

SSL Healthcare Ltd

Brookfield Care Home

Inspection report

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13 May 2021

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Brookfield Care Home is a residential care home providing personal care to 22 older people some who may be living with dementia at the time of the inspection. The service can support up to 30 people.

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

Staff provided care and support to meet people's individual needs as assessed. A range of quality assurance checks and audits were in place which were used to help maintain and improve standards and to keep everyone safe. We found these recent checks had helped to progress required improvements since our last inspection. The general manager continued to ensure the checks remained suitable and helped to ensure the required outcomes were achieved in a timely way.

People received their medicines as prescribed. Checks and audits had identified some short falls in medicine management and new processes were being embedded. This included specialist input to further improve this process.

We were assured that people were supported safely with good infection control practices followed. During the inspection we observed not all staff follow required guidance on the use of masks and this was immediately addressed by the registered manager. The home was clean and tidy and free from any lingering odours. Systems and processes were safely established to facilitate visits by loved ones. Relatives told us they were pleased with the support and communication they had received during the pandemic.

Systems and processes in place ensured people were safe from avoidable harm. Feedback and consultations were held to ensure people received support and care appropriate to their individual needs. Peoples cultural and diverse needs were identified and respected with support provided in a person-centred way.

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 requires improvement (published 13 January 2021) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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.

We carried out an unannounced comprehensive inspection of this service on 10 November 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve risk management and quality assurance checks and to prevent and control infection.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Safe and Well led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brookfield Care Home on our website at www.cqc.org.uk.

Follow up

We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Brookfield 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.

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 completed by 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 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 inspection

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. 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

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff, and the registered manager. We reviewed two care plans, one staff file, daily care records, and records associated with the management of people's medicines and the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with the registered manager, deputy manager and the general manager.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
At our last inspection the provider had failed to implement an effective system to ensure risks to the health and safety of service users was robustly assessed and reviewed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- A deputy manager had been recruited and was following an action plan to ensure updates to care plans were completed in a timely manner. Further updates were required to ensure information remained up to date and relevant.
- Staff understood known risks and how to support people safely following their assessed needs.
- Individual COVID-19 risk assessments had been completed. Regular testing was taking place and the service was COVID-19 free.
- Incidents had reduced because lessons had been learnt from previous events.

Preventing and controlling infection

At our last inspection infection, prevention and control measures were not robust. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were some-what assured that the provider was using PPE effectively and safely. Some staff did not always follow current guidance and wore face shields without face masks. The registered manager acted during the inspection. Further work was required and in progress to ensure staff remained up to date and compliant with current guidance.
- 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Using medicines safely

- We found some areas of medicine management and administration were not always up to date. This included daily record keeping. Checks to ensure people's medicines were managed following best practice were implemented during the inspection and required embedding into daily practice.
- Where medicines were administered for pain relief, records provided information and were updated to ensure people received these as and when required.
- Staff received training in medicines and observations on their practice to ensure they remained competent. The deputy manager told us they were actively supporting staff to ensure they had the right skills to manage and administer medicines confidently and following best practice.

Staffing and recruitment

- Processes were in place to ensure required checks were completed to ensure the safe recruitment of staff.
- Staff did not always receive supervisions to support them in their roles. Work was planned to ensure staff received required supervision and support to carry out their roles and raise any concerns.
- Enough staff were on duty to meet people's assessed needs and spend quality time with them.
- Staffing was reviewed as occupancy of the home changed, and as people's needs changed. Contingency plans ensured there were enough suitably skilled staff on duty.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training to keep people safe from abuse and understood how to report any concerns for further investigation.
- People and their relatives told us they felt staff helped to keep them safe. A relative said, "The staff are kind to [person] and yes she is safe."

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 requires improvement. At this inspection this key question has improved to 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not have effective systems in place to monitor the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had implemented a range of checks and audits to maintain standards and identify any areas that may require improvement.
- Checks had identified short falls in medicines management and administration. The deputy manager told us the service was working with health professionals to improve the way medicines were managed including recording and stock management. They told us, "The checks help to identify where a PRN protocol should be placed for medicines taken as required and those medications with variable doses."
- The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law.
- The provider was consulting with staff and looking for creative ways to improve staff moral following the pandemic. Events included planning for a socially distanced summer fete and a planned take away meal evening for staff and residents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- People were consulted with. Minutes from a recent resident meeting included people's feedback on things they wanted to do or change. Outcomes were shared for relatives to enjoy. The registered manager told us, "We support people with their personal preferences including any protected characteristics. For example, staff support any request; going to church, the pub or just out for a walk."
- Staff meetings were held and were used as an opportunity for consultation including feedback on ideas for improvement.
- The service sought feedback from health professionals and engaged with specialist support. For example, the service worked closely with the local authority and other health professionals to improve care.

- People and their relatives told us they would be happy to speak with staff and the registered manager to raise any concerns they may have and were confident that these would be investigated.

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 registered manager understood the requirement to share information in an open and transparent way with other organisations.
- The provider responded proactively and positively throughout the inspection process and there was a clear commitment by staff to provide the best service and outcome for people.