

Bupa Care Homes (ANS) Limited

# Brookview Care Home

## Inspection report

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Cheshire  
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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

Brookview Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 52 people living at Brookview Care Home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found that the service remained good.

There had been a change in management since the last inspection. The new manager was not present during the inspection. However, we met with the regional director, regional support manager and regional quality manager who were supporting the service. People, visitors and staff spoke positively about the new manager and that improvements had been made since their arrival.

People felt safe, their needs were regularly assessed and they were protected from harm and abuse. Accidents and incidents were recorded and monitored to identify emerging trends and individual risks were assessed.

People's care and support needs were regularly assessed and linked to a dependency tool to determine staffing requirements. A review was being undertaken at the time of the inspection.

A medicines policy was in place to guide staff practice. Staff received training and their competency to do so was regularly checked. We raised an issue about a person refusing their medicines and the regional management team took immediate action.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff sought consent before carrying out care support and people told us they were happy with the care they received.

Staff were supported to develop their skills, knowledge and competencies by completing a wide range of developmental training.

There was an extensive refurbishment programme underway which was nearing final stages. The environment was clean, bright and airy and of a high standard. Specialist equipment was readily available.

Food served was nutritious and meal time experience calm and pleasant. Staff supported people who needed assistance in a kind and unobtrusive manner.

The inspection team observed interactions that were extremely kind, caring and patient. Staff clearly knew people's needs and preferences and warm and trusting relationships had been developed.

Care delivery was extremely person-centred and people were treated as individuals. Some records reviewed did not fully reflect the person-centred care being delivered. We were informed that this would be improved in a programme of transfer to new documentation.

Staff contacted health care professionals promptly when people were unwell and people were supported to access a wide range of services to maintain their health and well-being.

There was a programme of activities and a new activities co-ordinator was being recruited.

There were robust audits used to assess and monitor the quality of the service. We saw that these had identified where the service was not compliant with the provider's policies and procedures which resulted in action plans being implemented to improve the service.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Effective.

### Is the service caring?

Good ●

The service remained Caring.

### Is the service responsive?

Good ●

The service remained Responsive.

### Is the service well-led?

Good ●

The service remained Well-led.

# Brookview Care Home

## 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 was planned to check 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 comprehensive inspection took place on 5 and 6 November and was unannounced on day one. The inspection team consisted of two adult social care inspectors, one specialist advisor [who was a nurse] and two experts-by-experience on day one and two adult social care inspectors on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service. This included statutory notifications and a provider information (PIR) sent to us by the provider. A statutory notification is information about important events which the service is required to send us by law. A PIR 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 contacted the local authority contracts and quality assurance team to gain their views of the service and they shared their current knowledge. We checked whether a Healthwatch visit had taken place and saw that the last visit was in 2015.

During the inspection we used a variety of methods to understand the experience of people who used the service. We spoke with 14 people using the service and eight relatives/visitors to seek their views. We undertook a Short Observational Framework for Inspection (SOFI) observation. SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We spoke with the regional director, regional support manager, resident experience manager, and 18 members of staff which included department managers; nursing; care; kitchen; hostess, housekeeping and laundry staff. We also looked at documentation which included three staff files, eight care files and other documentation related to the running of the home.

# Is the service safe?

## Our findings

We asked people using the service if they felt safe living at Brookview Care Home. They told us "100% safe, no problem"; "It's a safe environment" and "Yes, I do feel safe here, the carers are lovely". Relatives told us "It's brilliant"; "[Name] is safe here, I visit regularly and nothing is too much trouble for staff" and "I trust the staff implicitly, [Name] is very happy, that gives me some indication that [Name] is safe".

There was a medicines policy in place to guide staff practice, staff completed training and their competency was regularly checked to ensure they could administer and manage medicines safely. We saw that people's allergies were clearly noted and that there was a robust procedure in place for ordering, storing and disposal of medicines. Some people received their medicines covertly (hidden) and we saw evidence that appropriate procedures were usually followed in such instances with regard to consultation with the GP and completion of mental capacity assessment and best interest decision making.

We raised an issue about a person refusing their medicines. However, when we brought this to the attention of the regional management team they took immediate action. The GP was informed and they visited the person who was well with no changes made to prescribed medicines. Care records were updated and the regional management team confirmed they would be reviewing this case with nursing staff. We would recommend that procedures in such circumstances are revisited to ensure robustness and that reflective learning is carried out to identify lessons learned.

People's care needs were regularly assessed and linked to a dependency tool which calculated the number of nursing and care hours needed to meet people's needs. We saw that this was regularly reviewed and adjustments made when needed. A quality manager was present during the inspection to review care needs following the latest outcome from dependency tool calculations. Most comments received about staffing levels were positive, however there was some concern expressed about busy periods, particularly on one suite. The quality manager advised us the review would include that suite. Most people we spoke with felt there were sufficient staff to meet their needs and that they did not feel rushed. People told us that their call bells were responded to promptly and we saw this to be the case, with timings regularly audited.

People were protected from the risk of harm. Staff received safeguarding and whistleblowing training and demonstrated a good understanding of what they should report and who to. A free, confidential 24 hour "Speak Up" service was available for staff to report concerns. Safe recruitment procedures were followed including Disclosure and Barring Service (DBS) checks. DBS checks help ensure that staff employed are suitable to work with vulnerable people and enable employers to make safe recruitment decisions.

Accidents and incidents were recorded and monitored to identify any emerging trends. Individual risks were assessed, for example, falls, mobility and skin damage. People were protected from the spread of infection. The home was clean and tidy and there were ample supplies of personal protective equipment (gloves and aprons), which was seen to be used effectively by staff. Laundry chutes ensured that no laundry or clinical waste was moved around the home which also demonstrated good infection control practice.

