

HC-One Limited

Brookdale View

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

About the service

Brookdale View accommodates up to 48 people across two floors. The ground floor provides nursing care, and the first floor provides residential care. At the time of the inspection there were 43 people living in the home.

People's experience of using this service and what we found

We received very positive feedback about the new manager and less positive feedback about the number of management changes in the previous 12 months. Relatives told us, "It's lovely [Staff] are lovely. It's been difficult with the changes in manager, but the one that's here now is right on top of it, she's brilliant." The area manager had been involved throughout this period and effective oversight of the service was in place. We received positive feedback about the staff and the culture of the service. People told us staff were kind and caring and treated them with dignity and respect.

Staff understood how to safeguard people and when to raise concerns. People received their medicines safely and recruitment practices were safe. Risks associated with people's care were assessed and monitored. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection.

The service was accessible and had been adapted to meet people's needs. Relatives told us the home needed decorating. They told us, "The building's a bit worse for wear; it needs decorating" and "I think that it needs redecorating; it's a bit tired." A programme of improvement had already begun prior to the inspection and the new manager was being supported to make improvements to the environment.

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

The provider followed governance systems which provided effective oversight and monitoring of the service. These governance systems and processes ensured the service met people's assessed needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 April 2019).

At our last inspection we recommended that staffing levels considered people's individual needs. At this inspection we found no concerns about how staffing numbers were calculated. At our last inspection we recommended that signage for people with dementia was improved. At this inspection we found adequate signage was in place and plans were in place to make the home more dementia friendly.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brookdale View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience who made calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Brookdale View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brookdale View is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was no registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 11 relatives about their experience of the care provided. We spoke with 12 care staff including the operations manager, the manager, the handyman, the chef and 8 care staff. We received feedback from three health and social care professionals. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended the provider continued to review individual care needs to ensure the number of staff was reflective of people's assessed needs. This had continued and we had no concerns about staffing levels.

- Staffing levels were safe.
- There was a calm atmosphere in the home throughout the inspection. We observed people were relaxed and had their needs attended to promptly.
- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the care provided was safe.
- Staff completed regular safeguarding training. They knew how to identify and report any concerns. The service had a whistleblowing policy in place and staff were confident to report to outside agencies if required.
- The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care plans and risk assessments identified the risks involved in the delivery of care to people and gave clear guidance on how to reduce the risk of avoidable harm.
- The service had effective systems in place to ensure that all areas of the home were safe. This included up to date safety certificates for gas and electricity and regular checks of fire safety equipment.
- There were policies and procedures in place to ensure that accidents and incidents were recorded, actioned, and analysed if they occurred. Staff told us there was an open culture and they were encouraged to report.

Using medicines safely

- Medicines were managed safely. People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff who administered medicines had been trained to do so and the manager completed regular competency checks to ensure procedures were followed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service supported visits for people living at the home in line with current government guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed prior to a placement at the service being accepted.
- Assessments captured people's preferences and people and their relatives were positive about the care provided.
- Care plans provided staff with guidance on how to care for people. Staff regularly reviewed people's care needs.

Staff support: induction, training, skills and experience

- New staff received a structured induction programme and completed a period of shadowing with an experienced staff member before they began to work unsupervised.
- Staff were positive about the induction, training, and support in place for them. Staff told us, "Yes, it was okay, and I am enrolled to do my National Vocational Qualification. Yes, I shadowed people, and they checked I was confident before I worked alone" and "Lots of ongoing training and I can ask for any training I need, and they will accommodate this."

Supporting people to eat and drink enough to maintain a balanced diet

- People and their relatives were generally positive about the food.
- We observed lunch. There was a calm atmosphere, tables were set nicely with condiments and staff were attentive to people's needs.
- People were supported to eat where they chose to, and we observed people eating meals in their bedrooms and in the lounge or dining areas.
- The information in the kitchen used to communicate allergies and risks needed updating. We brought this to the manager's attention and action was taken to address the issues identified immediately.

