

Brookside Residential Care Limited

# Brookside Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 21 October 2016 and was unannounced. At our last inspection in March 2015 we found that the service was not always as responsive, caring, effective or as well led as it should be. At this inspection we found there had been some improvement but more was needed to ensure the provider consistently followed the principles of the Mental Capacity Act 2008 and people were not being deprived of their liberty unlawfully.

Brookside Residential Home provides support and care for up to 25 people, some of whom may be living with dementia. At the time of this inspection 25 people used the service.

The service had a registered manager. 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 Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The Deprivation of Liberty Safeguards (DoLS) are part of the MCA. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The provider did not consistently follow the principles of the MCA by ensuring that people consented to their care and support.

People were safeguarded from abuse and the risk of abuse as staff knew what constituted abuse and who to report it to. The registered manager had previously made referrals for further investigation when they had suspected abuse had taken place.

Risks to people's health and wellbeing were identified, assessed and reviewed. People were provided with personalised care to meet their needs and preferences. Care plans included life history information and staff knew people's preferences.

There were enough suitably qualified staff, who had been recruited using safe recruitment procedures, available to maintain people's safety and meet their individual needs. People's medicines were stored and administered by medication trained staff.

Staff were supported to fulfil their role effectively. There was a regular programme of training that was relevant to the needs of people at the home. Care was personalised and met people's individual needs and preferences.

People's nutritional needs were met and they were supported to access a range of health care services. When people became unwell staff responded and sought the appropriate support.

People's privacy and dignity was respected. Staff were observed to be kind and caring and they told us they were well supported by the registered manager.

The provider had a complaints procedure and people knew how to use it.

Systems were in place to monitor the quality and safety of the service. When improvements were required these were made in a timely manner.

## 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. Staff were able to recognise abusive situations and when necessary action was taken. Risks to people's health and wellbeing were identified and assessed, reviewed and managed in a safe way. People were recruited through safe procedures and there were enough staff to support people in a safe and timely way. People's medicines were stored safely and staff were trained to administer medicines.

### Is the service effective?

Requires Improvement ●

The service was not always effective. The principles of the MCA and DoLS were not consistently followed to ensure that people's rights were respected. Staff received regular support and training to be able to provide people with good care and support. People were supported to have a healthy diet dependent on their assessed individual needs and when necessary had access to a range of health professionals.

### Is the service caring?

Good ●

The service was caring. People were treated with kindness and compassion. People's dignity and privacy was respected and their independence promoted.

### Is the service responsive?

Good ●

The service was responsive. People received care that reflected their individual needs and preferences. People had some opportunity to be involved in hobbies and interests of their choice. There was a complaints procedure and people's representatives knew how to use it.

### Is the service well-led?

Requires Improvement ●

The service was not always well led. Systems were not in place to ensure full compliance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards. There was a registered manager. Staff and people who used the service told us they felt supported to fulfil their role and the registered manager was approachable.

# Brookside 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 21 October 2016 and was unannounced.

The inspection team consisted of one inspector.

We looked at the notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority and commissioners.

We spoke with seven people who used the service; they were able to tell us their experiences with the service. We spoke with other people but due to their communication needs they were unable to provide us with detailed information about their care. We spoke with two relatives of people who used the service to gain feedback about the quality of care. We spoke with the registered manager, three care staff and a visiting health care professional.

We looked at four people's care and medication records, staff rosters, three staff recruitment files and the quality monitoring audits. We did this to gain people's views about the care and to check that standards of care were being met.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. One person told us: "Oh yes I feel very safe, there is always someone around. It's very reassuring". Another person told us: "I feel safe and secure here, it is a home from home, and we are looked after very well". Staff we spoke with knew the signs of abuse and who they needed to report it to if they suspected someone had been abused. One staff member said they would report any concerns straight away to the registered manager and if they were not available then they would contact the local authority safeguarding team. The registered manager was aware of their responsibility to act on any allegations of abuse or concern. We saw referrals for investigation into alleged abuse in the past had been made.

We saw that people's level of risks had been assessed and action taken to reduce the risks to them. For example, we saw that one person had poor mobility and was at high risk of falling. Staff were aware of the whereabouts of this person and were quick to offer support when the person wished to move around the service. Another person was at risk of developing sore skin. A risk assessment and support plan had been completed with the actions staff should take and the equipment to be used to reduce the risk for this person. Another person had been assessed as being at risk of malnutrition because of their frail health and poor appetite. Staff confirmed a daily record was not made but felt they knew the person's likes and dislikes and observed their daily intake. We saw the person's weight was monitored at regular intervals and was stable.

