

Brookholme Croft Ltd

# Brookholme Croft Ltd

## Inspection report

Woodstock Drive  
Hasland  
Chesterfield  
Derbyshire  
S41 0EU

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Tel: 01246230006

Website: [www.brookholmecroft.co.uk](http://www.brookholmecroft.co.uk)

## 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

Brookholme Croft Ltd provides accommodation, nursing and personal care for up to 45 older people. This may include people living with dementia, physical disability or people who are receiving end of life care. At the time of our visit, there were 45 people accommodated at the home

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

People were happy living at the home and made many positive comments about the quality of the care provided. A person said, "It was the best thing I ever did coming here. It's a lovely place to live." Other people told us they felt safe and contented at the home.

The staff were well-trained, kind and caring. They were knowledgeable about the people they supported and took an interest in their lives. A care worker said, "We're like an extended family here, we know all about the residents and they know all about us. We're always talking to each other and the atmosphere is great."

There were enough staff on duty to meet people's needs. People said staff came quickly when they needed them. Staff were safely recruited to ensure they were suitable to work in a care setting. The focus of their training was on providing personalised care that ensured people had a say in how they were supported.

People made many positive comments about the meals. A person said, "The food is very good, I've never had a bad meal here."

Staff worked closely with GPs, nurses and other healthcare professionals to ensure people's healthcare needs were met. Some people's health and mobility had improved since they came to the home.

The premises were purpose built, accessible and spacious with clear signage to help people find their way around. All areas were cleaned to a high standard. The home's activity co-ordinator organised a programme of activities and trips out for people.

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.

The registered manager ran the home efficiently and got on well with people, relatives and staff. People told us she was kind and approachable. People, relatives and staff were involved in making decisions about the home and their views and suggestions were listened to and acted upon.

### Rating at last inspection

The last rating for this service was Good (inspected 3 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.

## 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 ●

# Brookholme Croft Ltd

## 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 was carried out by one inspector.

#### Service and service type

Brookholme Croft Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and we looked at both 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 looked at the information we held about the service, which included any notifications that the provider is required to send us by law. We also reviewed the information the provider had sent to us in the provider information return. This is a form that asks the provider 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 six people living at the home, three relatives, and a visiting healthcare professional. We observed staff interactions with people. We spoke with the registered manager, nominated individual

(responsible for supervising the management of the service on behalf of the provider), administrator, and two care workers. We looked at records relating to all aspects of the home including staffing, medicines, accidents and incidents, and quality assurance. We also looked at two people's care records.

# 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 told us the home was a safe place. A person said, "I feel safe here because the staff look after me and come and see me when I'm in my room."
- Staff were trained in safeguarding (protecting people from abuse) and understood the provider's policies and procedures on this. If abuse was suspected staff said they would refer concerns to the local authority and other agencies as appropriate.
- Staff knew how to protect people from harm. A care worker said, "If we thought someone was being abused we'd make them safe and then go straight to the nurse in charge or [registered] manager."

Assessing risk, safety monitoring and management

- People had risk assessments telling staff what to do to keep them safe. These were written by senior staff after consultation with the person themselves, relatives, and health and social care professionals.
- Staff knew how to reduce risk to people. For example, a care worker said one person sometimes forgot to use their walking frame. "We have to remind [person]. All the staff know and we keep an eye on [person] to make sure they always use their frame to walk."
- Another care worker told us how they followed a person's routine of assisted turns in bed, personal care, and physical checks to protect them from skin damage.
- Senior staff evaluated risk assessments once a month or as required. People had personal evacuation plans so staff knew how to support them if they needed to leave the home in an emergency.

Staffing and recruitment

- The home was well-staffed with enough staff on duty to meet people's needs at all times. A person said, "We are not short-staffed here. If I need help I press my call bell and the staff come straight away."
- Staff were safely recruited following the provider's recruitment policy and procedures. New staff were not allowed to start work at the home until checks had been carried out to ensure they were fit to work in a care setting.
- The provider and registered manager used a dependency tool to work out how many staff were needed on each shift. Staffing levels were flexible, for example if a person was ill or on end of life care, staffing levels were increased.

Using medicines safely

- Staff were trained in the safe administration of medicines and the deputy manager carried out regular competency checks to ensure their skills and knowledge remained up-to-date.
- Medicines were safely stored and administered. The registered manager audited medicines records

monthly, and made improvements if necessary. The home's GP and pharmacist carried out six monthly medicines checks.

- People had appropriate PRN ('as required') medicines protocols in place. For example, one person's PRN medicine had sedative properties so staff were instructed only to use it as a last resort due to the risk of falls.

#### Preventing and controlling infection

- The home was clean, tidy and fresh throughout. People, relatives and visitors said the home was always cleaned to a high-standard.

