

Brook House Residential Care Home Ltd

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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

Brook House provides accommodation and personal care for up to four adults who have mental health needs, learning disabilities or an acquired brain injury.

At the last inspection the service was rated as Good. At this inspection, we found the service remained Good.

Why the service is rated Good:

The service continued to provide a good level of care and support to people living there. Arrangements were in place to protect people who used the service from the risks of abuse and avoidable harm. There were enough staff and they were clear about their responsibilities to report abuse and where to report outside of the organisation. Staff had received safeguarding training.

People were cared for in a caring and respectful way. People were supported to maintain their health and the service ensured relevant health professionals were involved to ensure people remained well both physically and emotionally. People were provided with person-centred care which encouraged choice and independence. Staff understood people's individual preferences.

People had their nutritional needs met. People who were at risk of losing weight had measures in place to manage this risk.

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

Medicines were stored and administered safely.

People were encouraged to take part in the things they enjoyed doing and we saw the service ensuring these happened. We saw people were supported to engage in voluntary employment if they wanted.

People knew how to make a complaint but told us they hadn't needed to.

The service remained well managed. The home was run by a registered manager and there was a positive, open culture that valued people, relatives and staff. The provider had effective systems in place to ensure people experienced good quality care. The staff worked well with professionals to ensure a holistic approach to meeting people's needs.

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?

The service remains Good.

Good ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

Good ●

Brook House Residential Care 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 checked 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 12 October 2017 and was announced. The provider was given 48 hours' notice because the location is a small care home for only four people. We also needed to ensure the provider was available to support the inspection. This is because the provider delivers care and support to people in the service and we needed to ensure staffing levels were not affected.

The inspection team consisted of two inspectors. Before our inspection we reviewed all the information we held about the service. The provider had submitted a Provider Information Return (PIR). This is a document wherein the provider is required to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make.

We spoke with two people in the service, one relative, the registered manager, the deputy manager and two members of staff. During the inspection we reviewed two people's care information, two staff records, and other records relating to the management of the service. We also observed interactions throughout the inspection.

Following the inspection, we contacted a number of external health and social care professionals to obtain their views about the service.

Is the service safe?

Our findings

The service continued to provide safe care to people. People told us they felt safe. When asked, one person said, "I feel safe as people I'm with are lovely" and another said, "Yes, indeed." A relative told us, "Absolutely safe. They keep a good eye on [person]."

The provider had safeguarding procedures in place and staff knew how to raise and escalate safeguarding concerns. One staff member said, "If I felt somebody was at risk I'd report it". Staff were also confident the registered manager would act promptly if any concerns were raised. When staff were recruited, the registered manager ensured all checks were undertaken to ensure they were safe to work with people who lived at the service. We saw there were enough staff to keep people safe and meet their needs.

People had risk assessments where required and ways of managing risks to people had been documented and staff were aware of these. Assessed risks included poor memory, epilepsy, financial and emotional abuse and mobility. For example, one person's mobility tended to be affected when they had a urine infection. Guidelines were in place for staff to monitor the person closely at these times, alongside prompting to encourage safe mobilisation. Restrictions were minimised so people felt safe but also had as much freedom as possible. One person we spoke with was aware of risks to their safety, and why monitoring was necessary. They said, "I can see the reason behind it." Steps had been put in place to ensure certain activities could be done independently with processes in place to minimise the risks.

People that had behaviours that may challenge were managed positively by staff to protect people's rights and dignity. For example, we saw a person whose behaviour could cause a risk to the person, was supported to draw up guidelines to ensure their safety.

People received their medicines as prescribed. Medicines were stored safely and if needed refrigerated as per manufacturers' guidance. Medicine administration records (MAR) were fully completed and showed when medication had been given to people. Protocols around PRN ('as required') medicines were in place as required. We saw a risk assessment had taken place for a person to manage their own medicines. This was reviewed regularly with the person. The person told us, "I manage my own medicines. Staff remind me which is helpful."

The provider had systems to record all accidents and incidents. We saw samples of accidents forms and noted appropriate action had been taken where necessary. For example, professional medical assistance was sought if needed and staff ensured the person's family as well as senior staff were informed.

