

Brook House Residential Care Home Ltd

# Brook House Residential Care Home

## Inspection report

19 Ockley Brook  
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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 

### Overall summary

We visited Brook House on 20 August 2015. It was an announced inspection as it is a small service and we wanted to ensure people were at home. The service was last inspected in September 2013.

The service provides accommodation for persons who require nursing or personal care and support for up to four adults who have mental health needs, acquired brain injury or learning disabilities. At the time of the inspection there were four people using the service. Brook House is located in Didcot on a residential estate close to facilities.

There was a registered manager at the service. 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.

Arrangements were in place to protect people who use the service from the risks of abuse and avoidable harm.

# Summary of findings

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 reduce this.

Medicines were stored and administered safely; however, homely remedies needed a system in place to ensure safe management. This was put in place on the day of inspection.

People were encouraged to take part in the things they enjoyed doing and we saw the service ensuring these happened.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions or who may be deprived of their liberty for their own safety.

The service was well led and feedback confirmed this.

# Summary of findings

## 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 was safe.

Staff identified and managed the risks of people's care.

People received their medicines safely.

People felt safe. Staff understood their responsibilities around safeguarding and knew how to raise concerns.

There were enough staff to care for people.

There were systems in place to ensure the service operated safely.

Good



### Is the service effective?

The service was effective. Staff received the training and support they needed to care for people.

People were supported by staff who acted within the requirements of the law.

People were supported to maintain their independence, stay healthy and given choice.

Other health and social care professionals were involved in supporting people to ensure their needs were met.

Good



### Is the service caring?

The service was caring. People, their relatives and professionals spoke highly of staff.

People were cared for in a caring and respectful way and staff went out of their way to ensure people were enabled to be in touch with families at important times.

People were supported in a personalised way. Their choices and preferences were respected.

Good



### Is the service responsive?

The service was responsive. People were involved in the planning of their care.

Care records contained detailed information about people's health and social care needs.

People enjoyed activities they had chosen to do.

People felt complaints were listened to and acted upon.

People's views about the quality of the service were sought through residents' meetings and surveys and feedback was positive.

Good



### Is the service well-led?

The service was well led. The culture of the service was very positive.

People, relatives, professionals and staff spoke positively about the way the service was managed and all felt able to raise any concerns they had.

The service sought people's views to improve the quality of the service and was regularly reviewed.

Good



# Summary of findings

Systems were in place to ensure the quality of the service was effectively run.

# 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 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 20 August 2015. The service was given 24 hours' notice because the location is a small care home and we needed to be sure that someone would be in.

The inspection team comprised of two inspectors. Before we visited the home we looked at the last inspection report

from September 2013. We looked to see what notifications had been received. Services tell us about any events relating to the care they provide using a notification which enables us to address any areas of potential concerns. No concerns had been raised.

We looked around the home and observed how staff interacted with people. We reviewed four people's care records; spoke with two residents and two relatives of people living at the service. We spoke with two members of staff and the registered manager. We looked at staff training and recruitment records and records relating to the management of the service such as audits, surveys and policies. We also spoke with a medical professional involved with residents at the service.

# Is the service safe?

## Our findings

People at the service told us they felt safe. A person, when asked, if they felt safe stated “oh yes, very safe”. There were robust systems in place to respond to people’s needs. People’s care records had information for staff about any risks that may be specific to them. For example, we saw a person’s record had a crisis plan with detailed information about signs that their mental health may be deteriorating and ways to manage this. The plan had been reviewed and actions had been noted on it. The service had effective support from professionals, such as a registered mental health nurse, psychologist and psychiatrist who were available for advice. A professional stated “The staff promptly deal with any enquires and chase up any information”. We saw a letter from a relative stating “Thank you for your protection and care”.

There were sufficient staff on duty to meet people’s needs. The registered manager had assessed the needs of the residents and during the day we observed staff were relaxed and spending time chatting with people and engaging them in activities. Staff told us they found the level of staffing appropriate to meet the needs of the people at the service. Comments included: “no problems with staffing levels” and “we sometimes have extra staff if we are doing an activity”.