- Staff were trained in infection control and food hygiene. They used protective clothing including gloves and aprons to reduce risk to people and themselves.

#### Learning lessons when things go wrong

- The registered manager audited accidents and falls records monthly and analysed the results to identify any themes or trends. Where necessary, they took action to reduce the risk of similar incidents reoccurring. Lessons learned were shared at staff meetings and supervisions.



# 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 the home. People, relatives and health and social care professionals contributed to assessments to ensure staff understood people's care and support needs.
- Assessments were personalised and covered people's physical, mental, social and cultural needs. They identified if people had any needs relating to equality and diversity so staff could support them with these.
- Staff updated people's assessments and care plans as they got to know them. New information was added to records and shared with staff to ensure people received care and support in the way they wanted it.

Staff support: induction, training, skills and experience

- Staff were skilled and knowledgeable. They had a mixture of online and face to face training which they said was good quality and equipped them for their roles. Training included a comprehensive induction, and mandatory and specialist training to ensure staff could meet people's individual needs.
- Training was centred around the provision of personalised care and caring for people in a way that respected and acknowledged their choices and preferences. All staff, including ancillary staff, had training. For example, the whole staff team were trained in dementia care as everyone who worked at the home would be assisting and supporting people living with this condition.
- Specialist training was provided as required. For example healthcare staff provided training on tissue viability to meet the needs of a person.

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

- People made many positive comments about the meals. A person said, "The food is very good and we get lots of different meals so we don't get bored."
- Meals were well-presented and wholesome. Staff assisted people with their meals where necessary.
- People's nutritional needs were assessed and if they needed additional support staff referred them to a dietician and/or the SALT (speech and language therapy) team via their GP.
- People had nutritional care plans and staff used diet and fluid charts if there were concerns about a person's intake. People's cultural dietary needs were met by the chef and in conjunction with people's families.

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

- Staff worked closely with external healthcare professionals to ensure people's healthcare needs were met.

They assessed people and referred them to the appropriate healthcare services, for example, an older person holistic frailty team and a hospital-based tissue viability team.

- A visiting healthcare professional told us staff knew when it was time to call in the GP or an advanced nurse practitioner to treat people. They said staff were knowledgeable about the people they supported. They said, "They're incredibly proactive and they know everything about the people here, they don't have to get the records out."
- Some people's health and mobility had improved at the home. For example, staff worked with a multidisciplinary team to ensure a person had the equipment they needed to get back on their feet. The person regained their mobility was discharged home.

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

- The premises were purpose built and spacious. There was a passenger lift to the first floor. All areas had level access to make it easier for people to mobilise round the home.
- Appropriate signage helped people find their way to different parts of the home and their bedrooms. Toilets door were painted blue to make them easy to recognise.
- Staff ensured the premises were suitable for people. For example, one person was having difficulty locating their bedroom. Staff adjusted the signage to resolve the issue and the person was able to maintain their independence by finding their room without staff assistance.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff provided care and support in accordance with the MCA and DoLS. Mental capacity assessments and best interest decisions were recorded and followed.
- Staff told us how they always sought consent from people before giving them assistance. We observed this in practice during our inspection visit.

# 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 made many positive comments about the caring nature of the staff. A person said, "The staff do a good job and are always concerned about you." Another person told us, "The staff are very kind and have time for us all."
- Staff took an interest in the people they supported. A care worker said, "The residents ask about our families and we ask about theirs. We are like one big family here."
- A person showed us their walking frame which staff had decorated with fairy lights. The person said they loved how it looked so 'bright and cheerful'.
- We observed numerous caring interactions between staff and people. For example, a care worker brought a person to the dining room, supported them to sit down, and asked if they would like a drink. The person said, "Aren't they wonderful, they are so kind and helpful."
- People's equality and diversity needs were met. Staff consulted with people and their families on how best to meet people's cultural needs. The home celebrated multicultural festivals and events including Christmas, Chinese New Year, and Burns night when a piper played for people.

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

- Staff involved people and relatives when care plans were written and reviewed to ensure their views and preferences were included.
- People chose their own routines. A care worker said, "The residents have the freedom in this home, they can go to bed and get up when they want and have a drink and a snack when they want."
- People were encouraged to make decisions about all aspects of their care and support. Staff training in dementia care enabled staff to develop relationships with people so they felt safe and secure enough to express their needs and wants.

