Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Brockley Court Home

St Nicholas Way, Brockley, Backwell, Bristol, BS48 3AX

Tel: 01275462180

Date of Inspection: 31 January 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Brockley Care Limited
Registered Manager	Mrs. Christine Talbot
Overview of the service	Brockley Court support older people with dementia or mental health needs. It is based in Backwell, North Somerset.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 31 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Many of the people living at Brockley Court were not able to communicate with us verbally due to their dementia. However we saw that people were dressed well and appeared calm and settled. One person that we spoke with told us that that they were given choices during their day, for example at meal times. This person said that it was "quite alright" at Brockley Court. Another person told us that they "get on well" with staff and their room is kept clean.

We saw examples of where the requirements of the Mental Capacity Act 2005 (MCA) had been put in to practice through applications for Deprivation of Liberty Safeguards (DoLs) authorisation. The MCA is legislation that protects the rights of people who may not be able to make decisions about their own care. A Dols application is made when it is felt necessary to deprive a person of their liberty for their own safety.

During our visit, we saw that there were sufficient staff to meets the needs of people living in the home. Staffing rotas confirmed that staffing levels were consistent. We were also told that staff were available to cover shifts when required, for example due to sickness or leave.

People were cared for in a clean and hygienic environment and there were policies and procedures to support staff in this. Food hygiene guidelines were followed.

We also saw that there was a complaints procedure in place, however we were told that most complaints were managed informally.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We looked at what systems were in place to ensure that decisions made on an individual's behalf, were done so in their best interests and in line with the Mental Capacity Act 2005. This legislation protects the rights of people who are not able to make decisions independently about their own care or treatment. Where it is deemed necessary to deprive a person of their liberty, for their own safety, there are safeguards that need to be followed in order that this is done appropriately and only where necessary.

We were told that no one living at Brockley Court was subject to Deprivation of Liberty (Dols) authorisation. However, we were told about situations in the past that had lead to applications being made. From our conversations with the manager, it appeared that applications were well considered and followed appropriate procedures. Paperwork was viewed as evidence of this.

We saw that in people's care files there were generalised statements about a person's capacity to make decisions. The provider might like to note that person's capacity should be considered and assessed in relation to making a specific decision.

We also noted in care plans that it had been identified where people were able to make decisions about day to day issues such as the clothes they wanted to wear. In another plan we saw that it stated that a person was able to request any medications that they required.

One person that we spoke with told us about instances in their daily lives were choices were given and their wishes respected. We were told about choices that were given at mealtimes and that if they didn't want any aspect of their personal care, then this would be respected.

We discussed one particular instance with the manager about a person where there were difficulties in administering medication. We were told that other relevant professionals were involved, including nurses. The manager was aware that this was an example of where a

'best interests' decision may need to be made.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at five care plans to see how people's needs were identified and supported. We were told that a computer system was used to create the care plans. The care plans could be tailored to individuals by identifying particular care needs. However, there was a tendency for the language used to be generalised and lacked the specific details that would allow the person to be treated as an individual. For example, we read that one person could occasionally lose interest in entertainment activities. The plan stated that 'carers should try to identify the reasons and act accordingly'. The plan didn't identify specific ways of helping that person engage in activities.

We discussed care plans with the manager who told us that staff were aware of the individual ways to support people even though they were not specified in the support plans. The manager also told us that they would review the plans to include details that were relevant to the individual.
We also spoke with staff about how they became familiar with people's needs and were told that these would be discussed at staff meetings and handovers. Staff felt that this system worked well.

Although care plans, lacked individuality, we were told about other ways in which information about people was recorded. For example, we were told that life history booklets were completed with people at the home and we saw an example of one. Life histories help document the important details in a person's life and support staff in understand people as individuals. We were also told about an outside agency that had been involved in finding new activities to engage one individual. We saw photographs of this person and the work that they had produced.

We saw that risk assessments were in place where required to help ensure that people were supported in a safe way. For example, where it was identified that a person was at risk of falls, the measures that could be put in place to support that person were identified. We also saw evidence that other healthcare professionals were in involved in supporting people when required. On the day of our visit, a GP was visiting one person in the home. We were also told about individuals for whom district nurses had been contacted.