Control and prevention of infection was managed well. Staff understood their role and responsibilities for ensuring a good standard of cleanliness and hygiene. There were detailed maintenance records that showed equipment and the environment were monitored. Any issues were addressed and resolved promptly.

Is the service effective?

Our findings

People continued to be supported by skilled and knowledgeable staff. A relative said, "The staff are well trained. One member of staff has received [specialist] training which supports [person] to keep well." Staff told us and records confirmed they received training relevant to their roles and regular staff supervision was taking place. Staff told us they felt well supported.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. People's rights to make their own decisions were respected to ensure their human and legal rights were respected. One staff member said, "Just because someone makes a decision you may not think is the right one, does not mean they should be prevented from having their choice respected."

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). The provider was aware of the process and we saw that consultation had taken place and applications made where relevant. The outcome of these were awaited but were being monitored to ensure the risks were managed in least restrictive way.

People were supported to meet their nutritional needs. We saw that people were supported to plan and shop for their meals where they wanted to. Only one person in the service had chosen to have a menu plan as this was their preference. Alternatives were always available in case the person changed their mind. People were encouraged to be as independent as possible in preparing their meals, alongside being supported to ensure any risks were safely monitored. For example, when using the cooker or knives in the kitchen, some people had staff members with them in the background. "I cook mostly for myself with supervision."

People were supported to access health professionals and the records confirmed people were referred to various professionals when required. This included specialist doctors, GP's, dentist and opticians. We saw people had received the flu vaccination. We also saw that where weight loss was a concern that food and drink had been recorded and weight monitored until it increased. This meant people experienced positive outcomes regarding their health.

Is the service caring?

Our findings

People were supported in an individual manner which was assisted by the small size of the service and low turnover of staff. This meant that positive caring relationships had developed. We asked a person what it was like living at Brook House. They replied, "Fantastic, thank you." They went on to say that "Staff are excellent, understanding and caring" and "They talk to me and tell me exactly what's going on." Another person said, "Staff are very pleasant" and felt the best thing about the service was "Having my own room, own privacy. Room has been left how I like it."

When we spoke with staff, they clearly demonstrated a thorough knowledge of people and this was assisted by the continuity of staff. One member of staff said, "We become close to people. I noticed someone was deteriorating as I know them so well. This meant we could act straight away. We know people's body language and can often tell when someone is unwell." When asked how to describe how the service demonstrated a caring attitude, they said, "We care about people's feelings, know people's personalities, their needs and preferences. Just the person, that's what we do." They went on to say it was a "Warm, friendly and welcoming place, no matter who comes to our door." When we spoke with a relative they confirmed this and said the provider and staff were not just supportive to their relative, but also to them. They said, "When [person] was being assessed to move to Brook House, it was a very traumatic time and I felt guilty and unsure. I felt so supported right from the first time I visited and they were always there to talk to and reassure me."

People's special events like birthdays were marked with buying people a gift and birthday card and cake. Occasions such as Christmas were celebrated with everyone involved if they wished. A member of staff said, "I think we are very caring. Like a little family!"

We heard that people were assisted if necessary to help them celebrate their relative's birthdays. A relative told us they had received a phone call asking what shoe size they were. They said they were delighted to receive a pair of boots from their relative and that this wouldn't have been possible without the person being supported. This was important to the person, as they liked to make a fuss of their relative at times like birthdays.

People's privacy and dignity was respected and promoted. Staff understood and knew people's history, likes, preferences and needs. We saw that staff demonstrated respect when supporting or discussing a person. For example, a person often needed reminding about ensuring their zip was done up and another to shut the bathroom door when they were using the toilet. This was done in a respectful and confidential manner to promote the person's dignity. A member of staff said, "We ask, how would we like to be treated at home? With dignity and respect. Staff all feel that. This not just a care home, it is their home." The provider had recently asked a member of staff to become a dignity champion. A dignity champion is someone who ensures that people are treated with dignity and respect and they act as a role model for their colleagues. We spoke with the member of staff who was looking forward to the role and looking at opportunities to promote this within the service.

People were supported to gain or maintain independence when possible. For example, one person liked to go the supermarket independently. The shop staff knew the person well and that they liked to put their shopping in their own bag. Supermarket staff knew the person well and were happy to take out the items, scan them and then repack the bags. This enabled the person to continue doing what they enjoyed and maintaining some level of independence.

