

St Helens Council

Brookfield Support Centre

Inspection report

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21 December 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Brookfield Support Centre is a residential care home providing personal care for up to 39 people. The service provides support to people by providing intermediate care services. Intermediate care is for people who are ready to be discharged from hospital but may not be fit enough to go home straight away, or for those who may have difficulties managing at home due to illness or reduced mobility. They may require a further period of recovery and/or rehabilitation. Accommodation is provided on the ground floor with full access to adapted facilities.

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; the policies and systems in the service supported did not support this practice. At the time of this inspection there were no people being supported under the Mental Capacity Act.

Medicines were managed safely within the service. People told us they felt safe staying at Brookfield Support Centre. Procedures were in place for the reporting of incidents, accidents, and safeguarding concerns to prevent further occurrences.

Effective procedures were in place for the safe recruitment of staff. Risks to people's health and wellbeing had been assessed and guidance was available for staff to support people safely.

The service had a clear ethos of ensuring that people maintained, and where possible improved their independence whilst using the service.

Regular checks and maintenance of the service took place to provide a safe environment for people to live. Governance systems were in place to monitor and assess the quality of care people were provided with. The registered manager and staff worked in partnership with other external agencies and professionals to meet the needs of people using at the service.

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 21 December 2018).

Why we inspected

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed and remains good based on the findings of this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brookfield Support Centre

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Brookfield Support Centre is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Brookfield Support Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. In addition, 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.

During the inspection

We spoke and spent time with 12 people about their experience of the care provided. We also observed interactions between staff and people who used the service. We spoke with 8 members of staff including the registered manager, duty managers, carers and members of the domestic team. We reviewed a range of records. This included people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed. Following the visits to the service, we spoke with the registered provider's human resources department and viewed recruitment records electronically.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to record and act upon any safeguarding concerns or allegations made.
- Information was available and accessible in how to respond to allegations of abuse.
- People told us they felt safe using the service.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed and guidance was available for staff to follow. For example, in relation to moving and repositioning needs.
- Procedures were in place for identifying and mitigating the risk of falls for people.
- Systems were in place for the on-going monitoring and maintenance of equipment and people's living environment.
- Where identified, equipment was sourced to meet specific needs of people. For example, an extendable bed was being arranged for a person who was due to be admitted to the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Systems were in place for the appropriate application of the Mental Capacity Act in the event of a person assessed as needing this.
- At the time of this inspection there were no persons being supported being deprived of their liberty.

Staffing and recruitment

- Effective recruitment procedures were in place to ensure that all necessary checks had been completed when recruiting new members of staff to the service.
- To promote a person-centred approach, people were supported each day by a named member of staff whose role it was to ensure that their care and social needs were met. This included ensuring people received their medicines when they needed them and support with planning for their return home.

- People told us that staff met and understood their needs.

Using medicines safely

- People received their medicines as prescribed.
- Medicines were stored in a safe, clean and tidy environment. Regular checks of the temperature of the environment took place to ensure medicines were stored appropriately.
- People were encouraged wherever possible to maintain their independence in managing their own medicines. This was supported by lockable facilities being available in all bedrooms.
- Daily checks and regular audits took place to ensure that medicines were managed appropriately. Discussion took place around the storage and monitoring of medicines no longer required by people prior to them being returned to the pharmacist.

Preventing and controlling infection

- Clear procedures and practices were in place to maintain a clean and hygienic environment for people.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed. Supplies of personal protection equipment was available throughout the service and accessible.
- We were assured that the provider's infection prevention and control policy and procedures were up to date.

Learning lessons when things go wrong

- Systems were in place for the management and oversight of incidents and accidents.
- Accidents and incidents were recorded by staff and reviewed by the registered manager and the provider's health and safety department to minimise the risk of recurrence.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The ethos of the service was to enable people to regain their physical and emotional best with a view to returning to their previous address or alternative accommodation that met their needs.
- Governance systems to check the quality and safety of the service were in place.
- The registered manager had a system in place for the monitoring and reviewing of all incidents.
- The provider had regular oversight to monitor and maintain safety.
- Policies and procedures were in place for the safe management of the service. Discussion took place regarding the number of 'outdated' documents being stored with current guidance. The registered manager explained that this had been identified as an action that needing addressing.

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 their legal responsibility when things went wrong. They were open and transparent during the inspection and showed a commitment to continually making improvements to the service.

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

- The registered manager had a clear understanding of their role and regulatory requirements.
- Staff understood their role and had a clear understanding of the importance of enabling people to build and maintain their independence both physically and supporting with social barriers experienced by individuals. For example, staff were seen to support people with housing applications and medical appointments to assist with planning for people's future.
- We identified that senior staff were not fully aware of situations in which statutory notifications were needed to be sent to CQC. This involved a safeguarding concern; the concern had been referred to the provider's safeguarding team, however CQC had not been informed. Following discussion, action was taken immediately to ensure that all staff responsible for reporting incidents and safeguarding concerns were informed of the correct procedures.

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

- People using the service were asked for their opinions on their stay at the service.

- Regular meetings took place to update date staff within the service.

Continuous learning and improving care

- The registered manager and senior representatives of the provider continued to explore ways in which the service could assist with supporting members of the local community requiring intermediate care and support and supporting local hospital facilities in the safe discharge of people.

Working in partnership with others

- People had access to daily visits from a GP service and access to nurses based in the same building. In addition, social workers, occupational therapy and physiotherapy services were also available to support individuals with their recovery.
- The service worked across other local authority services to promote a safe journey from Brookfield Support Centre to their own address.