People in the service had their medications safely managed. Medications were stored and managed correctly. A sharps bin was in place to ensure safe disposal for equipment used to monitor diabetes. The home kept homely remedies. Homely remedies are medicines which can be bought 'over the counter' without a prescription. To be sure of using homely remedies safely, care homes should check that they are suitable for named people to take. However they were not booked in or their use monitored. This meant that staff did not have the information they needed to give these medicines safely. We discussed this with the registered manager who took immediate action to rectify this.

The service had assisted a person to purchase a medic alert bracelet to alert people of their medical condition if they were out on their own. This contained important

information regarding their medical condition and action needed and contact numbers if they became unwell. This meant the person had more independence to go out on their own as they preferred to do.

People who were at nutritional risk had their weight monitored for weight changes to ensure they were not losing or gaining too much weight which may compromise their health.

There were up-to-date policies and procedures in place to assist staff to recognise and report abuse. There was also a copy of the local authority’s safeguarding policy. This ensured everyone had information about what measures to take if abuse was suspected. Two staff we spoke with were aware of their responsibilities in relation to safeguarding. They were able to describe to us the different types of abuse and what might indicate that abuse was taking place such as someone becoming “withdrawn, mood change or outbursts not normally seen”. We saw records which showed all staff had received training in safeguarding as part of their roles and responsibilities.

Measures were in place to assist people to manage their finances and to reduce the risks of financial abuse. We saw on people’s records that finances had been documented and receipts kept.

People were cared for by suitable staff because the service had undertaken all the necessary recruitment checks before staff started working at the service. For example, gaining clearance from the Disclosure Barring Service (DBS). A DBS check helps services make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People lived in a clean and well maintained home. We saw the home had procedures and clear guidelines about managing infection control. Records showed systems were in place to manage and monitor the prevention and control of infection. The service was delivered in a safe environment. All areas were clean, tastefully furnished and decorated to a very high standard. A relative stated: “The living conditions are very good, it is a clean but homely environment” and a professional commented: “The home has been always clean, there is a pleasant atmosphere”.

# Is the service effective?

## Our findings

People who used the service, their relatives and professionals involved in people's care were positive about the service. A relative said "Staff would research and read online in their own time so they understand the condition better".

Staff told us when they started working at the service that they had received a good induction and training. They felt able to request any training they needed and this was provided. Staff were supported to improve the quality of care provided to people through training and development. Where people had specific health care needs for example, diabetes, the service ensured that staff attended training so that the person could be appropriately supported. A staff member said some health and safety training they had done recently "Confirmed I was doing things correctly". The manager had a training matrix, which showed when training was due. This avoided any training becoming overdue.

A visiting professional was complimentary about the service: "Brook House is a homelike and very therapeutic environment. I am pleased with care provided for the patient I co-ordinate and I think this environment is conducive to his mental stability". The staff are very approachable and highly skilled."

People were cared for by staff who were supported to improve the quality of care they delivered by receiving regular support through the supervision process. Yearly appraisals had not taken place but the registered manager had put in measures to ensure this happened to give staff the chance to reflect on their contribution to the service and look at development opportunities to increase their expertise in their roles working with people in the service.

Staff told us they "enjoyed working at the home" and the manager was "hands on" and was experienced, skilled and approachable. They felt supported and said they would not hesitate to talk to the registered manager if they felt they needed advice. Staff told us they also "learnt from their colleagues". Another member of staff had worked at the home for many years and said "we know the families really well".

People's records contained mental capacity assessments specific to their care needs and support. Where people had the capacity to consent they had signed that they

consented to receive care and treatment. No people at the service had a Deprivation of Liberty Safeguard (DoLS) in place. DoLS are part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the manager, who demonstrated an understanding of when it may be needed. A medical professional gave feedback which stated "They have good understanding of MCA and Mental Health Act".

People in the service were involved with choosing and shopping for their meals. We saw notes on a person's care records which stated "encourage healthy eating although [person] does not wish to draw up a menu plan". One person enjoyed helping with the cooking. We saw a resident's survey completed in July 2015 and one of the questions was "how would you rate your opportunities to go shopping for fresh, nutritional food?" All had ticked excellent on the response.

