

Methodist Homes Brookfield

Inspection report

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Date of inspection visit:
01 October 2019

Date of publication:
04 November 2019

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Brookfield is a residential care home providing personal and nursing care to 64 older people at the time of the inspection. The service can support up to 66 people.

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

People had excellent opportunities and access to a variety of activities to prevent social isolation. Social activities met people's individual needs and followed best practice guidance, so people could live as full a life as possible. Activities were overseen by a committed, passionate and experienced team of coordinators. People told us they enjoyed the activities provided and they felt they were inclusive. For example, men had requested a 'man cave' to allow them to do things that mainly they enjoyed. The service has gone the extra mile to find out what people have done in the past, evaluated whether it could accommodate activities, and made that happen. The provider facilitated a 'Seize the Day' initiative. This was an opportunity for people to enjoy a former pastime or visit a location that held special memories for them. The service made every effort to encourage and support people to develop and maintain relationships with people that matter to them. The service took a key role in the local community and was actively involved in building further links with the local community. Contact with other community resources and support networks was encouraged and sustained. These included, local schools, choirs and a baby yoga group. People told us they enjoyed and benefitted from these links.

People living at Brookfield told us they received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs and staff recruitment was on-going. Medicines were managed safely, and people received their medicines as prescribed.

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. People were supported to maintain good health and to meet their nutritional needs.

People told us staff were caring. This ethos consistency enabled people to receive good care from staff who knew them well. Staff did all they could to promote independency and we saw examples of such practices.

The home was well-led by a registered manager who was focusing on improving people's care and developing staff skills. A lot of significant changes had been implemented to support effective team working and improve people's outcomes. The service had a clear management and staffing structure in place and staff worked well as a team. The provider had quality assurance systems in place to monitor the quality and safety of the service.

Rating at last inspection and update

The last rating for this service was good (published 13 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

Good ●

Brookfield

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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. 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

Brookfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We received feedback from two social and health care professionals who regularly visited people who received care from the service. We received feedback from the commissioners. We also reviewed the provider's previous inspection reports. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people and five relatives. We looked at five people's care records and six medicine administration records (MAR). During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with the registered manager, the area manager, the deputy manager and 10 staff which included, care staff, kitchen staff and domestic staff. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at Brookfield. One person told us, "I feel safe, no problems." One person's relative said, "Safe because staff are friendly and caring. Always checking up."
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff told us, "I go to the manager. If needed, I can whistle blow to social services and CQC (Care Quality Commission)."
- The provider had safeguarding policies in place and the team reported concerns accordingly.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe.
- People's risk assessments included areas such as their mobility, nutrition and medicine management. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- People's safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- There were enough staff to meet people's needs. We saw people were attended to in a timely manner and staff were not rushed. Agency staff were used when needed and only as the last resort to cover unplanned absences.
- People and their relatives told us there were enough staff. One relative said, "No waits, never had a problem, always find somebody around."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff had been trained in administering medicines and their competency checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection

- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.
- People's bedrooms and communal areas were clean.

Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.
- Discussions with staff showed there had been learning following shortfall. One member of staff said, "We do reflective meetings and discuss how we can improve our practices."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 needs were assessed before they came to live at Brookfield in line with current evidence-based guidance and standards to achieve effective outcomes.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
- People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- New staff went through an induction which prepared them for their roles. The induction was linked to the 'Care Certificate Standards'. The Care Certificate is a set of standards that social care workers are required to work to.
- Staff induction included the provider's mandatory training as well as shadowing an experienced member of staff.
- Staff told us they felt supported and had regular supervisions and yearly appraisals. These meetings provided an opportunity for staff to meet with their managers to agree objectives and discuss their performance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The home had clear systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care. Where referrals were needed, this was done in a timely manner.
- People's care and support was planned and coordinated when people moved between different services. People had proactive care plans in place which enabled up-to-date information sharing with other services.
- Healthcare professionals complimented staff and told us staff followed their advice and sought further guidance when needed. One healthcare professional told us, "Staff are proactive with falls prevention and monitoring weight loss. They refer to us regularly and welcome our input."

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

- There were enough staff to support and meet people's nutritional needs. We saw people were supported with meals in a dignified way.
- People were involved in decisions about their nutrition. Records showed menus were discussed in resident's and relatives' meetings, so as to improve people's experience. This included special diets, individual choices and preferences.

- People told us they enjoyed the food and said, "I definitely get the food I like" and "Food is nice, chicken korma today. I asked for more pasta and rice to be put on the menu and they put it on. Chef comes around."
- We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience and support where ever they chose to have their meal.
- Kitchen staff were aware of people's dietary preferences and ensured special diets were catered for. Alternative menus were available, if and when people changed their minds.

