Ashcroft Care Services Limited

Brookmead

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

Overall summary

The inspection was unannounced and took place on 4 November 2014.

Brookmead is a care home for people needing personal care and accommodation. It provides care for up to five people who have a learning disability and associated challenging behaviour. On the day that we visited there were four people living at the home.

During our inspection the manager was present. The manager submitted an application to be registered manager on 21 October 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff knew each person's individual needs, traits and personalities. People were supported to access and maintain links with their local community. Support plans were in place that provided detailed information for staff on how to deliver people's care.

The service had good systems in place to keep people safe. Staff were aware of their responsibilities in relation

Summary of findings

to safeguarding. The manager was clear about when to report concerns and the processes to be followed to inform the local authority and the Commission in order to keep people safe. Medicines were managed safely.

People were encouraged to make choices within their capacity. Risk assessments and support plans were in place that covered potential risks to people and ways to minimize these were recorded and acted upon. People were supported to access healthcare services and to maintain good health.

There were enough staff on duty to provide people with the one to one support they needed during the day in order to meet their needs. Appropriate recruitment checks were completed to ensure staff were safe to support people. Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. Staff received training, supervision and appraisal that supported them to undertake their roles and to meet the needs of people.

Brookmead met the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff were kind and caring and people were treated with respect. Staff knew what people could do for themselves and what support was needed. Staff were attentive to people and we saw high levels of engagement with them.

Staff and relatives told us that management of the home was good. Regular meetings were held with staff that encouraged open and transparent communication. Staff understood the vision and values of Brookmead and the manager monitored that these were reflected in the support that people received.

The registered provider had a formal procedure for receiving and handling concerns. Complaints could be made to the manager of the service or to the registered provider. This meant people could raise their concerns with an appropriately senior person within the organisation.

Quality assurance audits were completed which helped ensure quality standards were maintained and legislation complied with. Accidents and incidents were acted upon and reviewed on an individual basis to prevent or minimise re-occurrence.

Summary of findings

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.

Staffing numbers were sufficient to ensure people received a safe level of care. Staff were trained in safeguarding and knew what to do if they suspected abuse had taken place.

Medicines were handled in line with good practice and legislation. Risks associated with people, the environment and equipment had been identified and assessed appropriately.

Good

Is the service effective?
The service was effective.

People were able to make decisions within their capacity about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups or as needed.

Mental capacity assessments were undertaken for people. Appropriate Deprivation of Liberty referrals were made and best interest meetings took place when required.

People's rooms were decorated and furnished individually according to their personal preferences.

Staff were trained and knowledgeable about the people they worked with.

Good

Is the service caring?
The service was caring.

People were well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to make decisions about their care within their capacity.

Staff responded quickly when someone was distressed and discreetly supported them to ensure they retained their privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People were involved in a variety of activities within the community. They were encouraged to maintain contact with their families.

Relatives were regularly asked for their views about the service.

All feedback was good.

Support plans were in place to ensure that people received care that was personalised to meet their needs and goals.

Good

Is the service well-led?
The service was well-led.

Staff felt supported by management and team meetings were held every month. Staff said they were well trained and understood what was expected of them.

Good

Summary of findings

Systems were in place to ensure that accidents and incidents were reported and acted upon. Quality assurance was measured and monitored to enable a high standard of service delivery. The service worked collaboratively with others.

Brookmead

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 November 2014 and was unannounced.

The inspection was carried out by one inspector. A single inspector conducted the visit as, due to the complex needs of the people living there, we did not want to disrupt the routine within the home.

We checked the information that we had about the service and the provider. This included previous inspection reports and any notifications sent to us. A notification is information about important events which the service is required to send us by law. We used this information to plan the areas to focus on during our inspection.

During our inspection we met all four people who lived at Brookmead. Due to their complex needs the people living at the service were not able to tell us about their experiences. We observed the routine within the home throughout the day. We saw care and support being delivered to all four people at the home. We also spent time observing breakfast and lunch for two people. We saw medication being administered to three people. We spoke with the manager and five staff on duty.

