

St Helens Council

# Brookfield Support Centre

## 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

Brookfield Support Centre is a modern purpose built, ground floor building designed to meet the needs of older people by providing intermediate care services. Intermediate care is for people who are ready to be discharged from hospital but may not be fit enough to go home straight away, or for those who may have difficulties managing at home due to illness or reduced mobility. They may require a further period of recovery and/or rehabilitation.

The service is owned and managed by St. Helens Local Authority and has recently had a substantial refurbishment. The service is registered to provide care to 39 people, at the time of inspection 22 people were receiving support.

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

At this inspection we found the service Good.

The service has a registered manager who was supported by five assistant managers and the provider. 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.

Medications were safely managed. People who lived in the home and relatives we spoke with all gave positive feedback about the home and the staff who worked in it. The service had a relaxed feel and people could move freely around the service as they chose. People were able to have control over their lives and participate in activities they enjoyed. People were supported to retain and regain their independence.

Staff worked together with nurses, social workers, physiotherapists and occupational therapists to ensure the support being delivered was person centred and this was evidenced in the success of people being supported back into the community. However, information in care plans did not always reflect the care being delivered. This was brought to the managers attention who immediately actioned it. We saw the service had responded promptly when people had experienced health problems.

The registered manager and provider used different methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. The staff team were consistent and the providers were also involved in the running of the service.

Staff were recruited safely, received a robust induction and suitable training to do their job role effectively.

All staff had been supervised in their role.

The home had carried out various checks to ensure the environment was safe and infection control processes were in place. As the service had recently undergone a refurbishment the building was in need of an up to date fire risk assessment, the registered manager was able to show actions following inspection to ensure this was to take place.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

As Brookfield Support Centre is specifically to provide intermediate care, this meant that no end of life care would be delivered. However, processes were put in place following this unexpectedly occurring and lessons learnt to support people who might need this service in the future.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Brookfield Support Centre

## **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 comprehensive inspection was carried out 04 December 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

We looked at all of the information that Care Quality Commission had received about and from, the service since the last inspection. This included notifications about issues that had happened in the service.

The registered manager had completed a provider information return. A provider information return is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

During the inspection we spoke with the registered manager, the provider representative, one nurse, one social worker, one assistant manager and two care staff. We also spoke with seven people currently using the service and one relative. We were able to observe care being delivered and staff interactions in communal areas.

We spent time looking at records, including four people's care records, six staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

# Is the service safe?

## Our findings

We observed the care and support being delivered in the home and spoke to seven people currently using the services. We asked if they felt they were safe and each person said yes. Comments included "Definitely" and "Very much so." The registered manager maintained clear records and the required notifications had been sent to CQC. We asked staff members if they knew safeguarding processes and asked if they felt confident to report any type of potential abuse. Staff we spoke with were knowledgeable and told us they were confident identifying and reporting any safeguarding concerns.

Medications were managed safely in the home, staff had to undertake a training programme before they were able to administer medication. People we spoke with told us that there had been no problems with their medications. We saw appropriate risk assessments for those who preferred to self-medicate during their stay and good monitoring processes. One person told us how they had agreed to be monitored for 72 hours whilst self-medicating and they felt well supported to retain their independence.

The registered manager and provider had identified that they wanted to continue to improve and so had asked the 'medicines management team' to visit and audit the service.

We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas, electric and small portable appliances had been tested and maintained. Personal Emergency Evacuation Plans (PEEPS) had been completed for all of the people who stayed at the home and were readily available in case they were required in the event of an emergency. The registered manager had not had a fire risk assessment carried out due to the extensive refurbishment. Evidence that the registered manager was getting a fire risk assessment carried out was provided following the inspection.

We looked at a variety of risk assessments and saw that risks were identified and monitored including moving and handling, pressure area care and nutrition. We looked at the records for accidents and incidents and we saw that appropriate action had been taken following each event. This meant people were monitored and health issues were identified and acted on in a timely manner.

We looked at staff personnel files and all of the files we looked at included evidence of a formal, fully completed application process and checks in relation to criminal convictions and previous employment. There was a disciplinary policy in place if needed.

There appeared to be enough staff on duty on the day of the inspection and we saw records to show that this had been consistent. We saw the registered manager and provider was fully aware of the staff needed to safely provide care and support for the people who were admitted into the home for their rehabilitation. The registered manager was also in the process of recruitment.

We saw that staff had received infection control training and the home employed domestic staff. We observed that the home was clean with no offensive odours. The kitchen had been inspected in 2018 by the Food Hygiene Standards Agency and had achieved the highest possible score of '5'.

# Is the service effective?

## Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager continued to work within the principles of the MCA. Each person we spoke with said that consent was asked for about the care people received and this was observed during the inspection. One person told us "Oh yes they ask me and listen to me." We looked at five care files and consent had been signed by the people prior to receiving any support.

A variety of nutritious food and drink was provided in line with people's preferences and dietary needs. Each care file contained a nutritional risk assessment and care plan that had been completed and people's weights were also monitored.

Records showed that people had been supported to see health care professionals when needed and that staff had supported people to follow any health care advice they had been given. We asked people their opinions of the food and each person we spoke with said that they enjoyed it. Comments included "Delicious" and "There's so much of it."