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

- Brookfield was purpose built and the lay out was easy for people to navigate through.
- The home signage was dementia friendly and assisted people to orientate themselves around the home and maintain independence.
- The home allowed free access to people who used equipment like wheelchairs. People could move around freely in the communal areas of the building and the gardens.
- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.
- People had access to the large garden which had lots of sitting areas.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "First thing we always assume people have the capacity to make their own decisions. If in doubt, we will identify the best time to assess their capacity as it may vary between different times of the day." People were given choices as staff worked to the principles of the MCA.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 care they received and told us staff were caring. One person said, "Staff are very friendly, very helpful people. We have a laugh and a joke." One relative told us, "Staff are so helpful. Sometimes rush about but clearly interacting. Everyone in this place is a carer."
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were very happy in the presence of staff and other residents.
- The service anticipated people's needs and recognised distress and discomfort at the earliest stage. We saw staff offered sensitive and respectful support and care. For example, we saw that a person was becoming restless, a member of staff noticed this and asked them if they would like to go for a walk. We saw that the person was encouraged to go for personal care and they agreed.
- Most people living at Brookfield lived with complex dementia needs. Staff had detailed knowledge of people's histories and how they wished to be supported. On the day of the inspection, we saw interactions were kind and empathetic. For example, staff supporting a person avoided an escalation situation by walking away and returning a few minutes later. The person was offered tea and biscuits and the situation was de-escalated. On another occasion, during lunch a person became very agitated and vocal. Staff moved to support the person by distracting and chatting to them. One relative commented, "Brookfield has taught us not to dwell on Dementia but to go with it."
- The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain and develop this. Staff told us they treated people as individuals and respected their choices.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis.
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement. Staff encouraged use of independent mental capacity advocates (IMCAs) whenever necessary. An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them. IMCAs do not make decisions and they are independent of the people who do make the decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and maintained their privacy. One person said, "I have a quiet, nice and private room. Staff knock on the door and say can we come in."
- People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent.
- People were supported to be as independent as possible. One person told us, "Staff know all about me and that I like to be independent. They got me an electric wheelchair and it gives me a lot of independence. I go out to Cowley Centre on the bus." Staff told us this person also takes blood samples to the local health centre and this gives him purpose.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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 gone the extra mile to find out what people had done in the past and evaluated whether it could accommodate activities and made them happen. The provider facilitated a 'Seize the Day' initiative. This was an opportunity for people to enjoy a former pastime or visit a location that held special memories for them. For example, before one person came into the home, they regularly visited car boot sales in the local area. They told staff they really missed this aspect of his life. They had become immobile and spent most of their time in a wheelchair. The home arranged for the person to have a motorised wheelchair, which massively improved their ability to move around the home and to go outside independently. The activities team took this person to the Sunday car boot sale that they used to attend. The person was so happy with this and now attends boot sales like before. Through this staff discovered the person's passion for wood and woodworking. The person has done a lot of woodworking including renovating Welsh dressers which are used in the home's dining rooms. This person also buys bird boxes, decorates them and gives them away. This has given this person a purpose and independence within the home and gives their days some structure when they wish. They now participate in activities around the home, even those that do not involve wood.
- The service had gone the extra mile to encourage and support people to develop and maintain relationships with people that matter to them. For example, one person told the registered manager that until coming to the home they had a partner who they saw quite regularly, but they lived away from Oxford. Since moving into the home, they had maintained contact but had told the partner they couldn't come to stay with them. Previously the couple had enjoyed a sexual relationship and felt it would not be allowed in the home. The registered manager explained that this was their home, and that arrangements could be made for them to have private time. We saw the plan was in motion and the person was very excited about this. They told staff it helped them realise that Brookfield was really their home and that staff would help them to live their life the way they wanted to. As a result of this, the home introduced 'Do not disturb' signs and agreed with staff how to support people to have private time. This plan had also highlighted to staff the true meaning of person-centred care.
- Another person who was visited every day by a devoted partner had a special anniversary coming up and wanted to celebrate it but did not know how to do this considering their partner's health. With the help of the staff, they planned the celebration in the home as a surprise and was attended by their close family and friends. Staff decorated a room with flowers banners, balloons and hearts. They also arranged the food and a cake. The couple's family and friends joined them to celebrate their anniversary. This seize the day initiative impacted on both of them, and the person enjoyed the day.
- Activities at Brookfield were inclusive. For example, men had requested a 'man cave' to allow them to do

things that mainly they enjoyed. This had been designed by them and they could have activities like poker nights. This had been a huge success and people told us they loved it. People had also developed relationships with each other through this.