Where people had specific dietary needs in relation to their medical condition staff supported them with healthy food choices. Staff respected people's choice to make unhealthy choices at times and had assessed them to ensure they understood and they were aware of the risks associated with such decisions. People were also supported to be independent in managing their conditions where they were able. For example, one person was supported to carry out required daily checks of their blood and supported in shopping for their own choice of food.

People's care plans were reviewed regularly. For example there was a care plan that was last reviewed in August 2015. The care plan noted which medicines were required and nutritional supplements. There was a mental health care plan with notes from a community psychiatric nurse (CPN) who visits the person. A note by the CPN stated "[person] content at Brook House". Records showed the person was supported to have necessary blood test every 4 weeks as stated on their care records. All the other care plans had also been reviewed in July 2015.

People had their nutritional needs assessed and action was taken to ensure those needs were met. For example, two people needed weekly monitoring to ensure their weight did not reduce too much. Records showed this was taking place and support and advice from local health professionals had been sought.

# Is the service caring?

## Our findings

The service was caring. One person told us, "I'm well cared for, the staff are very good". A relative told us, "I know he's [relative] happy there, the living conditions are very good". Another relative said "Their professional side is excellent but the main thing is that they genuinely care. I could not speak more highly of them".

Staff showed empathy and warmth towards the people they supported. The two relatives spoken with were positive about the staff and their caring nature. For example, ensuring a person in the service attended a family wedding and supporting them.

We spoke with two people who lived in the home about how staff treated and supported them. They told us the staff spent time with them and were caring and kind. Staff treated people with dignity and respect and people felt listened to. Staff explained that at times they needed to remind people to maintain their dignity and explained ways of ensuring this which reflected information we had read on people's care plans. This showed that staff had a good knowledge of what was needed to care and support individuals in a dignified and respectful way. A professional stated "the staff are respectful but also know how to ensure that appropriate boundaries are in place".

Throughout the inspection, the atmosphere in the home was calm. We observed many positive interactions throughout the inspection. Staff spent time with people, playing games or accompanying them out for a walk.

People were treated with kindness. We saw and heard staff speaking and laughing with people and interacting in a friendly manner. We saw that staff treated people affectionately and valued them as individuals. For example, one person described staff helping them get a DVD player for their room and helped to ensure it worked correctly. A relative told us, "They [staff] go the extra mile; they helped to organise a birthday party, and when I was taken ill the staff organised for my relative to visit me in the hospital".

Staff clearly enjoyed their work. Staff spoke about people in a caring and respectful way and told us they enjoyed

spending time with residents and knew people well. Staff were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's care plans. For example, Staff told us about things that people enjoyed, such as swimming and going for walks. The care plans were personal and preferences and people's views were reflected. We saw staff followed instructions in care plans when communicating and supporting people in their preferred way.

People were encouraged to be as independent as possible and a relative said "The staff do things with him not for him, like cooking". They also stated "I have seen [relative's] self-confidence go from strength to strength – someone who slept all day can now manage a bus ride to [another County] independently" and "From all your [services] hard work and care, I feel [relative] has now come to accept and like who they are and let go of the despair of not being who they were".

We saw that people using the service were actively involved. There were regular house meetings and they had discussed issues around a group holiday and menu planning. A survey completed in July 2015 had responses to questions about being involved with care planning, being respected and being listened to had been responded to positively from all people at the service. A relative stated "They involve me and health professionals regularly, we've had a review last week and were looking into adjusting the support plan". Other people, who had contact with the service, were consistently positive about the caring attitude of the staff. We saw a comment stating: "I visited [person] today for an assessment and realised its six years since they moved to Brook House. It has been six years of support and care second to none. [Person] is respected and valued for who they are and Brook House meets his needs with care and compassion".

A comment from a relative stated: "Brook House have been and are a fantastic team, they look after my relative extremely well, where we can no longer".

# Is the service responsive?

## Our findings

People who used the service and their relatives described being fully involved with developing support to ensure their care was personalised. Comments from a relative stated “The home has given me the opportunity to be as involved in the care of my relative as I want to be. I know they do this because they really care”. People were also involved in regular reviews of their care. A relative said: “People are treated as individuals.” and “I finally found friends who absolutely understand the difficulties my relative has – they are brilliant at assessing his highs and lows and seeking professional input when necessary”.

