

Mrs K V Cosens

Brook House Residential Home

Inspection report

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Tel: 01691654167

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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

The inspection was carried out on 17 March 2016 and was unannounced.

Brook House Residential Home is registered to provide accommodation with personal care for up to a maximum of 32 older people. There were 28 people living at the home on the day of our inspection.

There was a registered manager in post who was present during the inspection. 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 felt safe living at the home as there were enough staff to meet their needs. Staff had received training on how to keep people safe, they knew how to identify signs of abuse and who to report concerns to. Staff had access to detailed care plans and risk assessments and were aware of how to protect people from harm. Risks were managed appropriately whilst promoting people's choice and independence.

Staff knew how to deal with accidents or incidents and these were overseen by the registered manager who took appropriate action to reduce the risk of reoccurrence. Checks were completed to ensure new staff were suitable to work with people living at the home before they started work there.

People received their medicines safely and accurate records were maintained. People were supported to see health care professionals as required. Staff followed guidance provided by health professionals to promote people's health and wellbeing.

People received support from staff who had received training to meet their individual needs. Staff were knowledgeable and highly motivated to deliver good quality care.

Staff sought people's consent before supporting them and respected their choice. Where people were unable to make decisions for themselves best interest meetings were held to ensure their rights were protected.

People enjoyed the food and had a choice of what they wanted to eat and drink. People's nutritional needs were assessed and monitored. Where required people were supported to eat and drink.

People were actively encouraged to make choices about how their care and treatment was provided. Care plans were tailored to people's individual needs and kept under regular review.

People were treated with kindness and respect. Staff had developed positive relationships with people and their relatives. Staff promoted people's dignity and supported them to remain as independent as possible.

People were able to spend their time as they wished. There was a range of activities and outings that people could choose to partake in. Staff knew people well and responded promptly to any changes in their needs.

There was a warm and friendly atmosphere at the home. People and staff found the registered manager approachable and easy to talk to. Staff were positive about their caring role and felt valued.

The provider encouraged feedback from people and their relatives and completed a range of checks to monitor the quality of the service. They used the information gathered to drive improvements in the service.

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.

People were supported by staff who were able to recognise signs of abuse and knew who to report concerns to. Risks to people were identified and plans were put into place to minimise harm to people and staff. There were enough staff to meet people's individual needs. The provider ensured staff were suitable to work at the home before they started work there. People received their medicines safely and accurate records were maintained.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to fulfil their role and who were highly motivated. Staff sought people's consent before supporting them. People had a choice of what to eat and drink and enjoyed the food. People were supported to see health care professionals as and when required.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion. People were involved in decisions about their care and support. Staff had formed effective working relationships with people and their relatives. People's dignity and privacy was respected and they were supported to remain as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care that was tailored to their needs and preferences. People were able to choose how they spent their time and had access to a range of activities which they could choose to participate in. People were encouraged to give their opinion on the quality of

the service and felt confident to raise complaints should the need arise.

Is the service well-led?

Good ●

The service was well led.

The atmosphere at the home was warm and welcoming. People and staff found that the registered manager was easy to talk and listened to them. Staff were motivated and supported to provide good quality care to enhance people's lives. The registered manager completed various checks to monitor the quality of the service and made improvements where required.

Brook House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 March 2016 and was unannounced. The inspection was conducted by one inspector.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with nine people who used the service and one relative. We spoke with five staff which included the registered manager, the provider and three care staff. We also spoke with two visiting health care professionals. We viewed two records which related to assessment of needs and risk. We also viewed other records which related to management of the service such as medicine records, accidents reports and recruitment records. We spent time observing how staff supported people and how they interacted with them.

Is the service safe?

Our findings

People felt safe living at the home as staff were always available to assist them when needed. One person said, "Staff come in and check on me which makes me feel safe." Another person told us they could not walk far and staff used a wheelchair to take them longer distances which made them feel safe. A relative we spoke with praised the efforts of the staff and were confident that they kept their family member safe and that they were well cared for at the home.

Staff had received training on how to keep people safe and were able to recognise the different forms of abuse. Staff knew how and who to report concerns to should they become aware of any abuse or poor practice. The registered manager was aware of their responsibility to report any concerns to the local authority. Staff told us that the provider completed checks to ensure they were safe to work with people living at the home before they started to work there. Records we looked at confirmed that the necessary checks had been completed.