Staff had regular supervision meetings and a planned annual appraisal. Supervision meetings provide staff with the opportunity to discuss with their line manager their personal development and training needs. We looked at six staff files that showed each staff member had attended and successfully completed the provider's induction schedule and the Care Certificate if appropriate, within the first twelve weeks of employment. Staff told us that they could approach the manager for additional training if they felt it was needed.

We observed a daily meeting between social workers, nurses, and the staff of Brookfield Support Centre where each person's support and needs were discussed with actions agreed to enable people to regain independence and return to their homes. This highlighted people who were ready to be discharged home following both health and social care input.

Brookfield Support Centre had recently undergone significant refurbishment. A new unit to be known as 'Maple' had additional bedrooms that were fully en-suite with spacious shower rooms. The registered manager was waiting for the signage for doors, for example bathrooms to be provided however they had attached printed signs in the meantime.

The older part of the building was spacious and had two units named Acorn 1 and Acorn 2 and these each had their own lounge and kitchen area that was fully accessible for people staying there.

The home also had a treatment room and an activity room that had steps, a sink, and walking bars in place to aid with the assessments of people's abilities prior to them going home. The assessments were carried out by occupational therapists and physiotherapists.

# Is the service caring?

## Our findings

All of the people we spoke with told us that the staff were caring in their approach. Comments included, "They are wonderful", "There's always someone to help", "They're all extremely caring" and "They're always very kind, they always listen."

We observed that people made choices and decisions about their lives and staff respected these decisions, for example, people were able to choose what to wear, what food and drink they wanted, and if they wanted company or not. We also saw that care was planned with people and goals were discussed and documented.

We observed staff interacting with people who lived in the home and it was obvious that staff knew them well and how it best to support them. Staff were very observant of people's behaviour and we saw that they were able to respond to people accordingly.

We asked people if their independence was encouraged and promoted and each person said yes. People told us what their goals were and how staff encouraged them daily and within their therapy sessions. One person told us "They seem to know what I need" and another person commented "We all do therapy in one form or another, that's what we need."

Confidential information was kept secure so that people's right to confidentiality was protected. People's dignity was also respected, we observed this as we walked around the home and saw staff knock on doors and close doors when people needed support with personal care.

We saw that the home had a 'Service User Guide' that was available for people to read and this contained information that included facilities, services and staff. It also explained what 'intermediate care' was and the proposed outcomes for people. Each bedroom had this information in when the person was admitted to the centre.

The information was also available in alternative languages/ formats on request, including braille, large print or another language. This complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

## Is the service responsive?

### Our findings

When a person was coming into the centre for the first time we saw how the team identified their specific needs and implemented a person-centred plan of support with the agreement of the people using the service and their families if appropriate. The centre aimed to assess the persons needs within the first 72 hours of them being admitted in to the centre. A therapy programme was then devised with the persons input with their goals clearly outlined. We saw that some care plans had not been completed fully. However, we saw that the care and the outcomes for people were maintained as the team within Brookfield Support Centre worked closely together and good communication was evident between the teams. We discussed this with the registered manager who assured us that this would be actioned immediately.

Each person we spoke to had no concerns about the service and we were told by people that they fully believed that if they did have a complaint the it would be dealt with appropriately. Comments included "Oh they're very good, I've no complaints" and "They're here to help us." The centre had a complaints policy that was available for people to access, this was up-to-date and had been reviewed. We saw that any complaints received by the registered manager were recorded and responded to. Information about complaints was stored securely and we also saw logged responses to complaints.

We saw that Brookfield Support Centre had a programme of activities for those staying in the home, however the majority of people's activities were the therapies that had been agreed.

As the home was specifically for intermediate care there was no expectation for the staff to deliver end of life care. However, this happened unexpectedly recently and the management and staff worked closely with district nurses and other health professionals to ensure the person was supported with compassion and care. The registered manager told us that lessons had been learnt and even though the care delivered was successful a new protocol was under development going forward.

## Is the service well-led?

### Our findings

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. The registered manager was in attendance during the inspection.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all the people who use their services. The provider was displaying their ratings appropriately in a clear and accessible format around the home.

The registered manager and provider had systems available to them to monitor the quality of the service and drive improvement. Quality and safety audits such as staff medication and health and safety were completed regularly. We discussed with the registered manager the audits of care plans and different ways to ensure the documentation reflected the care being delivered.

We saw that there were suggestion boxes around the home and the registered manager had developed a 'you said, we did' document that informed people of how their comments and suggestions had been used and developed.

Staff, assistant managers and the registered manager continued to share information in a variety of ways, such as face to face, during handovers between shifts and in team meetings. We asked staff if they felt supported by the manager and they all said that they did, one staff member said "Oh yes you can go to them with anything" and we saw that staff meetings were carried out regularly.

The service had policies and procedures in place, these covered subjects such as complaints, health and safety, medication and recruitment. This meant that staff had up to date guidance to support their practice.

The registered manager and provider worked with other organisations to make sure they were following current practice, providing a quality service and the people they supported were safe.