We reviewed a range of records relating to peoples care as well as records relating to the management of the service. These included the care records for all four people living at the service, the medication administration records, the staff rota and staff files. Following our inspection we contacted the relatives and care managers, but were only able to speak with one relative following our visit.

Brookmead was last inspected on 16 July 2013 and there were no concerns.

Good

Is the service safe?

Our findings

All four people who lived at Brookmead, due to their complex needs, were not able to tell us about their experiences. A relative told us that the staff, "Try to find ways to make her life as happy and safe as possible". We saw that people looked at ease with the staff that were caring for them.

Staff confirmed that they had received safeguarding training and were able to describe the various types of abuse and what might indicate that abuse was taking place. They were aware of their responsibilities in relation to safeguarding and told us what they would do if they suspected abuse was taking place. They said that they would speak to the manager or social services. The manager was clear about when to report concerns. She was able to explain the processes to be followed to inform the local authority and the CQC. The manager also made sure staff understood their responsibilities in this area. The service had a safeguarding policy in place.

Personal risk assessments were in people's care records on areas such as mobility, epilepsy, swimming, traveling outside of the service, behaviour and self-harm. The risks assessments contained clear guidelines for staff to follow, triggers for certain behaviours and expected responses for staff. Staff described to us the techniques they would use to manage any challenging behaviour. This included distraction techniques and observation from a distance. Staff were aware of people's individual behavioural guidelines. We were told that no forms of physical restraint were used with people. A relative told us, "[Name] has very complex, specific needs. Staff work hard with [Name] and keep [Name] interested. [Name] can be resistant to change; the staff try new things to motivate [Name]".

We saw that people moved around the home freely. We saw staff assist one person to move safely into a wheelchair so that they could be assisted to go outside. Risks associated with the safety of the environment and equipment had been identified and managed appropriately. Weekly fire alarm checks had been recorded. Regular fire evacuation drills took place; staff knew what action to take in the event of a fire and where to assemble outdoors. All people had a personal evacuation plan, which gave individual guidelines to staff. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, staff safety and welfare. The service had processes in place, and had identified actions to be taken, to ensure people were kept safe and their welfare maintained.

Medicines were stored, administered, ordered and disposed of safely. Medicine administration records (MAR) charts were completed appropriately for people and staff signed each entry. The charts contained information about people's prescribed medicines, how often these needed to be taken and were signed to shown when medicines had been administered. Systems were in place regarding what action was to be taken if people refused their medicines. This action was taken following assessments of people's capacity and following best interest meetings. Any medicines that were required to be refrigerated were stored in a fridge in the medication room. Medicines were kept securely in locked cupboards. There were guidelines for the administration of medicines required as needed (PRN).

Staffing levels were assessed to ensure people's safety. People received one to one care during the day. Staff could work overtime if they wished to so that any shortfalls caused by staff sickness were met. We were told that the regular bank staff were used, so they were familiar with people and the service. Staff rotas showed that there was sufficient staff to support and meet people's needs safely and that these numbers were consistent over time. Staff were recruited in line with safe practice and we saw staff files that confirmed this. For example, employment histories had been checked, references obtained and appropriate checks undertaken to ensure that potential staff were safe to work with adults at risk. A relative said, "The staff are really good and full of energy. [Relative's name] is always out and about."

Good

Is the service effective?

Our findings

We observed staff seeking people's agreement before supporting them and then waiting for a response before acting. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the choice available. Where people declined choices offered, staff respected these decisions.

Staff had a good working knowledge on DoLS and mental capacity. Care records showed that people's assessments under MCA were regularly reviewed. Staff had received appropriate training for MCA and DoLS.

Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. This was in line with the Mental Capacity Act (2005) Code of Practice which guided staff to ensure practice and decisions were made in people's best interests. Where people lacked capacity to make certain decisions, assessments had been completed and best interest meetings held with external professionals to ensure that decisions were made that protected people's rights whilst keeping them safe.

Brookmead was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The manager understood when an application should be made, how to submit one and the implications of a recent Supreme Court judgement which widened and clarified the definition of a deprivation of liberty. The manager told us that everyone living at the service had been referred to be reassessed for DoLS. We saw an email from the Local Authority (LA) DoLS team confirming receipt of the referral.

