

Elmside Care Limited

Brookside Residential Care Home

Inspection report

722 Preston Road
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Tel: 01772330794

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14 August 2018

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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

The inspection took place on 14 August and was unannounced.

Brookside Care Home is a residential 'care home' which provides accommodation and personal care for up to 25 older people, including people living with dementia. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 23 people living at the home.

Rooms were located over two floors and there was an accessible lift available to use. There was a lounge and two dining rooms on the ground floor and all rooms had wheelchair access. All rooms were single occupancy and 22 rooms had en-suite facilities. There was also adapted toilet and bathroom facilities on both the ground and first floor.

At the last inspection, which took place in January 2016 the service was rated 'Good'.

At this inspection we found the service remained 'Good' and continued to meet all of the essential standards that we assessed.

There was a registered manager at the time of the inspection. 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. .

We reviewed quality assurance tools which were in place to monitor and assess the quality and safety of the home. There was a variety of different audits and checks conducted which meant that people remained safe. Although monthly medication audits were being routinely completed, we did identify a number of weekly medication audits that had not been completed and an infection control audit which was slightly out of date.

We recommend that the registered provider review quality assurance systems currently in place.

We reviewed care plans and risk assessments and found that they contained up to date and relevant information in relation to the support needs of people who were living at the home.

Medication systems and processes were safely in place and people were only administered their medication by staff who were suitably trained and competent to do so.

Recruitment was safely managed. Suitable checks were carried out on all staff before they began working at Brookside care home.

Infection prevention control procedures were in place. The home was clean, hygienic and odour free. There was an infection control policy in place and staff understood the importance of complying with this policy to keep people safe and free from avoidable harm.

Safeguarding and whistleblowing procedures were in place. Staff explained their understanding of what 'safeguarding' and 'whistleblowing' meant and the actions they would take to safeguard people in their care.

The home operated within the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We reviewed information in relation to capacity assessments and processes which needed to be in place to make decisions in a person's best interest.

Staff told us they felt supported in their roles and received training, learning and development opportunities. Staff also received regular supervision and appraisals.

People's nutrition and hydration support needs were checked during the inspection. People received an effective level of support from the staff team and external healthcare professionals who were involved in people's care.

We received positive feedback from people and relatives about 'care' that was delivered. People received kind, warm and compassionate care by staff who were familiar with their needs and were respectful of their wishes and preferences.

There was an activities co-ordinator in post who arranged a variety of different activities for people to participate in. An activities time-table was visible on the notice board in the reception area and we received positive feedback about the range of different internal and external activities which people were encouraged to participate in.

The registered provider had a formal complaints policy in place and people were aware of the complaints procedure. Any complaints which were received, were responded to in accordance with organisational procedures.

There was a range of different policies in place. We identified that some of the policies needed to be updated with the relevant Health and Social Care Act information. Staff were familiar with a range of different policies which were in place and understood the importance of complying with these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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| Is the service safe? The service remains safe. | Good ● |
| Is the service effective? The service remains effective. | Good ● |
| Is the service caring? The service remains caring. | Good ● |
| Is the service responsive? The service remains responsive. | Good ● |
| Is the service well-led? The service remains well-led. | Good ● |

Brookside 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.

The inspection took place on 14 August and was unannounced.

The inspection team consisted of one adult social care inspector 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.

Before the inspection visit we reviewed the information which was held about Brookside Care Home. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were living at the care home. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give us key information about the service, what the service does well and improvements they plan to make. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to complete a 'planning tool' and to identify areas that we needed to focus on during the inspection.

During the inspection we spoke with the registered manager, assistant senior carer, six members of staff, the activities co-ordinator, cook, one healthcare professional, five people who lived at the home and four relatives.

We spent time reviewing specific records and documents. These included five care records of people who lived at the home, four staff personnel files, recruitment practices, staff training records, medication administration records and audits, complaints, accidents and incidents and other records relating to the management of the service.

In addition, a Short Observational Framework for Inspection tool (SOFI) was used. SOFI provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

Is the service safe?

Our findings

People continued to receive safe care. We received positive feedback from people and relatives throughout the inspection. Comments we received included, "Very good, I feel very safe as the staff are always here to help." One relative told us, "I feel very reassured that [person] is well looked after, all [their] needs are met."

Care plans and risk assessments contained up to date and relevant information. One care record we reviewed contained detailed information about the persons nutrition and hydration risks. The relevant risk assessment was in place, weight was routinely monitored, clinical support tools were being completed and the relevant guidance was being followed by the speech and language therapists team (SALT).

Medication management systems were reviewed during the inspection. Staff received the appropriate training and people received their prescribed medications at the scheduled times. Medication was stored safely in locked cabinets in a secure room and medication audits were completed. We did raise with the registered manager, that although monthly audits were routinely completed, several of the weekly audits had not been carried out.

