

Brook Healthcare Limited

Brook House Care Home

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

Brook House Care Home is a residential care home providing personal care and accommodation to 30 older people at the time of the inspection. The service can support up to 35 people in one adapted building over two floors. One area of the service specialises in providing care to people living with dementia.

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

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.

Staff knew their duty to report any incidents of harm or poor care. Staff used people's risk assessments as guidance on how to monitor people's identified risks whilst supporting people's right to independence. Staff worked in conjunction with legislation, best practice guidance and information from health professionals across different organisations. This helped promote people's well-being.

Staffing levels were adequate to meet the care and support needs of the people living at the service. Medicines were safely managed. Staff knew the people they supported well. To develop their skills and knowledge staff received training, competency checks, supervisions and appraisals.

Staff encouraged people's food and drink intake. Staff promoted and maintained people's privacy and dignity. Staff had a good relationship with people and understood their individual needs and preferences.

We have made a recommendation about staff's practices in promoting good infection control. Trained staff were aware of infection control practices to reduce the risk of contamination but did not always follow these practices.

People and their relatives told us staff were caring. Staff kept people's personal information confidential. People and their relatives told us they were involved in discussions about the care and that their preferences were respected. Staff were trained to support people on end of life care.

People told us if they had to raise any concerns they knew how to do so. Staff had positive comments about how approachable the registered manager was. Audits including organisational audits were carried out to monitor the service and address any improvements required. The registered manager notified the CQC of incidents that they were legally obliged to.

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 9 September 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.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Brook House Care Home

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

This inspection was carried out by an inspector and assistant inspector.

Service and service type

Brook House Care Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as a 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, regional lifestyle and well-being lead, the chef, the maintenance manager, administrator, team leader and four care staff. We also spoke with a visiting health professional.

We reviewed a range of records. This included three people's care records and a medication record. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We received feedback about the service from an external health professional.

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 relatives told us the support they, their family member, had from staff gave them reassurance. When asked if they felt safe living at the service a person told us, "Oh yes very," and a relative said, "[They] are completely safe."
- Staff understood their duty to report incidents of poor care or harm. A staff member said, "If we saw someone shouting at another resident, we would call the team leader and let them talk to them. If they don't do anything, we can report to CQC."

Assessing risk, safety monitoring and management

- Staff had access to information within people's risk assessments on how to monitor and manage their known risks, such as a person's personal emergency evacuation plan. This individualised information guided staff on how to support people without removing their independence.
- Staff used equipment and technology to support their well-being, such as care call bells to summon staff when needed, and sensor mats to alert staff that a person at risk of falls was moving around.

Staffing and recruitment

- Staff had recruitment checks carried out on them before they were employed to try to ensure they were of a good character. For staff working at the service for many years, additional criminal record checks (disclosure and barring service/DBS) were undertaken whilst they were employed. A staff member said, "I have worked here for over a [named number] of years and I have had an updated recruitment check regarding my DBS during that time."
- We saw there were enough staff to meet people's needs in a timely manner. A person confirmed, "They are here when I need."
- People's dependency needs determined the number of staff required. The registered manager told us staffing levels increased due to people's complex behaviours or when a person was on end of life care.

Using medicines safely

- Staff stored, administered and disposed of people's medicines safely. Staff were trained to give people's medicines and their competency to do was checked yearly. Records were kept of when people were administered their medicines, and these were checked as part of the services governance audits.
- For people prescribed medicines to help with their anxiety and distressed behaviours there was clear guidance for staff on what distractions to try before resorting to medicines.
- A relative told us, "[Staff] review [family member's] medication when they need to."

Preventing and controlling infection

- Staff were trained in infection control and could demonstrate their knowledge to us. However, we saw in a communal bathroom some personal toiletry items including disposable razors and a pedal bin that was broken. We also saw a staff member carrying waste in a bag but without wearing gloves. This increased the risk of cross contamination. The registered manager made sure that these were removed or replaced immediately during the inspection. They told us they would speak to staff to remind them of the importance of following good infection control practices in line with their training.

We recommend the provider consider current guidance on infection control and cross contamination and act to update staffs' practice accordingly.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong or there was a near miss. The registered manager told us, and records showed the work done following an incident to improve staff's communication.

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 new to the service had a pre-assessment in place to make sure that staff could meet their care and support needs.
- The registered manager told us their provider's governance department made sure they had up to date guidance and legislation. This included oral health guidance. The registered manager told us they would request oral health training for staff from their training department.

Staff support: induction, training, skills and experience

- Staff told us they had training, supervisions, observational competency checks and appraisals to monitor their skills and knowledge. A staff member said that during supervisions and appraisals they were asked for their suggestions and ideas.
- New staff completed the care certificate. This is a nationally recognised induction programme for staff working in care.