The registered manager told us the staffing levels were in sufficient numbers throughout the day to adequately meet people's needs. They told us additional staff would be rostered to work if people required additional levels of support, for example supporting people with end of life care. Most people told us the staffing levels were 'fine' and that they did not have to wait for help and support when they needed it. However a visitor told us in their opinion more staff would be useful as in their relative's experience they had to wait sometimes to be supported to the toilet. Staff told us that on occasions some people had to wait for short periods to be provided with the support they needed but this tended to be at certain peak times during the day. We did not observe people had to wait for attention, call bells were answered promptly and staff were in attendance or nearby the communal areas. We saw records that showed the provider had safe recruitment procedures in place. Staff who were employed at the service had undergone checks to ensure that they were of a good character and suitable to provide support to people who used the service.

We looked at the way the service managed people's medication. Medicines were kept in locked medicine trolleys in a locked treatment room and were administered by trained staff. We observed staff administered medicines in a dignified way and explained to the person what the medicine was for. Staff chatted and gave encouragement to people when they were administering their medicines.

Some people had been prescribed external creams and ointments to help manage their risk of skin damage. Care staff told us they applied these creams when they provided support to people. A care staff said: "If we are not sure we ask a senior carer about it, but more often than not we get the information at the handover at the beginning of the shift". Documents were not being used to record the use of topical medicines. The

registered manager told us they had no concerns currently with peoples' skin condition, but took action immediately to review the management of topical medicines.

## Is the service effective?

### Our findings

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. We observed and records showed that the principles of the MCA were not being consistently followed. We saw that people's mental capacity to consent to their care had not been formally assessed and it was assumed that the person would be unable to make a decision. For example we saw an end of life decision had been made on behalf of one person; there was no involvement of the person or an assessment of their capacity to make such decisions.

The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. The legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us they had made referrals for some people to be legally deprived of their liberty and they were waiting for the authorisations to be granted. We saw some people who were unable to consent to some restrictions we saw in place, for example, the use of stair gates and constant monitoring and observation, where referrals had not been made to the local authority. This meant that some people were being unlawfully restricted of their liberty.

This was a breach of Regulation 13 of The Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

Staff told us they had sufficient training to enable them to provide the care and support to people. One staff member said they had regular updates and refreshers and their training plan was up to date. Staff confirmed they received supervision from the registered manager or a senior carer on a regular basis. One member of staff said, "Supervision is good and I find it is helpful. If I raise any concerns these are always dealt with".

People told us they enjoyed the food and had plenty to eat and drink each day. People were asked where they wished to have their meals and we saw a small group of people used the dining room at lunch time. We saw one person was offered an alternative when they refused the main meal. We heard staff say: "You didn't eat your lunch, didn't you fancy it, can I get you something else perhaps some soup or a sandwich?" We saw the person was provided with a sandwich which they ate. People who needed staff support with their meal were offered the level of support they needed.

Staff supported people to access health care services should they become unwell or require specialist interventions. A visiting health professional told us: "They [the provider and staff] give good care here; they contact me quickly if they have any concerns regarding people's health care needs". People had access to regular consultations with their doctor if this was requested and required. We saw referrals for advice and support were made when this was needed for example, dieticians and district nurses.



## Is the service caring?

### Our findings

Relatives were free to visit at any time and we saw frequent visitors throughout the day. One visitor commented: "We visit often and it gives us peace of mind that our mother is well looked after, this is one of the best homes we have been in. The staff are very good; it's very comfortable with good standards of hygiene". A person who used the service told us the 'staff were kind and caring, and nothing was too much trouble'. We observed staff were close by the communal areas, (where most people spent their day) and were available to provide support when this was needed. We saw staff were kind, considerate and patient when helping people.

Staff made sure that people who experienced mobility problems and had difficulty moving around had their personal belongings close by them. For example people had easy access to tissues, drinks, snacks and other personal items. Each person had a call bell which they carried around with them, this made sure that if they required help they could easily alert staff.