The service had regular reviews with other health care professionals. A professional told us “I believe they have good relationship with the relatives, they do involve them where needed”. A relative told us there were regular reviews and they were invited “Brook House worked so hard to be able to manage the needs. They involve me and health professionals regularly, we had a review last week and were looking into adjusting the support plan”.

People were involved with menu planning. They set the following week’s menus, planned the food shopping and developed a rota for preparation and cooking of the meals. Everyone told us that the food was always good with a range of choices always available. People told us they really enjoyed cooking and how these were new skills that they had developed. Each person had a care and support plan in place.

There was a formal complaints procedure. People knew how to complain and felt confident their concerns would

be listened to. Any concerns raised had been dealt with promptly. For example, one person was being kept awake by the television at night. When the concern was raised people and staff ensured the living room door was shut so they were not disturbed. Any issues were also discussed in the weekly house meeting. The service looked upon concerns and complaints as part of improving the quality of care provided to people.

People were supported to spend time as they wished. We saw that people had a range of equipment in their rooms, such as CDs, videos and a TV to enable them to occupy their time in private. People showed us how they had decorated their bedrooms to their own taste. They said they had a choice of what to do, including not joining in with organised activities or outings. There was a record on someone’s care plan that they were supported to spend their time as they wished.

People were encouraged to maintain their interests and preferences for activities. One person told us they enjoy going out on their own to the shops, and had recently been on holiday to a coastal resort with other people from the service which they had enjoyed.

People were supported in a range of activities. For example, People were supported to attend the theatre, play games with staff and each other. One person’s care plan stated they enjoyed a ‘daily walk’. On the day inspection a staff member accompanied the person to a nearby market town where they went for a walk along the canal. A relative told us people could access many daily activities and staff “gauge ability to [relative’s] needs without under/over doing things”.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a Registered Manager who had been registered with the Care Quality Commission since October 2010. The registered manager was also the co-owner of the company.

The provider had a comprehensive quality assurance system in place, including weekly and monthly audits to ensure people were kept safe and to identify any areas where improvements were needed. For example, all the maintenance audits were up to date and training schedules to ensure staff kept up to date, for example, in fire safety and infection control.

The service had sought the views of people who used the service, their relatives and professionals on how effective the service was. A professionals and relatives survey was sent out in July 2015 and we saw feedback from these. The surveys and contact with a healthcare professional involved in caring for people who used the service, raised no concerns and very positive comments including responses to questions about cleanliness, residents appearing well cared for stating “excellent team and we have very good feedback from the residents” and “Support to client in meeting practical/emotional needs is very good”

The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. Observations of interactions between the Registered Manager, staff and people who used the service showed they were inclusive and positive. All staff spoke of a strong commitment to providing an excellent quality service for

people living in the home. They told us the manager was hands on, approachable, supportive and they felt listened to. One member of staff said, “The manager is fantastic.” A person using the service said “the manager is nice and staff respect her – we all do”.

The staff we spoke with said they felt the management team were supportive and very approachable, and that

they would be confident about challenging and reporting poor practice, which they felt would be taken seriously. They said they discuss things regularly and communication is excellent. On staff member said “[they] are good bosses and are there for problems at work or at home”.

Staff meetings were held regularly which gave opportunities for staff to contribute to the running of the home. A staff survey had been completed and all staff had given an “excellent” response to questions about recruitment, induction, training and support.

Staff received supervision which ensured they could express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about others or the organisation. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas. We were told by staff that any suggestions made by staff were “considered and acted upon if feasible” and said it was “good working for [Brook House].

We found that vision and values were person-centred and made sure that people were at the heart of the service. The Registered Manager told us they had an open door policy and people who used the service and their relatives were welcome to chat with them at any time. Relatives told us when they visit they are “made comfortable – no problem. Staff are always happy to help you when you visit even when unexpected. The staff make you welcome and ensure other residents are comfortable and happy”.

Any accidents and incidents were monitored by the Registered Manager and the organisation to ensure any trends were identified. The manager confirmed there were no identifiable trends or patterns in the last 12 months.

There was evidence in people’s care records that risk assessments and support plans had been updated in response to any incidents which had involved people who used the service.