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

- People were given a choice of what they would like to eat or drink in line with any specialist dietary needs. Most people and relatives had positive opinions about the food. One relative said, "The food's fantastic, we've eaten here a few times...they don't mind. [Family member] gets different things each day." However, a person said, "The food here is a bit hit and miss."
- Staff supported people who required additional assistance with their meals in a kind and unhurried manner. Staff encouraged people to do as much as they could for themselves to promote their independence.

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

- Staff supported people to have access to health professionals such as GP's, private dentists, speech and language therapists and community psychiatric nurses to promote their well-being.
- A health professional told us, "I know the home and staff very well. They are good communicators. They give me the precise information you need about the residents... they encourage their residents to live well... Staff have a good knowledge of how to deal with complex behaviours."

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

- The service is currently undergoing a redecoration programme. We saw that in the dementia area people had memory boxes and pictures outside of their room to help with their orientation. Handrails were a

different colour to the walls to help people see them easily and there were restrictors on windows of the rooms we entered to help with people's safety.

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.

- The registered manager had made applications to the supervisory body to put restrictions in place for people assessed as lacking the mental capacity to make certain decisions. One application had been authorised with no conditions added.
- Staff understood how the MCA affected their day to day role at the service. Staff members told us how they followed the principles of the MCA by assuming people have capacity to make decisions unless assessed otherwise. Staff also told us how they would use best interest decisions to support people. Throughout the inspection staff gave people choice and people's choice was respected.

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 and their relatives had positive comments about the care and support they, their family member received from staff.
- One relative said, "[Family member] seems settled and comfortable. They say the food's good and the people are lovely," another relative told us, "It's wonderful, [family member] was living at home and we tried to keep them at home. The moment they came here they relaxed. They do their best and [family member] is well looked after."
- Staff knew the importance of supporting people in a kind and patient manner. We saw staff speak to people face on and at eye level to help the person's understanding of what was being said or asked of them.

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

- Staff encouraged people to express their views and be involved where possible in decisions around their care. A relative said, "[Family member] would not know what was going on but they asked us to be involved in [person's] care, they ask our opinion."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people with their personal care from behind closed door to promote and maintain people's privacy and dignity.
- Staff tried to enable people to do as much as they could themselves to maintain their independence.
- Staff kept people's personal information confidential.

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 remained the same. 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

- Staff supported people with personalised care and support in line with their preferences. A relative confirmed, "We are involved, [staff] call us and we help with reviews [of family members care and support needs]."

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.

- The registered manager acknowledged there were some improvements needed around how they advertised upcoming activities in the dementia area of the service. People said a pictorial format would help aid their understanding. The registered manager told us they would make this improvement.

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

- Brook House Care Home was currently awaiting their new activities co-ordinator to start work. However, in the meantime the regional lifestyle and well-being lead visited the service to support staff to put on activities for people. On the day of inspection this included bingo and singing activities. A relative said their family member had recently moved in and was enjoying taking part in activities. This helped to promote their social inclusion.

- People who were able to, were encouraged to live as independently as possible and this included taking themselves off into the community to visit shops or a local pub. A person told us, "I go out when I want, this weekend I took myself off to the local boozier."

Improving care quality in response to complaints or concerns

- People and their relatives told us they were able to raise a concern should they wish to do so and be taken seriously. A relative said, "We made a complaint in the past...we discussed it and they could not apologise enough."

- We saw that both compliments and complaints had been received about the service provided since the last inspection. Complaints were investigated and resolved wherever possible.

End of life care and support

- Staff, trained in end of life support cared for people who were at the end of their life, in conjunction with

staff from the local hospice, the person's GP and community nurses. This was to try to make sure the person had as dignified and pain-free a death in line with their wishes.

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

- Staff could give their opinions of the service via a feedback form and at meetings held. Staff gave positive feedback about the registered manager. One staff member said, "They are very fair and approachable."
- People and their relatives could attend meetings where they were updated about the service and could give their feedback. We saw how people had helped choose the new wallpaper and colours for the current redecoration of the service. A relative confirmed, "[The registered manager] is lovely when we call, they are always available and chats to us too."
- People who were able to, told us they could come and go from the service as they wished. There were links with the community to promote people's inclusion. Religious service volunteers came to speak to people, student doctors performed musical events and local schools attended to interact with people and put on singing events.

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

- The registered manager was knowledgeable about the people using the service. They understood their responsibilities in terms of quality performance, risks and regulatory requirements.
- Organisational oversight was in place with regular visits to the service by the regional quality and development manager. Any improvements found as required during these director visits to the service, were added to the service's general action plan. Records showed that legally required notifications were being submitted to the CQC as required, and when things went wrong.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. As part of the on-going monitoring of the care provided, audits were carried out. Updates regarding the service were reported to the provider's head office as part of their governance and monitoring.

Working in partnership with others

- The registered manager showed us the work they had been doing in conjunction with a GP practice to help reduce hospital admissions.