- People had access to a full programme of activities which were overseen by committed, passionate and experienced team of coordinators. Activities included music and movement, arts and crafts, table-top games, pampered nails/hands, chats, card games, film matinees and Dominoes. Professional entertainers visited Brookfield and led singing and music sessions. Fitness instructors provided a range of safe chair-based exercises. A network of musicians, artists and photographers come in to provide additional activities for people. On the day of the inspection we observed a baking session which was well attended and there was a buzzing atmosphere. People had gone out and picked blackberries the previous day which they were using them to bake muffins. One activities coordinator told us, "We do a mix of everything, baked blackberry muffins today. Residents picked the blackberries yesterday, they remembered doing this when they were children".
- People told us they enjoyed the activities. Comments included, "There are things going on all the time, you join in if you want to. I do anything going and activities are brilliant" and "Lots here [activities], go to exercises, singers and I like knitting." One relative told us, "I came in and mum was singing away. Nice voice, it was news to us as she never sang at home."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received personalised care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care. People's care plans were regularly updated to reflect people's changing needs.
- Visiting professionals told us the service was focused on providing person-centred care and support and achieved exceptional results. For example, staff supported one person to lose a lot of weight and this had a positive effect on the person. The person's condition was reversed and could now physically do things that had been impossible for them. We spoke to this person and they told us, "Good care, amazing. I was 18 stone and diabetic when I came in. Now I am 15 stone and not diabetic." It was clear this meant the world to them.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.
- Brookfield took a key role in the local community and was actively involved in building further links. Contact with other community resources and support networks was encouraged and sustained. For example, links had been established with pupils from a local primary school. Pupils came in and talked about peoples' experiences, including people who were evacuees. Children gained a lot of information from this and people enjoyed reminiscing. A baby yoga group also came in and interacted with people. People told us they enjoyed this very much.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication needs assessments completed as part of the care planning process. For example, one person had impaired vision and was hard of hearing. The care plan guided staff to speak slowly to this person and always ensure the person wore their cleaned glasses. We saw staff followed this guidance.

Improving care quality in response to complaints or concerns:

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy.
- People and their relatives told us they knew how to make a complaint. One relative told us, "I would report to the manager. Things sorted out straight away if anything happens, no problems." There were many compliments received regarding excellent care.

End of life care and support:

- The registered manager informed us no people received end of life support at the time of our inspection. The team would occasionally support people with end of life care and the service would work closely with other professionals to ensure people had a dignified and pain free death.
- People's preferences relating to end of life were recorded. This included funeral arrangements and preferences relating to support. The home ensured these preferences took account of people's cultural and spiritual needs.
- The home had established close links with a local hospice. Staff knew how to support people and families during and after end of life care. On the day of the inspection we saw a relative who had recently lost a loved one come to visit and thank staff for their support. Staff showed compassion and it was clear they had a great relationship with this family member.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and relatives were appreciative of the positive changes and told us the home was well led. People commented, "This home is well-led on the way things happen as they should" and "Manager is a very nice person. I am happy, there is a nice feel to the place and nice staff." One relative commented, "I can ask the manager anything and she sorts it out. Every time I come in I end up staying for three hours or so, chatting to other people. Nice atmosphere."
- Staff were complimentary of the support they received from the registered manager. Staff said, "Manager is good. She listens to us and she has time for us" and "Management is brilliant, very supportive."
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.

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

- There was a registered manager who had been in post for two years. The registered manager was supported by an area manager and a deputy manager. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The provider had quality assurance systems in place and had further plans to improve them. These included, audits of care plans, medicine records and analysis of accidents and incidents. These provided an overview to ensure improvements were made where necessary.
- The management team promoted continuous learning, they held reflective meetings with staff to discuss work practices, training, development needs and staff's well-being.
- The registered manager had a strong focus on staff's continuous learning and pushed them to develop within and beyond their roles. For example, delegating duties to staff to enable them to understand how to manage the service and improve people's care. One member of staff told us, "Manager is good at delegating responsibilities to staff which supports development. She supports us to learn new things."

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 provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission

(CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had opportunities to provide feedback through surveys. The information gathered was used to improve the service. For example, some comments related to activities provision.
- People and their relatives had opportunities to attend meetings and raise any comments via an open-door policy at any time.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. During the inspection we observed effective team working. The atmosphere was very pleasant.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.