ensure the service could offer the support they needed. Most care records were completed electronically and contained good information about the person, their care and support needs and how staff should support them. However, some care plans needed more details to guide staff. For example, although oral health screening was undertaken there was a lack of practical guidance for staff to follow in this area. We raised this with the registered manager and were assured it would be addressed.
- People's likes and preferences were incorporated into their plans of care. We saw people received person centred care and were involved in making decisions relating to their care both informally and through more formal review.

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's communication needs were assessed, and staff were able to give examples of how they used non-verbal communication methods to interpret a person's care and support needs. Staff had access to picture cards to use where required.
- Information could be made available in different formats if required. We saw some information was provided in large print and pictorial format to assist people, such as menus.

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

- People had access to a good range of activities and opportunities according to people's choices, including crafts, musical events and weekly visits by a 'pat' dog. Exotic animals had also recently visited the home which had been well received by people. On the day of our inspection we saw people enjoyed a range of activities including crafts, whilst enjoying a drink of their choice, such as white wine.
- People praised the social opportunities and activities in the home. One person said, "They have provided me with a special box where I can grow my own plants and see it from my window. They encourage me to

potter about in the garden and have designated a small flower bed for me to tend."

- An activities co-ordinator was in place who worked part time. The registered manager told us they had requested more activity hours to facilitate a larger range of activities, such as day trips which we agreed would be beneficial to people.
- People were encouraged to utilise the facilities provided by the provider's 'club house', located within the grounds and shared with the provider's neighbouring service, as a means of developing interests outside the home. Other people were encouraged to access the community independently or take part in outings organised by the service, such as to local pubs for meals.
- We saw people's key workers worked with people to discuss particular wishes and these were hung on a 'wishes tree' in the lobby area. The registered manager gave us examples of how people's wishes were being realised as a result of this initiative.
- Monthly religious services took place within the home.

Improving care quality in response to complaints or concerns

- People said they were satisfied with the care but if they had any minor issues the management team were approachable and dealt with them positively.
- A complaints policy was in place which was available in large print within the service user guide in each person's bedroom.
- We reviewed complaint records. Any complaints had been fully investigated and resolved to the complainant's satisfaction. Compliments were also kept on file, so the service knew where it exceeded expectations.

End of life care and support

- The service was accredited with the Gold Standards Framework (GSF) meaning it had been assessed as providing a high standard of end of life care. End of life champions were in place who had been provided with training and support to maintain these standards. We saw reflective practice took place following any deaths to aid continuous improvement.
- A relative told us they had received compassionate and appropriate support from the home. We saw end of life in practice was kind and compassionate, with staff sitting with people during their final hours to provide comfort, companionship and support. Relatives were also able to stay with their relatives in their final hours and staff made them comfortable and feel welcome.
- Some people had advanced care plans in place, detailing their future wishes. However, other people's end of life care plans were generic and needed to be more person-centred. We spoke with the registered manager about the need to further explore people's preferences and choices in relation to end of life care, well in advance.

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, good. 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; 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

- A registered manager was in place who provided leadership and support and had good oversight of the service. Everyone we spoke with praised the management team and the provider at Brookfield and said they were approachable and listened to any concerns
- The service had clear values around compassion, adaptability, respect, excellence and safety which were fully embedded and worked to by staff.
- Staff told us morale was good, they felt supported in their role and would recommend Brookfield as a place to work or receive care. Staff comments included, "I feel supported, I know I can go to any of the seniors or [name of registered manager] and it doesn't seem like an issue" and "It's a lovely place to work. Just the atmosphere. It's very supportive. The staff, it runs smoothly; the activities that go on, the residents go out."
- People, relatives and staff were able to nominate staff for a monthly award recognising excellent contribution. This involved people in staff performance review and helped raise staff morale.
- The management team were open with us and committed to service improvement. Following any incidents or adverse events people and their relatives were kept informed showing a transparent service.

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

- Clear lines of responsibility were in place, although staff praised the senior team and management team for working 'on the floor' when the need arose. Daily tasks were allocated during handover meetings, which meant people's care and support was provided appropriately.
- The registered manager and supporting staff undertook a range of audits and checks on the service to monitor the performance. Senior management were briefed monthly through a report on how the service was performing.
- The service enlisted external specialists for example in health and safety and fire to assist with risk management. This ensured the required expertise was available to help ensure the service worked smoothly.

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

- The provider or a member of the senior management team attended regular service user meetings where

their opinions and ideas for improvements were sought and acted on. For example, people had requested fresh fruit as snacks and we saw this was now provided.

- A 'you said, we did' board was displayed in the foyer of the service, showing actions taken as a result of suggestions made by people and from the annual service questionnaire.
- People were encouraged to make suggestions or comments for service improvements in a 'suggestion' folder in the foyer, which some people had made use of.
- Regular staff meetings at all levels took place to inform staff of any updates, discuss issues, concerns and promote best practice.

Continuous learning and improving care

- The registered manager attended regular manager meetings with the provider to discuss ideas about improving the service experience for the people who lived at the home.
- The findings of audits and checks was used to improve the service. Action plans generated as a result of these audits were signed off to show continuous improvement.
- The service worked towards and achieved accreditation in a number of areas to help drive up the quality of the service. For example, it had achieved Gold Standards Framework (GSF) accreditation and an Investors in People award.

Working in partnership with others

- The service worked in partnership with other agencies such as SALT and the district nursing team to achieve best practice and optimum care for people living at Brookfield.
- The provider maintained strong links with local organisations and care support groups to network with other care providers and share best practice.