We reviewed the staffing levels during the inspection. Staff were safely deployed across the home and we received positive feedback about staffing levels from people, staff and relatives we spoke with. The registered manager informed us that the levels of agency staff being used was minimal which meant that people received support from regular and consistent staff.

Recruitment processes were reviewed during the inspection. Application forms, complete with education and employment dates were in place, suitable references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments.

Records confirmed that gas appliances and electrical equipment complied with statutory requirements. We also saw individual 'Personal Emergency Evacuation Plans' (PEEP) for each person who lived at the home. This meant that each person could be safely evacuated from the building in the event of an emergency.

Accident and incident processes were in place. Staff were familiar with reporting procedures and records confirmed that accidents and incidents were routinely reported and analysed on a monthly basis.

Staff were familiar with safeguarding and whistleblowing procedures. Staff we spoke with explained how they would report any concerns and the importance of complying with procedures to keep people safe. Staff had also completed the necessary safeguarding training.

The home was clean and well maintained and people lived in a safe environment. We reviewed a number of health and safety audits and checks which were completed on a regular basis, these included, fire safety and prevention, water temperatures, maintenance audits and infection control.

Is the service effective?

Our findings

People continued to receive effective care. Comments we received included, "I got a good feeling about it [the home] when I first came, and I feel sure they are doing everything they can to make [person] happy and meet [their] needs" and "The staff show care in a natural way because they do know [persons] needs."

We checked to see if the registered provider was complying with the principles of The Mental Capacity Act (MCA) 2005. 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 make 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

'Consent' to care was obtained from people who had been assessed as having the capacity to make relevant decisions. Records demonstrated that people were involved in the day-to-day care that they were provided with. The registered manager submitted relevant DoLS application to the local authority for people who could not make the best decisions about the care they required. Where possible, relatives were involved in 'best interest' decisions that were needed.

Staff told us they felt supported in their roles. Effective learning and development opportunities were provided to staff and they were supported to complete the necessary training courses to enhance their skills and competencies. Staff received regular one to one supervisions and annual appraisals.

People received support from staff at Brookside but also other external healthcare professionals. Care records contained correspondence and guidance provided by GPs, mental health teams, SALT, dieticians, physiotherapists, district nurses and falls prevention team. This meant the people received a holistic level of safe care and support which could help with their overall quality of life.

A SOFI was completed during the inspection to observe the engagement between staff and people receiving support. Although it was acknowledged that staff provided effective care and support, we identified that there was a lot of activity taking place over the lunch time period. People were being supported to eat their lunch time meals and others were being supported to attend an external outing. The registered manager was responsive to the feedback and agreed that times of the scheduled activities would be taken into account for future references.

People told us they were happy with the standard and quality of food provided and their preferences, likes and dislikes were established from the outset. The registered manager told us that the quality of food and menu options were discussed at 'resident meetings' and any suggestions were accommodated accordingly. One person said, "There's always nice food and if you don't like something they [staff] will make you something different." One relative told us "[Person] eats well and likes the food."

Is the service caring?

Our findings

People continued to receive a good level of care. People told us, "[Manager] is great, she'll do anything for us", "I think the staff are very good and they always seem to know what I need and are very courteous and pleasant" and "Staff are approachable and friendly." Relatives said, "[Person] says they [staff] are very kind" and "[Person] can go to bed when [they] want, and we can visit at any time and its always clean and tidy". One healthcare professional told us, "The staff treat them really well, they're really nice staff and residents are well looked after."

Observations we conducted throughout the course of the inspection confirmed how positive relationships had developed between the staff and people receiving support. Staff were familiar with the needs of the people they supported; people looked happy and relaxed and they told us that the staff provided care in a compassionate and kind manner.

We experienced a culture of warmth and kindness during the inspection. Staff were observed using people's preferred names, having a sing along with people and relatives and engaging in meaningful conversations. People's privacy and dignity was maintained and preserved. We observed staff knocking on bedroom doors before they entered, supporting people to independently mobilise to different parts of the home and discreetly supporting people with personal care when it was requested.

Care records we checked promoted the importance of providing respectful care. For example, records we looked at stated, '[Person] will have rights protected' and '[person] is to be treated with dignity and respect'.

For people who did not have any family or friends to represent them, contact details for a local advocacy service was provided upon request. An advocate is someone who can support a person to make important decisions in relation to their health and well-being. At the time of the inspection there was nobody receiving support from a local advocate.

People's confidential information was protected in line with General Data Protection Regulations (GDPR). This meant that people's private and sensitive information was not unnecessarily shared with others.

