

Caring Homes Healthcare Group 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 and nursing care for up to 53 older people, some of whom live with a dementia. At the time of the visit there were 22 people using the service.

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

People were supported by staff who had been safely recruited and received sufficient training to meet their needs. Risk assessments were completed to ensure staff had all the information to support people safely.

People were protected from infections such as COVID-19. Cleaning schedules were in place and staff wore appropriate personal protective equipment (PPE). The provider followed government guidance on COVID-19 testing and visiting within the home.

People were supported to maintain good health. Medicines were appropriately managed, and staff supported people with healthcare appointments such as doctors and dentists. If a need was identified the registered manager made referrals to external health professionals.

People received person centred care. Care plans were reflective of people's needs and detailed information to support staff to get to know people. People and relatives told us staff were kind and caring.

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.

People were supported to stay in contact with their friends and family. People were offered regular activities and staff supported them to access religious services and events to meet their cultural, spiritual and religious needs.

The provider had processes in place to allow people, relatives and staff to make complaints and suggestions to improve the service. The registered manager completed audits to ensure effective oversight of 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 inspected but not rated (published 12 March 2021)

Why we inspected

This was a planned inspection.

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.

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?

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector and two Experts 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

Brook House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brook House Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with five people who used the service and 14 relatives about their experience of the care provided. We spoke with ten members of staff including the deputy manager, senior care workers, domestic and kitchen staff and care workers.

We reviewed a range of records. This included one person's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 inspected but not rated. At this inspection the rating is 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 protect people from abuse and staff were aware of their responsibility to report concerns to the management team.
- People were protected from abuse by staff who had been trained in safeguarding and understood how to recognise signs of abuse.
- The registered manager understood and completed their responsibility to notify the relevant authorities when a potential safeguarding concern was raised.
- People and their relatives told us they felt safe. One person said, "I feel safe here, I am protected from the world." A relative told us, "We are confident about [person's] safety and there has never been a concern around that."

Assessing risk, safety monitoring and management

- Risks to people were assessed, and measures were taken to mitigate risk. Risk assessments were detailed and clear to ensure staff understood how to reduce the risks. For example, when a person was unable to use a call bell to summon support from staff, regular checks were completed and recorded.
- Care plans and risk assessments were regularly reviewed and updated with any changes. For example, following people being discharged from hospital or if there had been a change in their needs.
- People were protected from risks associated with fire. People had personal emergency evacuation plans (PEEP) in place, staff completed fire drills and fire equipment was regularly checked and maintained.
- People were protected from risks associated with water. Water temperatures were regularly taken, and water outlets checked and flushed to protect people from scalding risks and risks of legionella.

Staffing and recruitment

- People were supported by staff who had been safely recruited. Safe recruitment practices were in place and the provider used references and the Disclosure and Barring service (DBS) to ensure staff did not have any criminal convictions and were suitable to provide support for the people living at the service.
- There were sufficient staff levels on each shift to meet people's needs. Most people, relatives and staff told us they felt there were generally sufficient staff on duty. However, at times staff felt it would be useful to have another staff member on the dementia floor in the morning.
- People told us that staff were available to them when they needed them.

Using medicines safely

- Medicines were managed safely. This included the storage, administration, recording and disposal of medicines.

- Staff received training in the administration of medicines and undertook refresher training. Staff received regular observations of their practice to ensure medicines were administered safely.
- Staff had clear guidance for people who had medicines on a 'as required' basis, such as for pain relief. Records showed when these had been administered and the outcome was recorded, to ensure they were being used in line with the prescribed reason.

Preventing and controlling infection

- 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 using PPE effectively and safely.
- 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.

Visiting in care homes

- Visiting arrangements were in place in line with current government guidance. People and their relatives were happy with the arrangements in place.

Learning lessons when things go wrong

- The registered manager shared information with staff through staff meetings and supervisions. Information shared included feedback from outside agencies, trends and patterns from incidents or accidents and lessons learnt.

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.

This is the first inspection for this newly registered service. This key question has been rated good: 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 started using the service. Pre-assessment paperwork was completed to identify the person's needs and ensure staff had the skills to meet these needs.
- Care plans contained person-centred information within them. People's likes, dislikes, relationships, family and history were detailed. This supported staff to be able to meet people's holistic needs. Staff told us they knew people well and care plans were kept up to date.
- When a person had a health condition that required specific tasks or support this was recorded and identified within their care plans and risk assessments.

Staff support: induction, training, skills and experience

- The provider ensured staff had the skills and knowledge to meet people's needs. Staff completed an induction, training and shadow shifts before completing any lone working. (Shadow shifts are when an unexperienced staff member follows and observes a trained and experienced staff member).
- Staff received ongoing training to help them to deliver good care and to maintain their skills and knowledge.
- Staff were supported within their roles. Staff told us and records evidenced staff were offered regular supervisions to discuss their progress, aspirations and any training needs.

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

- People's nutritional assessments stated the support they required from staff. For example, people who were at risk of malnutrition or dehydration were supported to have additional portions and/or fluids or fortified foods and drinks. Staff were aware when people had dietary concerns and supported people to have those needs met.
- People's food and drink, likes and dislikes were recorded in their care plans. One person said, "[the food is] first class, you get choices, and for me its first class." Another person told us, "Generally speaking it's very good, one has personal likes and dislikes, I think it's good."
- When required, people were weighed regularly to ensure they remained healthy.