People had enough to eat and drink throughout the day and night. We saw that people were regularly offered drinks and snacks throughout the day. The menu was a four week rota, which had just been reviewed with the involvement of people's relatives. We were told that photographs were being taken in order to create a pictorial copy of the menu. People were not involved in the menu planning, cooking or shopping due to their complex needs; however all people were able to indicate their likes and dislikes by refusal. We saw a list of people's known preferences was maintained in the kitchen. People's weight was recorded in their care records to monitor whether people maintained a healthy weight. Two people attended hospital monthly in order to be weighed in their wheelchairs.

Appointments had been made for people to access healthcare, for example, visits to their GP. One person attended their GP surgery on the day of our visit in order to receive a flu jab. Staff knew people well and referrals for regular health checks were recorded in people's care records. People had detailed information recorded about them which provided hospital staff with important information about their health if they were admitted to hospital. They also had health action plans in place which supported them to stay healthy and described help they could get.

Staff had received essential training within three to six months of joining the service. Staff completed Common Induction Standards which are the standards people working in adult social care need to meet before they can safely work unsupervised. They also received additional training specific to the needs of the service. Certificates were completed when staff fulfilled training requirements. One member of staff said, "The training is spot on". Training focused on the complex needs of people so that staff could communicate with them effectively and provide personalised support. One new member of staff said, "I had a good induction with time allocated to read policies and procedures and care plans thoroughly".

Staff told us that they usually had supervisions with their manager every two months, but staff apprasials had not taken place. Staff told us there was sufficient time within the working day for staff to speak with the manager. Staff told us that they could discuss any issues or concerns during the shift handover. One staff member said, "I can make suggestions. They listen to me. We talk about things together to come up with better ways of doing things." Staff felt that they were inducted, trained and supervised effectively to perform their duties.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and the staff who supported them. All relatives we spoke with thought that people were well cared for and treated with respect and dignity and their independence promoted.

We observed people smiling and choosing to spend time with staff who always gave people time and attention. Exchanges between people and staff were positive and respectful and there was a shared sense of humour. Staff knew what people could do for themselves and areas where support was needed. Staff appeared dedicated and committed. They knew, in detail, each person's individual needs, traits and personalities. They were able to talk about these without referring to people's care records. People were not routinely involved in the review of their care plans due to their dependency. Relationships between people and staff were warm, friendly and sincere. Staff chatted with people who appeared to enjoy their company. The overall impression was of a warm, friendly, safe and relaxed environment where people were happy and engaged in their own individual interests as well as being supported when needed. One relative told us, "It's a happy place, the staff are extremely kind. They are very caring and have a good rapport."

People were able to stay in their rooms if they wanted to and spend time on their own. Staff respected this.

The manager told us that she spent time with people on a daily basis in order to build relationships of trust and to monitor how staff treated people. Records confirmed that the manager also discussed staff practices within supervision and at staff meetings. We observed people approaching the manager and vice versa. It was apparent that people felt relaxed in the manager's company and that they were used to spending time with her.

Each person was allocated a key worker who co-ordinated aspects of their care. Keyworkers were knowledgeable about the people they supported and their current needs. Records were in place of monthly reports completed by key workers that gave an overview of the person they supported. A staff member told us, "I have a really good rapport with [Name], we get on really well. This is such a rewarding job."

Good

Is the service responsive?

Our findings

On the day of our inspection, people were involved in community activities. One person and their allocated staff member had gone out to Crawley. Another person went out in the local area with their carer. Activities and outings were organised in line with people's personal preferences and staff supported them in the community. One relative told us that, "They are always out and about. The staff are really enthusiastic" People were able to get up and go to bed when they wanted and to move freely around the service. People were able to visit their families or friends and this was encouraged and supported.

A relative told us, "Communication is good. You can phone at any time. I am always kept informed". We were told that the staff are always trying new ways to make people's lives as comfortable and as happy as possible. For example one relative told us that, "[Name] was always pushing her chair. Now [Name] has a lovely new chair. Everything is addressed. I know who I need to speak to. I really can't fault it."