People and relatives received a 'Service User Guide' from the outset. This contained essential information in relation the provision of care that could be expected from Brookside Care Home. The guide contained information such as quality assurance and care, staffing structure, facilities, meals, activities, health and safety, equality and diversity and domestic arrangements.

Is the service responsive?

Our findings

People continued to receive responsive care and support. Comments we received included, "I like everything here I have no complaints" and "There isn't anything I would change." One relative told us, "I would definitely recommend here, they [people] are going out on a trip this afternoon and they take them out a lot". It's a very happy environment". One healthcare professional said, "They're [staff] very responsive, they're open and very approachable.

Care plans were tailored around the person and person-centred care was delivered. 'Person centred' means the care and support which is delivered is in line with people's individual needs and not the needs of the registered provider. Each person who lived at Brookside care home was allocated a designated key worker. A 'key worker' was a staff member who was a point of contact for each person and responsible for ensuring records were consistently and regularly updated.

Staff were able to provide responsive care. Staff were familiar with the likes, dislikes, preferences and wishes of the people they supported. Records contained information such as, '[Person] likes to watch TV, likes fish on a Friday, meat and potato pies and egg custards', '[Person] enjoys family visits, chatting and enjoys all social aspects of the home', '[person] dislikes marmalade and blackcurrant jam but loves pickle' and [person] is able to wash and dress independently.'

There was a range of different activities scheduled for people to participate in and we received positive feedback from relatives, staff and people who lived at Brookside care home. Activities included, armchair exercises, bingo, pet therapy, reminiscence groups, knitting/craft groups, poetry workshops and 'resident/staff' choir. The registered manager also told us that they ensured that each person's birthday was celebrated who lived at the home. One person told us, "We have lots of entertainment and parties and we have a choir that I'm in and I love this, and we practice on a Friday". We get lots of Church visits as well".

The registered provider had a complaints policy in place. The complaints policy and procedure was visible throughout the home and people and relatives were familiar with the process. At the time of the inspection there were no complaints being responded to. Previous complaints were managed and responded to in accordance with organisational policy. We also saw suggestions box in the main foyer of the home which encouraged people to share their thoughts, opinions and views in an anonymous way.

Equality and diversity support needs were assessed from the outset. Protected characteristics (characteristics which are protected from discrimination) were considered at the assessment stage. This meant that the registered provider was assessing areas of care such as age, religion, gender, disability which needed to be appropriately supported.

We asked the registered manager if 'end of life' care was provided to people who were assessed as being at the end stages of life. We saw end of life pathways in people's files and it was evident that a sensitive approach was taken to this area of care. Staff had access to end of life training and records we checked were up to date, relevant and were regularly reviewed.

Is the service well-led?

Our findings

There was a registered manager at the time of the inspection. The registered manager had been registered with the Care Quality Commission (CQC) since 2012; they were aware of regulatory responsibilities as registered manager.

We asked the registered manager how they monitored and reviewed the quality and safety of care people received. Audits and checks were completed in a variety of different areas to monitor and assess the quality of care people received. Audits and checks included, infection control, accident and incident monitoring, health and safety, maintenance management, care records, monthly service audits and weekly and monthly medication audit. We identified that a number of weekly audits had not been completed and the quarterly infection control audit was a little out of date.

We recommend that the registered provider reviews the quality assurance systems to ensure they are effectively in place.

We received positive feedback about the quality of care provided and the overall governance of the service. Comments we received included, "[Manager] is very good, you can speak to [manager] about anything, very approachable" and "Everyone works well as a team, residents are so well looked after, we all feel well supported." Relatives also expressed that they felt the home was warm, inviting and offered a friendly support to both people who lived there and their loved ones.

'Satisfaction surveys' (questionnaires) were had been circulated to staff, relatives and people living at the home. Results of the surveys enabled the registered provider to review the opinions of others in relation to the care and support people received. Some of the feedback we reviewed included, 'we're very supported', 'all staff are very welcoming', [manager] is always very helpful', 'Brookside has the feel-good factor-it's a happy place', 'cannot fault' and 'it's wonderful.'

Regular staff meetings, senior meetings, 'relatives' and 'resident' meetings, activity meetings and director meetings were taking place. This meant that many different aspects of the care people received were continuously discussed and areas of improvement were identified. We received positive feedback about the level of effective communication. Staff told us that they felt well informed and involved in the day to day care people received.

The registered provider had a variety of different policies and procedures in place. Policies we reviewed included safeguarding, GDPR, medication administration, whistleblowing, equality and diversity and missing resident protocols.

Staff explained their understanding of such policies as well as explaining where they could access the policies if they ever needed to. We identified that some of the policies had not been reviewed since 2010 and needed to contain the relevant information in relation to Health and Social Care Act. The registered manager was responsive to our feedback and said this would be immediately followed up on.