Staff had access to detailed care plans and risk assessments and were aware of the risks associated with people's physical and emotional needs. For example, where a person's health had deteriorated staff monitored their skin care. They turned them at regular intervals to prevent pressure areas developing. Records we looked at confirmed this. Staff told us they shared information about any changes in people's needs to ensure that people were supported safely. Staff were clear about the action they needed to take in the event of an accident or incident and subsequently completed the relevant reports. The registered manager showed us that they reviewed the completed forms and collated an overview to establish if there were any patterns or contributory factors. For example, one person had experienced a number of falls and was referred to the doctor for a review of their health needs.

The registered manager told us they completed monthly health and safety checks on the premises and reported any faults to the maintenance worker or relevant trade professional. One person told us the registered manager was quick to respond to any faults they reported they said, "I go down to the office and they sort it out for me." We saw that regular fire safety checks were completed and that there were personal plans in place for people should they need to be evacuated in the event of a fire or any other emergency.

People felt that there were enough staff to meet their needs. People said that staff ensured their calls bells were in easy reach should they need to call for help and that staff were quick to respond. One person told us, "They [staff] work it so that they have got time to spend with us." Another person said, "I feel very safe, staff always come when I call them." Staff we spoke with told us there were enough staff to enable them to support people in a timely manner. They never had to use agency cover as staff would cover for each other. We observed that there were sufficient staff on duty, call bells were answered quickly and people were not left waiting for staff to support them. The registered manager told us they monitored staffing levels and increased staff as and when required. For example they had liaised with their health colleagues to secure additional resource for people who required end of life care.

People received their medicine when they needed it. One person said, "They [staff] bring it and sort it out for

you." We saw that staff supported people to take their medicine safely. Only staff who had received training on safe handling of medicine administered medicine. Medicines were secured safely and accurate records were maintained

Is the service effective?

Our findings

People were complimentary about staff knowledge and the support they provided. One person told us, "I'm extremely well looked after." Another person felt staff were skilled and consistent in their approach they said, "They [staff] are not just good one day but every day. To me they're perfect, I love them all."

Staff we spoke with told us they found the registered manager very supportive and could approach them at any time for support or guidance. They received supervision and an annual appraisal where they could discuss their role and any training they required. One staff member found supervision meetings provided clarification of what was expected of each other and what could be improved upon. Staff talked about the benefits of the training they had received. They found the updates on manual handling very useful as they learnt about different equipment and different ways of moving people safely. One staff member found that the dementia training they had completed gave them a greater understanding of the person's experience of dementia and how best to support them. The registered manager showed us the systems they had in place for monitoring staff training and development needs. They offered a range of training opportunities to develop staff knowledge and skills. New staff received a structured induction where they completed essential training to enable them to keep people safe. They worked alongside more experienced staff until they were confident and competent to work alone. Where new staff did not have previous experience of working in care they completed the care certificate. The care certificate provides staff with knowledge and experience of the required standards in care.

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. Staff had a general understanding of the principles of MCA. They told us they took time to explain options to people so that they could make decisions for themselves. If people declined support they would try to establish why they were reluctant and provide reassurance. If the person continued to decline they said they would respect their decision and return later. The registered manager explained that if people lacked the capacity to make decisions for themselves they would liaise with the person, their relatives and any relevant professionals to complete a best interest meeting. We were shown an example where a best interest meeting had been held with a person in relation to them remaining to live at the home.

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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager told us that no DoL applications had been made but they would consult with the local authority should the need arise.

People were happy with the choice and quality of the food provided. One person said, "The food is very good, excellent in fact." Another person told us, "I look forward to my breakfast lunch and tea, I get drinks

throughout the day lemonade or a cup of tea whatever I wish." People had the choice of three different options but could also ask for an alternative if they not like what was on offer. Staff told us they were aware of people's dietary needs, their likes and dislikes. We saw people's preferences were recorded so that both care and kitchen staff were aware. Where there were concerns about people's health we were told and shown charts that had been put in place to monitor that they were drinking and eating enough. We observed that lunch was a social event with people chatting and laughing together. People had the choice of eating in the dining rooms, lounge or their bedrooms. Where required staff supported people to eat and drink.