People received care that was personalised to reflect their needs, wishes and goals. Care records showed that support plans were in place that provided detailed information for staff on how to deliver people's care. For example, information about people's personal care and physical well-being, communication and mobility. Care records were person-centred, meaning the needs and preferences of people or those acting on their behalf were central to their care and support plans. The files were well-organised and contained current and useful information about people. The records included information about people's social backgrounds and relationships important to them. They also included people's individual characteristics, likes and dislikes, places and activities they valued. Daily records provided detailed information for each person and were kept in files. Staff could see at a glance what activities people had been involved with, how they were feeling and what they had eaten.

Behaviour record charts were completed, which included what occurred before the behaviour and may have triggered it, what happened during the behaviour and what it looked like. These records identified patterns of emerging behaviour which enabled staff to support people in a personalised way.

We were told that care plans were updated whenever a person's needs changed. We saw that the care plans accurately reflected the care being given. A staff member said, "I really like getting to know people and what matters to them, what is important."

People were assured of consistent, co-ordinated and personalised care as they transferred into the service. The staff talked about the transition of one person who had moved to Brookmead and how having a member of staff from their previous placement working occasionally at Brookmead had helped the transition.

People had their own rooms and they were decorated in line with their personal preferences and tastes. They could also have their own furniture. On the day of our inspection, we saw that people had photos and pictures on their walls and that all the rooms were decorated differently.

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was given to relatives. Complaints could be made to the manager of the service or to the registered provider. This meant people could raise their concerns with an appropriately senior person within the organisation. No complaints had been received.

Good

Is the service well-led?

Our findings

Communication between people, families and staff was encouraged in an open way. A relative told us, "They let us know what is going on. They write in the book or telephone us if there is anything we need to know, or any changes."

Staff were motivated and told us that management at Brookmead was good. Staff knew and understood what was expected of them. Handover between shifts was thorough with time to discuss matters relating to the previous shift. Staff meetings were held every month at which staff could discuss all aspects of people's care and support and work as a team to resolve any difficulties or changes. A staff communication book recorded messages between staff and staff signed to confirm when they had read. One member of staff said, "The staff are all really close, it's really rewarding. We are doing a good job."

Monthly meetings were held for all staff at which they could discuss all things to do with the running of the home. Staff told us they were listened to. One staff member said, "There have been lots of changes, things for the better. The rota is fair, we don't have to do too many days in a row, unless we want to do overtime."

Staff said they felt well trained and supported within their roles and described a thorough induction, a range of ongoing training, regular supervision and an 'open door' management approach. One staff member told us, "They teach you really well here." Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with the manager. One staff member told us that they, "Can make suggestions if they think of better ways of doing things." A staff member told us that, "It was a difficult time before the manager started, but it's all good now. The manager is great." There was a positive culture at Brookmead that was open, inclusive and empowering.

The manager demonstrated knowledge and understanding of safeguarding issues in line with her position. She was able to explain when and how to report allegations to the local authority and to the CQC. There were clear whistle blowing procedures in place which the manager said were discussed with staff during supervision and at staff meetings. Discussions with staff and records confirmed this. Staff said they would have no hesitation in reporting any concerns they had; they felt that manager would support them to do this in line with the provider's policy.

The manager was aware of areas of the service that required improvement. This included upgrading the garden path in response to the fire officer's report. The manager told us that she liaised with the company's head office who had arranged for this work to be completed. She told us that she maintained a high visual presence at Brookmead, staff and relatives confirmed this. The manager was aware of the attitudes, values and behaviours of staff. She monitored these informally by observing practice and formally during staff supervisions and staff meetings.

A range of quality assurance audits were completed by the manager and the provider that helped ensure quality standards were maintained and legislation complied with. The provider undertook quality assurance of the service to ensure that the desired level of quality of the service was maintained at every stage. There were systems in place to ensure that accidents and incidents were reported, monitored and patterns were analysed so that appropriate measures could be put in place.

Records relating to the quality of the service, audits undertaken, policies and procedures, care records and other detailed information were easily accessible on shelves in the manager's office and had been indexed clearly. Care records were stored in the staff office when not in use. People's information was kept confidentially and policies and procedures were in place to protect people's confidentiality.