Respecting and promoting people's privacy, dignity and independence

- Staff were trained in privacy and dignity. They valued people and respected their uniqueness. A care worker said, "I like the individuality of each resident, they've all got their own quirks and personalities."
- People said staff knocked on their bedroom door before entering, and closed curtains and doors when giving personal care. Staff supported people to be independent and to do things for themselves where possible.
- People's records were kept securely in line with the General Data Protection Regulation (GDPR). This meant no-one had unauthorised access to people's personal 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 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 met people's needs in the way people wanted. A person said, "The staff know how we like things and are very helpful in the way they look after us and help us."
- People and/or their families completed a 'This is me' form when people came to the home providing information about people's life histories, and hobbies and interests. This helped to ensure staff knew people's preferences. For example, one person's stated, 'I prefer to be called [childhood nickname] because it brings back fond memories.'
- Staff worked well with people who were distressed. A care worker said, "I love my job because we make a difference. If people are upset we reassure them, . we have a laugh and a joke with them and hold their hand and then we see them smile." Staff successfully used therapy dolls to provide comfort to some of the people using the service.

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's communication needs were assessed when they came to the home and, where necessary, care plans put in place for these. Information was presented to people in a way they could understand, for example staff used picture cards to enable some people to make choices.
- People had the technology they needed to communicate. For example, one person used a voice-activated computer program, and staff assisted another person to 'facetime' relatives who lived abroad.

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 home's activities co-ordinator organised a programme of activities and trips out for people. A person said they had enjoyed a canal boat trip the carol singers who came to the home at Christmas. Another resident mentioned a visit to a tramway museum.
- People played bowls and enjoyed a quiz during our inspection visit. Some people preferred one-to-one activities, for example one person like to watch a film in their room and talk with staff about holidays and politics. The activity co-ordinator kept a log of activities to show what people had done.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they wanted to. A person said, "I've never had to complaint

about anything but if I did I'd go to any of the staff or the people in charge." The prover had a complaints procedure for people and others to follow if they were dissatisfied with any aspect of the home.

- Staff listened to people and acted on what they said. For example, one person told staff the menus were not varied enough for them. In response the kitchen staff talked to the person and others to find out what dishes they wanted and produced a new menu with a wider range of choices.

#### End of life care and support

- A visiting healthcare professional told us the home provided high-quality end of life care and worked sensitively and compassionately with people and families when people reached the end of their lives.

- Staff were trained in end of life care by a local hospice and in-house. The home was registered for a Derbyshire end of life care quality award which the staff team aimed to complete in 2020.

# 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 said they were happy with the care and support provided and would recommend the home to others. A person told us, "I like living here because the staff are friendly and there's always someone to talk to."
- Staff put people first and provided good-quality personalised care in a comfortable environment. A staff member said, "It's doesn't seem like a nursing home or a residential home because it's so homely."
- People's well-being and health improved at the home. A person told us, "I was in a bit of a state when I came here but they go me on my feet again." Some people had been able to return home after a stay at the home.
- The registered manager and nominated individual had an 'open door' policy and encouraged people, staff and relatives to discuss the home with them and comment on the care provided.

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 and registered manager were open and honest in their communication with people, relatives, staff and outside agencies.
- The registered manager notified the Care Quality Commission of significant events as required.
- There were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- People, visitors and staff said the registered manager provided good leadership and was approachable and helpful. A person said, "The [registered] manager is a very kind person and she cares about us all."
- The registered manager, nominated individual, and staff carried out a range of audits to ensure the home were running effectively. These included a monthly quality assurance audit followed by an action plan where necessary.
- Staff had the opportunity to nominate the home's 'employee of the month'. The registered manager was looking at involving people and relatives in the nominations so they too could have a say in which staff member was chosen.
- Staff had regular supervisions, appraisals and meetings which gave them the opportunity to comment on

the home. A care worker said, "They [management] ask us for suggestions. At the last staff meeting we asked for new lockers and we got them within a couple of weeks."

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

- People and relatives were involved in developing the service. They had the opportunity to attend meetings at the home and complete quality assurance questionnaires. There was a comment box in reception for people and visitors to use.
- Local churches visited the home to offer spiritual support and communion and people attended church services in the local area. People used local shops and other community facilities and the public were invited into the home for events and celebrations.

Continuous learning and improving care

- Since we last inspected the home had been redecorated. There were new floor-covering and new furniture in place. Staff had created a reminiscence room with vintage decorations, items of interest, and pictures. The activities co-ordinator used the room for one-to-one sessions with people.
- Staff had a new evacuation 'grab bag'. This contained wrist tags (to identify people if they had to go to another home), fluorescent jackets, and foil blankets to keep people safe in the event of an emergency.

Working in partnership with others

- Staff worked with other health and social care professionals and agencies sharing information and assessments where appropriate. Staff liaised with the local authority, safeguarding teams, clinical commissioning groups, and multidisciplinary teams to ensure people's health and social care needs were met.
- The local authority visited the home in 2018 and judged the home to have met the criteria for being awarded a 'quality premium' for providing a high standard of care and support to people.