Adapting service, design, decoration to meet people's needs

- People's relatives told us the environment needed to improve including the décor. The service was in the process of making improvements and people were being consulted. New windows had been installed and other items such as cupboards and flooring had been ordered.
- People's needs were met by the decoration, design, and layout of the home. This included communal areas, personalised rooms and aids and adaptations to make bathrooms and toilets accessible and safe.
- We saw people relaxing in a pleasant garden space at the back of the home overlooking a bowling green.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People had good access to healthcare support. A weekly ward round took place with the GP. A health professional involved with the ward round told us, the service was responsive, and the manager was proactive.
- Records showed staff made appropriate referrals to other health and social care professionals such as district nurses or chiropodists. People were supported to access healthcare appointments when necessary.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA.
- Appropriate applications for DoLS authorisations had been completed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the support they received. They told us, "[Staff] all look after me and they are all very nice" and "[Staff] are very good at looking after me, I am quite pleased at how [Staff] look after me."
- All the relatives we spoke to said staff were kind and caring. Relatives told us, "I think the staff are amazing; [Relative] loves them all to bits. [Relative] regards them as family. They're so kind and so nice" and "[Staff] really care for everyone like they're family it's really nice."
- We observed some positive interactions between people and staff. Throughout the day staff were kind and patient when dealing with people. They were friendly and had fun with people. People's needs were attended to promptly.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were positive about the support they received and told us they were involved in the care provided and were kept up to date. Relatives told us, "The staff are caring. There are a couple of staff I do really rely on. [Staff member] is worth her weight in gold. If there's anything hospital wise, [Staff member] always lets me know. They're like friends."
- Resident profiles highlighted what was important to people and how they liked to be supported.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect.
- Staff respected people's privacy and dignity. People told us, "[Staff] always knock on the door and ask if it is okay to come in. Yes, they treat me with dignity and respect." Relatives told us, "The staff always knock on the door when they come into the room and ask if it's okay if they come in."
- People were supported to be independent. This was reflected in the care plans we reviewed and the people, relatives, and staff we spoke to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person-centred and contained people's likes, dislikes, and preferences and how they wanted to be supported.
- The service regularly reviewed care plans to ensure all information was accurate and up to date. This ensured the care provided to the person was meeting their assessed needs.
- 'Remembering Together', documents recorded people's life stories in detail and helped staff to have a better understanding of each person.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service followed the five steps of the accessible information standard.
- Care plans documented people's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with people. This ensured people had access to information in a form that met their assessed needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had employed wellbeing workers to provide activities one to one and in groups.
- People we spoke to with felt they had enough to do and enjoyed the entertainment and crafts provided.
- There was a party on the second day of the inspection. There was a singer and a buffet in the garden. People had been involved in making decorations and garlands for the party.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. The service worked to timescales and investigated complaints promptly.
- The relatives we spoke to told us staff listened to them and they felt confident to raise concerns if they had any.

End of life care and support

- At the time of the inspection the service was not supporting anybody who was at the end of their life.

- There was an end-of-life policy and a process to follow if people required support.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The home had been unsettled in the last 12 months due to changes to the registered manager. A new manager was in place and had applied to be registered with the CQC. A new clinical lead had also been appointed. People, relatives, staff and visiting professionals were all positive about the impact the new manager was having.
- There was a positive culture within the service. People, relatives, and staff told us the new manager was approachable and hands on. People told us, "[The new manager] comes around to see us and she asks us for our suggestions. [The new manager] is making a difference and is easy to talk to" and "The new manager is nice".
- Staff told us, "Since the new manager has come it is amazing. We have had a few managers in and out. [The new manager] has lifted the place up. [The new manager] has made massive changes, especially to staff morale" and "I feel we have support now, any concerns, [The new manager] is approachable. She gets involved with the residents, which is nice to see."
- People and relatives were encouraged to give feedback. Feedback forms were available in reception and annual surveys were carried out with relatives. Excellent feedback had also been received through a well-known feedback website.
- Staff received equality and diversity training. Staff delivered care and support in a non-discriminatory way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance processes were effective. A quality assurance system of scheduled audits was in place. This included regular checks of all areas including health and safety and medicines audits. Actions were identified for any shortfalls found and lessons were learned.
- The staff team had the skills, knowledge, and experience to perform their roles.
- The manager was aware of their legal responsibilities and notified the CQC and local authorities appropriately when required.

Working in partnership with others

- Professional feedback was positive about the new manager. They told us, "Positive feedback about the new manager. Very proactive and is making changes. The most positive so far" and "The manager is excellent. [The manager] has really embraced the discharge to assess service and has already managed to

effect positive changes within the home since she has been in post. Communication is great, [The manager] is very personable and attends the weekly Multi-Disciplinary Team review we hold about the residents. From this, [The manager] can offer very good insight into the needs of the individuals in the home. [The manager] clearly has a hands-on approach to the care delivery and management of the home."

- A local commissioner provided positive feedback about the service and reported no concerns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The senior management team was fully aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- There had been no recent circumstances where the service had needed to exercise the duty of candour.