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

- People's bedrooms were personalised and decorated to individual preferences.
- There were different areas within the service for people to use for their preferred activities or hobbies.

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

- Staff worked with other professionals, people were referred to appropriate health professionals such as, Speech and language therapists or dieticians, when required. Staff recorded outcomes and followed advice as needed.
- When people needed to access health care professionals such as doctor, dentist or optician staff arranged and supported these appointments. A relative told us, "When [person] is unwell, they [staff] look after [person] and inform us."

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 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 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to make decisions. When a person lacked the capacity to make a decision a best interest meeting was held.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- The registered manager kept a record of everyone's DoLS status and recorded any conditions that required actions to be completed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 relatives were consistently positive about the way staff treated them. We were told staff were, "very good, genuinely caring and kind." One person told us, "The staff are remarkable."
- People's care plans included details of their religion, culture and sexual orientation. One relative told us how staff supported people with receiving communion as required to meet their religious needs. The local church offered monthly services to people living at Brook House Care Home.
- People were able to choose what gender of staff they preferred for personal care. We saw evidence that people's preferences had been respected. One person told us, "I would not have a man give me personal care, I would say no straight away."
- Staff we spoke with had a good knowledge and understanding of the people using the service.
- People were protected against discrimination. There was a policy which covered equality and diversity, which staff understood and adhered to.

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

- People were offered the support of an advocate. An advocate is someone that helps people to speak up about their care.
- People and relatives told us they were involved in their care planning and decision making. Records contained signed consent forms for sharing information, photos and support.
- People's communication needs were fully documented in all care records; this supported staff to understand and communicate effectively with each individual person.
- People were supported to express their views and have choices.

Respecting and promoting people's privacy, dignity and independence

- Staff understood people's right to privacy and dignity and were able to describe how they maintained people's privacy and dignity. For example, when supporting people with personal care, they closed doors and curtains and did not discuss other people's needs in front of others. One person told us, "They [staff] always knock before entering." Another person said, "Staff are caring, and always treat me with respect."
- People, relatives and staff told us how staff respected people's privacy and promoted independence. We observed people being encouraged to participate in jobs they enjoyed around the home. A relative told us, "Staff are very respectful and always keep [person's] dignity."
- The service provided equipment to support people's independence and to meet people's personal care needs. For example, people could have their doors locked with 'fobs' which supported them to be able to unlock their own doors as required.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and relatives told us that the service they received, was person centred and suited their needs.
- People's care plans reflected their individual needs. They detailed people's preferences, routines, and how staff could best support them. We observed staff supporting people in a person-centred way. Staff were calm and respectful towards people.
- Care plans were reviewed regularly to reflect people's changing needs. Where a person's needs had changed, the care plan had been updated to reflect these changes.
- People were supported to celebrate important events to them. People celebrated birthdays and festive holidays such as Christmas, Easter and New Year's.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans had information regarding their communication needs. Care plan contained information regarding any visual or hearing aids required and if a person was able to communicate verbally. We observed staff communicating with people in their preferred way.
- The provider had easy read posters in communal areas and corridors to support people to understand procedures such as complaints.

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

- People were supported to access activities daily. Staff offered activities such as cooking, quizzes, dementia café, art and craft clubs and games. People told us the activities were good and the activities staff were "lovely".
- The registered manager arranged for a school to come in and plant trees and was in the process of arranging seaside trips.
- People were supported to stay in contact with their friends and relatives.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people, relatives and staff knew how to complain.

- Staff, people and relatives told us they knew how to complain and felt they would be listened to and their concern rectified. A relative told us, "They [manager] really care and they listen to any queries we might raise."

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- People had evidence in their care plans regarding their do not attempt cardiopulmonary resuscitation (DNACPR) status.
- If anyone required end of life support the registered manager would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 service had a nice relaxed atmosphere. Staff were attentive to people and relatives spoke highly of the staff working at the home.
- Staff told us they felt supported and felt they all worked well together to provide good care to people.
- Relatives were all positive about the service. We were told, "We are very lucky that [person] is here, we can't fault it" and "I couldn't think of a better place for [person], its perfect for [their] needs."

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

- Systems and processes were in place and effective in ensuring the registered manager had oversight of the service and could implement changes as required to improve the service.
- Audits were completed to check and analyse records to identify any risks and make improvements as required.
- The registered manager was aware of their role and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported. Notifications were submitted in a timely manner.

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 understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

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

- The provider had systems in place to take account of people's opinions of the service, they received feedback by reviewing care plans and an annual survey.
- Relatives were kept up to date with their loved one's progress, outcomes and any incidents that may have occurred. One relative told us, "We get frequent updates via emails."
- Information was shared with staff through team meetings, supervisions and feedback sessions. Staff told us they felt confident to raise any suggestions or feedback to their line manager.
- We saw evidence of partnership working with other agencies to meet people's needs. Such as, dieticians,

speech and language therapists and the falls team.