People were supported to see health care professionals as required. For example, one person told us they were having problems with their medicine and a staff member went to the doctors with them. We spoke with two health care professionals during our visit. Both felt that staff sought their support at the appropriate time and followed any instructions given. One health care professional told us they completed action plans for people which staff followed. This included supporting people to complete exercises to aid their rehabilitation. Staff told us people had the option of attending health care appointments with their support or they would arrange for home visits to be completed. Records we looked at showed communications with relevant health professionals and how outcomes of health appointments were shared with staff.

Is the service caring?

Our findings

People felt staff were caring and considerate. One person said, "Staff couldn't be kinder" they went on to say, "They [staff] are all very pleasant". Another person told us, "They [staff] are very, very nice." A relative we spoke with described staff as, "Absolutely brilliant, they are so approachable- I can't praise them enough." A healthcare professional told us the people they visited were always happy.

People, their relatives and visiting health care professionals felt there was a warm and friendly atmosphere at the home. One person said, "I feel at home which is a good thing." Another said, "They [staff] make me laugh and are very kind." A visiting health care professional felt that staff had a really good rapport with people living there. Staff had built up positive relationship with people, we saw them chatting with each other, there were lots of smiles and laughter. We saw one person happily singing and staff complimenting them on their lovely voice. Staff offered people choices and were patient and calm in their approach. Staff were proud of the work they did and spoke fondly of people they cared for. One staff member told us they liked the people and found it interesting getting to know them and about their past. Another staff member told us they loved working with the people there and said, "They can tell you lovely stories about their lives."

People were involved in making choices about their care. One person said, "I can get up and go to bed when I choose." Another person said "They [staff] ask and explain things to me." This was confirmed by a health care professional who found that staff always showed respect to people and ensured that questions were directed to the person. This allowed them to make decisions about their care and treatment. Staff told us it was important to get to know people and how they liked things done. They told us they would use people's preferred method of communication to allow them to make choices. Where people had hearing problems staff would either write things down or ensure they faced the person so that they could lip read. Where people had difficulty choosing what they wanted to wear they would show them different options to establish their preferences.

Some people told us they had made friends with other people living in the home. One person said the staff regularly took them up in the lift to visit a friend who remained in their bedroom. Some people had a telephone in their bedroom which allowed them to keep in touch with friends and relatives. During our visit we saw that there were a number of visitors throughout the day. A relative we spoke with told us that staff kept them up to date with any changes in their family member's needs.

Staff treated people with dignity and respect. One person told us they were very happy with the way their care was provided. Another person told us they were able to do a lot for themselves and staff respected this. They said they could call for help when they needed it and staff would attend. Staff we spoke with were mindful of preserving people's dignity and independence. They told us they encouraged people to do as much as possible for themselves. For example they provided adapted cutlery and crockery to allow people to feed themselves. Staff ensured doors and curtains were shut when providing personal care. Throughout our visit we observed that staff supported people in a discreet and respectful manner. One visiting health care professionals told us that they found that staff maintained people's dignity at all times.

Is the service responsive?

Our findings

People and their relatives felt that staff listened to them and were respectful of their wishes and preferences. One person told us, "They [staff] never order me about, they do things at my pace." Another person found staff were very helpful and would offer support where needed, they said, "There is nowhere like it." They went on to tell us how much they liked living at the home.

People told us that staff talked to them about how they wanted their care and support provided. One person told us they preferred to be bathed by female staff and this was respected. Another person told us staff knew them and their routines well. The registered manager assessed people's needs prior to them moving into the home to establish their needs and expectations. Once people had moved in they spent time getting to know them and updating their care plans to reflect their needs and wishes. We saw that care plans were developed with the person and that people were at the centre of decisions about their care and treatment. Staff told us they referred to people's care records to find out about their needs and preferences. They were able to tell us about people's different needs and how they liked to be supported.