One person living at Brockley Court told us that they were well cared for and another

person commented that they 'get on well' with staff. Another person that we spoke with was able to understand questions but not able to answer verbally. This person indicated that they had everything they needed and that they were well looked after.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

During our visit we looked at the policies and procedures in place for maintaining a clean and hygienic environment.
On inspecting various communal areas of the home we found that in general they were clean but some maintenance was required.

The manager told us that a downstairs bathroom that we looked at was due to be worked on. For example, the grouting was to be redone and equipment replaced. We also noted that the rubber pads on the bottom of a bath chair were worn and in need of replacing. We were told that a person responsible for maintenance was employed by the home and would be carrying out the work.

We asked to view some of the bedding in the home to ensure that it was clean and free from soiling. In two rooms that we were shown, we saw that the beds were wet but appeared to have been made up for the day. The manager told us that the individuals concerned had got up late that day and so staff had not yet had opportunity to change bedding, however it would be changed later.

We asked the manager how they would usually monitor that beds were kept clean and hygienic. We were told the beds were checked on a daily basis. Assurances were given by the manager that they would be talking to the staff responsible for the wet beds that we viewed during our visit. We also viewed a bed changing book where it was recorded when bedding had been changed in each room. Staff also told us that they would change bedding on a weekly basis or more frequently if required.

We spoke with staff who confirmed that they had received infection control training as part of their induction. We were told that items such as gloves and aprons were always available and we observed staff using these items during our visit.

We saw that there was an infection control policy in place at the home and this covered specific issues such as MRSA and waste. We also saw that Department of Health guidance was available to support staff in maintaining a clean and hygienic environment.

We found that there were systems in place to promote good food hygiene. For example,

we saw that any food stored in fridges was covered and dated. The temperatures of fridges were taken and recorded regularly. We saw certificates as evidence that staff had received appropriate training to support them in preparing food safely.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the time of our inspection there were 23 people living at Brockley Court. On the day of our visit, three support staff were working as well as the manager and deputy. There was a person responsible for cooking and we were told that a cleaner worked three days per week. The atmosphere on the day of our visit appeared calm and relaxed suggesting that staff were available in sufficient numbers to support people.

We were told that two members of staff were available over night and would be expected to carry out tasks such as ironing and washing in addition to supporting the people living in the home.
We looked at staffing rotas for the last month and these confirmed the staffing levels that we were told. The manager told us that they did not need to use agency staff, as they could cover any sickness and absence with the existing staff team.

The manager told us that they were always on call to support staff when required. Staff that we spoke with confirmed that this was the case and told us about examples of when they had contacted the manager during night shifts for advice.

We spoke with staff who told us that they felt staffing levels were sufficient. We were told that staff had time to engage with people living at the home outside of care tasks, particularly in the afternoons. On the day of our visit, we observed one member of staff engaging in an exercise based activity with one person.
We also noted that when a GP came to visit someone in the home, the deputy manager of the home was able to manage the visit, enabling the three care staff to continue supporting people.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We looked at what systems were in place to support people in raising issues or complaints. We saw that there was a section in people's support plans to identify whether they would need support accessing the complaints procedure. We asked the manager what this support would entail and we were told that some people would include the guidance being read to people if required.

We saw that people living at Brockley Court, each had a resident's handbook which included information about how to make a complaint. This set out the timescales that would be involved in addressing the concerns and gave information about other agencies that could be contacted, including the Care Quality Commission.
We asked to view the complaints log and although there was one available, no recent formal complaints were recorded and the manager confirmed that there had been none. We were told that most issues were dealt with formally without the need for implementing the complaints procedure. The provider might like to note that keeping a record of concerns and issues dealt with informally might help identify any recurring issues.

We talked to staff about how they would support people in raising complaints and concerns. Staff confirmed that they would report any problems or issues to the manager to be dealt with. One member of staff showed some awareness of how to support their verbal communication in order to help people understand, by reporting that they would use 'hand gestures' to help discuss any concerns or complaints with people who had difficult communicating verbally.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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