Staff told us they regularly reviewed the care and support needs of people and updated the relevant documents. One staff member said: "I always try and speak with the person involved and their family during the review process, to see if there is anything we should be aware of or any changes needed". A visitor told us they had spoken with staff when they identified a change in their relative's health and the swift action taken by the registered manager. We saw that at the beginning of each shift change, staff had a formal handover to ensure they were aware of any significant changes to the care and support needs of people.

Most people required support and help with maintaining their personal hygiene. We saw staff supported people to the bathrooms or their own bedrooms when this level of support was needed. People looked well cared for and attention was given to the privacy and dignity of people when using equipment such as the mechanical hoist; we did not see anyone's privacy and dignity was compromised.

## Is the service responsive?

### Our findings

People told us they received care that met their needs and they could spend their time how they chose. One person who used the service told us: "I go to bed around 8pm which is about right for me. I like to watch the television in my room at that time. I don't like to get up too early; I am not an early bird". One person preferred to stay in their own room and said: "I stay here in my room, it's fine I have the door open so that I can see people pass by, they often pop in and say hello".

One person who used the service told us they looked forward to the local priest's visit each month which gave them the opportunity for Mass and Holy Communion. "I can't get out now, there's not a lot of social activity here that I like to join in with but I do look forward to seeing the priest". The registered manager told us there were a range of activities organised and people could choose to join in or not and informed us they had recently recruited an additional social activities coordinator. We saw that most people spent their day together in the communal room. The televisions were on; some people watched the programmes some didn't. People had daily newspapers and magazines, were engaging in conversations with each other and some people visited the hairdresser.

People whenever possible were involved in the planning of their care. Where people had difficulty recalling past events, their representatives and family had been consulted. Life stories and social histories had been completed which gave an overview of the person's past life and the lifestyle they enjoyed. This offered staff the information about people, when they were unable to tell their life story themselves. Some people were fully dependent on staff to support them with daily living; we saw staff were knowledgeable and well informed regarding people's likes and dislikes.

The provider had a complaints procedure. People we spoke with and their relatives told us they would speak with the registered manager or the staff if they had any concerns. The registered manager told us no formal complaints had been raised with them since the last inspection. Thank you cards were on display acknowledging the good care and support that had been provided when people used the service.

## Is the service well-led?

### Our findings

The registered manager was also the provider of the service. They had been at the home for several years and knew people who used the service well. However, the registered manager did not always follow the correct procedures in relation to the management of a care home. They did not always follow the principles of the MCA and DoLS. For example, we saw that some people's mental capacity to consent to their care had not been formally assessed and it was assumed that the person would be unable to make a decision. We saw important decisions had been made on behalf of the person and without their personal involvement. We saw some people who were unable to consent to some of the restrictions we saw in place, for example, the use of stair gates and constant monitoring and observation. The registered manager confirmed that referrals for authorisations to legally restrict people's freedom of movement had not been made to the local authority. This meant that some people were being unlawfully restricted of their liberty.

The registered manager was visible in the team and proactive throughout the inspection in demonstrating how the service operated. We saw they worked closely with the carers and social care professionals to ensure the provision of a good service. People who used the service knew the registered manager and referred to her by name. One person said: "Oh yes I know the manager she often comes to see me". Staff told us the registered manager was supportive, friendly and they felt able to speak with them if they needed to do so. Visitors told us they had spoken with the registered manager when they had concerns and action was taken quickly. They said: "We are very satisfied with this home and the care and support provided". There were clear lines of accountability and responsibility within the service and carers knew who to report to.

The registered manager was aware of the need to continually improve the service and these included plans to maintain and decorate the environment. The home was warm and homely, and there was a pleasant, relaxed atmosphere throughout. The registered manager and staff demonstrated a positive, open culture and treated people who used the service in a respectful manner.

Audits and checks for the quality and safety of the service were completed each month. This included analysis of accidents or incidents that had occurred so that any trends or themes for these occurrences could be swiftly identified and remedial action taken. Environmental safety checks were completed at intervals throughout the year so that the service was a safe place in which to live, work and visit.

Satisfaction surveys were distributed to people involved with the service with a plan to roll out these surveys three times a year. The latest survey was analysed, there were many positive comments regarding the environment, staff and service. A negative comment was received, the registered manager confirmed that action had been taken to speak with the people concerned and improvements were made. The report was completed with both text and graphs which gave a clear overview of people's experiences.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The service was failing to ensure people using the service, and those lawfully acting on their behalf, have given consent before any care or treatment is provided.</p>