People told us they were able to spend their time as they wished. Whilst some people enjoyed the singers and entertainers that visited the home others chose to spend time in their rooms. One person told us, "I'm quite happy to do nothing, I like to watch TV." Another person said, "There is always some form of entertainment two to three times per week." The provider had a mini bus and people told us they enjoyed trips out to local events such as tea dances held in the nearby village. The day before our inspection some people had been out to a coffee morning in the local village. Staff and management told us they were committed to promoting people's quality of life. They arranged and facilitated a range of activities which people could choose to take part in. People told us that one night staff member came in and sang with them. Another staff member gave their own time to play games with people which they enjoyed. Staff told us they also sat and talked with people. They found knowing people's background enabled them to have discussions about their past and allowed people to reminisce about things that were important to them. Staff were able to demonstrate that they knew people well. For example one staff member told us, "We know which people like entertainment and which do not – one person likes to listen from their room." The registered manager told us they were keen for people to keep in touch with the local community. As well as providing opportunities for people to attend local events they had visits from different religious members to allow people to follow their faith. If people preferred to visit places of worship this would be arranged.

Staff were responsive to people's changing needs. One relative told us their family member had recently fallen ill and that staff were prompt to arrange a doctor's visit. A health care professional was impressed by the 'end of life' care provided by staff, they said it was 'second to none'. They went on to say they would not hesitate considering this home should one of their relatives require a care home in the future. Staff told us they monitored people's health and any changes were discussed during handovers to ensure people received appropriate support. We observed that staff were responsive and offered assistance where needed. For example, one staff member noticed a person had not drunk their tea. They offered the person an alternative drink and proceeded to encourage and support them to drink a glass of fruit juice.

People told us they felt comfortable and able to raise any concerns should the need arise. One person said, "I'm well known for speaking my mind, I would tell staff or the manager if I was unhappy about anything." Another person told us, "If I had any worries, I would just tell them [staff]." The provider had systems in place for dealing with complaints. The provider showed us that they had received one complaint in the last year. This was in relation to environmental changes for one person and they had spoken to the relative in response to the concerns they had raised. We saw that there was a compliments and comments book in the reception area and that the registered manager responded appropriately to any concerns that were raised.

Is the service well-led?

Our findings

The registered manager told us the aim of the service was to ensure that people received the best quality care they could give them and that they were happy. They believed that this vision was shared by their staff. They told us when they recruited new staff they looked for staff who demonstrated kindness and compassion to maintain the values of the home. Staff we spoke with were highly motivated to provide good care. One staff member told us they did the best for people living at the home, "They [people] always come first." Another staff member said, "They [people] are paramount." They went onto to tell us there was positive caring culture at the home with a good blend of staff to meet the diverse needs of people living there.

People told us that the registered manager and staff were very approachable. One person said, "They [registered manager] regularly calls in to see me." Another person told us they found staff and management very helpful. A health care professional we spoke with found communication with staff and management was very good. They said the home benefitted from a low turnover of staff who were happy in their jobs which they felt contributed to the happy environment experienced there. Another health care professional said, "[Registered manager] is brilliant." They went onto to say that staff were very helpful and would escort them to see people 'at the drop of a hat'.

There was a clear management structure in place and staff were clear about their roles and responsibilities. The senior on duty allocated daily tasks to ensure that people received consistent support and the environment was kept clean and safe. Staff told us they felt well supported and could approach the registered manager at any time. They said they were always available should they need to contact them at nights or weekends. One staff member said, "They [registered manager] always phones at the weekend to check everything is ok. The registered manager felt it was important that they were there for the people and staff. They confirmed that they were happy for staff to contact them at home should they require any guidance or support. They regularly worked alongside staff and were able to offer support as well as monitoring their training and development needs. The registered manager told us they could approach the provider for support and resources as and when required. For example an infection control audit completed the day before our visit recommended that a new medicine trolley was required. The provider had agreed the purchase and the medicine trolley had been ordered. The provider told us they were keen to maintain the environment and would continue to make improvements for the comfort of the people living there.

There were systems in place to monitor the quality of the service. The registered manager told us that information was gathered from monthly health and safety checks, observations, discussions with people, relatives and staff. They also sought views of people living at the home through an annual questionnaire. We saw that any concerns raised were responded to in an appropriate manner. The registered manager told us they used the findings of the various checks and questionnaires to develop the service. For example staff had requested laundry baskets for each person living at the home and this had been arranged and improved the effectiveness of the laundry. The registered manager acknowledged that staff knew how best to care for people and listened to them when they suggested changes for people. These included repositioning of furniture or moving people into bigger bedrooms to allow them to remain in the home and to enable staff to

support them safely.