## Is the service effective?

### Our findings

Staff knew the needs and preferences of the people they supported well. People told us "They know me well"; "The staff are very good, they do care for me" and "They are very quick to call the doctor". Visiting relatives told us they were positive and confident of the support provided and that "It's wonderful now, with the doctor visiting once or twice weekly. The home is linked to the surgery so we get the same doctors coming in".

We found that staff liaised with a wide range of external professionals to support people to maintain their health and well-being.

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 with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We saw that staff sought consent before carrying out care support. People using the service told us the care they received met their needs. We found that, in some cases people had not signed their care records to evidence consent however, at the time of the inspection there was a programme of review and transfer to new care documentation which would help ensure improvements were made in this regard.

Staff were supported to develop their skills, knowledge and competencies by completing a wide range of developmental training. Staff new to the service completed a robust induction and staff received regular supervision, although one staff member told us they had not received supervision for some time.

There was an extensive refurbishment programme underway which was reaching final stages. The environment was clean, bright and airy and of a high standard. We saw that specialist equipment was readily available and well maintained. The provider was in negotiations to make improvements to parking within the grounds.

We observed the mealtime experience of people in all of the dining areas and found they were calm and pleasant. Staff knew people's needs well and assisted people who needed support in an extremely kind and patient manner. The food served was nutritious and of a high quality. There was a hostess service which provided support throughout the day which people were complimentary about. The chef was knowledgeable about people's likes/dislikes, dietary needs and allergens.

## Is the service caring?

### Our findings

People told us that the staff were caring and that they were treated with dignity and respect. Comments included "Staff listen and support me to be independent" and that staff were "Very, very caring" and "Very dedicated". Relatives also spoke positively about the staff and support their relative received. We were told "All staff I know are very good" and "[Relative] says the staff are all wonderful". One relative told us "I would come here myself, staff are so supportive and caring".

All interactions observed by the inspection team were seen to be extremely kind, compassionate and caring. Staff were patient in the support they provided. For example, we observed a staff member supporting a person to stand with great kindness and patience. They gave instructions calmly with encouragement, did not rush, ensuring the person had the time they needed. Staff addressed people by name and we could see that warm and trusting relationships had been developed. People were asked what they would like to do and told us that their privacy and choices were respected.

Visitors told us that they were made to feel "more than" welcome and that "It's like a family". Each suite had a main lounge/dining area and a second "quiet" lounge which provided a more private space for family visits.

Information about people's cultural and religious beliefs was recorded. There was a policy and procedure in place to guide staff practice regarding equality and diversity to ensure people were treated fairly and without discrimination. People told us they were treated fairly telling us "Yes, excellent".

## Is the service responsive?

### Our findings

People told us that they were happy with the care they received and that it met their needs. Comments included "I can approach anybody about anything and they'd respond" and "Staff do what I ask, I am not forced to do anything".

We saw that care delivery was extremely person-centred, people were treated as individuals and staff knew their needs and preferences well. Some of the care records we reviewed did not fully reflect the person-centred care being delivered, however, we were informed that this will be improved during programme of transfer to new documentation. Some records evidenced involvement of people more robustly than others, but all of the people we spoke with told us that the care they received met their needs and was in line with their wishes.

Staff contacted health care professionals promptly when people were unwell and we saw that short-term care plans were implemented for acute conditions such as respiratory tract and other infections.

There was a complaints procedure in place which was accessible. People were aware of who to speak with if they had any concerns and told us they felt able to do so and that they would be listened to, although they quickly added that they had no concerns.

There was a programme of activities available and people told us that they joined in if they wished to. Recruitment for a new activity co-ordinator was underway therefore current activities were provided by external sources or care staff. Most people told us that they were happy with what was on offer. However, some people felt they would like more to do. One visitor told us their relative would prefer activities such as poetry reading and another said, "There is not much going on". During the inspection a musical reminiscence entertainer visited and we saw that the session was enjoyed by those who attended. We also saw that staff provided activities throughout the day and spent time with people on a 1:1 basis. We were informed that when the new co-ordinator is confirmed trips and outings would become more frequent again.

## Is the service well-led?

### Our findings

There had been a change in management since our last inspection. A new manager had been appointed and they were in the process of registering with the Care Quality Commission. 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. The new manager was on leave at the time of the inspection and therefore we did not meet them.

Staff spoke positively about the new manager, indicating that there had been significant improvements since their arrival and that they were fair and approachable. People using the service and visitors also spoke positively. Comments included "There's an open door, I can go to the manager at any time"; "There has been a very big change, things improved when [Name] came and improvements have continued" and "It is so much better now, since the new manager came. Staff morale appears to be better".

There was a strong regional support team and during the inspection we met the regional director, regional support manager and regional quality manager. The regional team were providing additional oversight and support during the transition to new management.

There were clear lines of responsibility within the Brookview management team in addition to the regional management team. People told us they felt the home was well-led and well run.

Staff were issued with a 'Bupa Code' brochure which clearly stated the provider's expectations of staff to support people to live "longer, healthier, happier lives". Staff practice that we observed during the inspection demonstrated an understanding and commitment to these values.

There was a robust suite of audits used to assess and monitor the quality of the service. A 'Monthly Home Review' audit was carried out by the regional team. We saw that issues discussed with management during the inspection had already been highlighted during audits carried out by the regional team. For example, where the service was not compliant with the provider's policies and procedures or corrective actions were needed. Action plans were then implemented and monitored for completion. The regional management team responded positively and acted immediately to queries raised during the inspection.

People were encouraged to express their views at meetings and by completion of a questionnaire survey. The date for the next meeting was displayed during the inspection and the questionnaire 2018 survey had just begun. The 2017 results demonstrated 100% satisfaction.