Staff took time to give emotional support when people got upset. A member of staff told us that one person got upset when their relative left. They described it was important to encourage the person out of their room and sit and chat with them to distract them. This meant staff were given enough time to support people and to be with them when needed.

Is the service responsive?

Our findings

The service continued to be responsive. Before people came to live at the service their needs had been assessed. People's care was explained in written plans describing what staff needed to do to make sure that personalised care was provided. Alongside this, care plans contained information about people's life histories, choices, preferences and how to best support them. We saw that when changes occurred, these had been incorporated into the care plans and put in to practice. For example, someone who was experiencing problems with swallowing was monitored whilst awaiting an appointment to have this issue investigated.

We saw that daily records of people's care reflected what was contained in the care plan. For example, we saw that someone had discussed with a member of staff about what food they were preparing and about going to church and voluntary work. This meant that we saw evidence that the identified needs were being met in practice.

People were protected from social isolation and loneliness by being encouraged to take part in their interests. People enjoyed a range of social activities. For example, a member of staff had taken a person to the Christmas Market and stayed overnight with them. Another person went to the Isle of Wight with a member of staff. We saw a person was supported to go to the local park to use the outdoor gym. One person said, "I go to cinema, bowling, football ground. My [relative] also comes and takes me out." We saw a person had been supported to find some voluntary work at a local charity shop. This had given the person a sense of purpose and some independence.

Alongside people taking part in their own interests, there were opportunities for social gatherings such as barbeques in the summer months or meals out. The provider said they were continuing to consider looking at encouraging people to take up new interests which may stimulate them further. For example, guitar playing or gardening. We saw that people were encouraged to socialise with staff or each other to avoid social isolation. A relative confirmed that this was the case and was pleased as the person could be prone to isolate themselves in their room. We saw the care records reflected this and guidance to staff was to encourage them to join them and have a chat. The person told us, "I play scrabble with [staff], go to work two days a week."

People were able to keep relationships that mattered to them such as family and friends. One person told us they saw their relatives frequently. The relative told us, "I am welcome to visit whenever I like. I always know that if I turn up I will be welcomed without phoning ahead."

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. A person told us how they would raise any concerns. They said, "We'd talk to each other and sort things out." A relative said "It's never arisen, but I'd have no qualms in discussing any concerns. Unlike some other places where you worry about saying things." We saw the service had received lots of compliments and thank you cards. We viewed examples of these and noted they were extremely complimentary. For example, 'Just wanted to say thank you to you all for continuing to care for (name) with such patience,

understanding and compassion. You always treat him with dignity and respect.'

Is the service well-led?

Our findings

The service continued to be well led. There was a registered manager in post. 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.

Brook House was managed by the provider who was also the registered manager. There was also a deputy manager and a team of dedicated staff. People and relatives spoke positively about how the service was run. The registered manager and the deputy manager promoted a culture that ensured people were seen as individuals. This culture was promoted through all interactions with people, relatives and staff. A relative said, "Very pleased with the way Brook House is run. Very approachable manager and staff."

Staff were very positive about management. We had comments such as "[Registered Manager and Deputy] are very hands on. Do a really good job", "We are asked for advice and opinions and these are acted upon", "I enjoy coming to work, we all support each other and know each other well. This is nice for people in the house." Since the last inspection, the provider had delegated responsibilities to staff in recognition of their skills alongside releasing time for the provider to run the service. For example, a member of staff had taken on organising the staff rota and another member of staff had taken on supervisory roles to other care staff. This had been supported by training in team leading.

Staff were encouraged to attend staff meetings. They told us they were well supported and there was good team work. We saw discussions had taken place in respect of introducing more activities, discussing a recent service user survey and discussion about improvements to the home, such as a new shower room."

The provider had systems to monitor all aspects of the service delivery and we saw evidence of various audits taking place. This included medicines, care plans, accidents, staff training and health and safety. A Continuous Improvement Plan was in place and we saw actions on these had been completed. For example, incorporating reflective practice into staff meetings. We saw this had been actioned.

The registered manager ensured they met their legal statutory requirements to inform the relevant authorities including Care Quality Commission (CQC) of notifiable incidents. The team at the service worked closely with the local health and social care teams to ensure people were safe.