Inspection Report

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

**Brookfield Care Home**

8 Nab Wood Drive, Shipley, BD18 4EJ
Tel: 01274583950

Date of Inspection: 30 October 2012
Date of Publication: December 2012

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th><strong>Registered Provider</strong></th>
<th>Czajka Properties Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Registered Manager</strong></td>
<td>Miss Gillian Butler</td>
</tr>
<tr>
<td><strong>Overview of the service</strong></td>
<td>Brookfield Care Home is part of the Czajka Care Group located in Nabwood, Shipley on the outskirts of Bradford and provides personal care for up to 40 people.</td>
</tr>
</tbody>
</table>
| **Type of services**    | Care home service without nursing  
Rehabilitation services |
| **Regulated activity**  | Accommodation for persons who require nursing or personal care |
When you read this report, you may find it useful to read the sections towards the back called ‘About CQC inspections’ and ‘How we define our judgements’.

### Summary of this inspection:

- Why we carried out this inspection
- How we carried out this inspection
- What people told us and what we found
- More information about the provider

### Our judgements for each standard inspected:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Supporting workers
- Assessing and monitoring the quality of service provision

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<td>How we define our judgements</td>
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<td>Glossary of terms we use in this report</td>
<td>13</td>
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<td>Contact us</td>
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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 30 October 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

During our visit we spoke with six of the 33 people who lived at the home. They told us they enjoyed living at Brookfield Care Home. One person said, "It is absolutely beautiful here."

People we spoke with told us staff were kind to them. One person said, "They are brilliant staff here."

We were able to speak with a relative during our visit; they commented "I come most days, I am made very welcome, it's a welcoming place."

During our visit the lounge on the ground floor was well occupied. The residents were given a choice of hot and cold drinks with biscuits. The television was on and some people were chatting in a cheerful manner. The residents and looked smart, the gentlemen were clean shaven. There was a pleasant atmosphere throughout the home and we were made to feel welcome by staff and the people using the service.

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

Respecting and involving people who use services  ✔ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

Staff told us they encouraged people who used the service to be as independent as possible and this was acknowledged by the people we spoke with. Staff said they enabled people to choose when to get up and go to bed, what to do, what to wear and what to eat on a daily basis. This was supported when we talked with people who used the service who told us how their independence was very important to them.

People's privacy, dignity and human rights were respected.

During the day we observed that staff were kind and respectful in their interactions with people living at the home. We saw staff sharing conversations with people in a respectful and courteous manner during lunch time.

We saw that people looked clean, were smartly dressed and the gentlemen were clean shaven. This showed that staff were attentive to people's care needs and had taken time to support them to meet these needs.

During our visit we looked into four bedrooms. There were curtains in the bedrooms to protect people's privacy and dignity from the outside of the building. Clothing was neatly folded in the wardrobes and the bedrooms looked clean, smelt fresh and people's personal belongings were displayed appropriately.

The activities coordinator explained that the staff arranged and carried out the activities at the home. Four people living at the home confirmed that there were activities such as painting, exercise classes and a film in the afternoons. Music for health was also appreciated by people that used the service.
<table>
<thead>
<tr>
<th>Care and welfare of people who use services</th>
<th>✔ Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>People should get safe and appropriate care that meets their needs and supports their rights</td>
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</tr>
</tbody>
</table>

**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**

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spoke with a chef, a senior in charge and a senior care assistant. They were knowledgeable about the individual needs and preferences of the people living at the home, including their likes and dislikes and daily routines. We saw that staff were supportive and encouraging when helping people to meet their needs. We observed that people were encouraged to be as independent as possible and staff supported people where required.

We looked at care files for three of the people living at the home. We saw that assessments had been carried out by staff before people were admitted to the home and that care was planned to meet their individual needs. We saw evidence that the care plans were evaluated on a monthly basis and updated when needed.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

There was information in the care plans which showed that people had access to a range of health and social care professionals including district nurses, chiropodists, dieticians, pharmacists and GP's. This enabled people to receive the right service to support their individual needs.
**Safeguarding people who use services from abuse**  
Met this standard

**People should be protected from abuse and staff should respect their human rights**

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**Our judgement**

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

**Reasons for our judgement**

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw that people were happy and comfortable with staff in their interaction with them. There was positive interaction, good eye contact and staff spoke with a soft and gentle voice. We saw that people who used the service were comfortable with each other and chose to spend time with each other.

All staff had received safeguarding training, this was evident in the staff files that we looked at, and were aware of the key policies and procedures at the service on safeguarding of vulnerable adults.

Staff said they would always report concerns of abuse to the most senior person on duty and were confident that they would be taken seriously and action would be taken to resolve the matter.

The Registered Manager was aware of their responsibilities to report safeguarding matters to the relevant safeguarding authorities and the Care Quality Commission.
Supporting workers

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Met this standard

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

The staff we spoke with told us there was an induction programme for new members of staff and commented positively about the training that was on offer. Staff told us that all new members of staff 'shadowed' an experienced worker before being expected to undertake personal care tasks on their own.

Staff told us they had supervision with their line manager as and when it was required but usually once every two months. This meant that staff were properly supported to provide care and treatment to people who used the service.

Staff were able, from time to time, to obtain further relevant qualifications.

The manager and staff we spoke with told us that a range of training had been completed by the staff that were employed at the home. This included National Vocational Qualifications (NVQ) in healthcare and leadership and other training including adult protection, health and safety, fire and safety, food hygiene, moving and handling and safeguarding vulnerable adults. This meant that the staff were receiving the training they needed to carry out their roles safely.

Staff told us the manager was approachable and they could talk to them whenever the needed to. They said there were staff meetings where they could share information and discuss issues with each other. We saw minutes from the last 2 staff meetings dated 12 April and 12 July 2012.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

The care provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The manager told us that they were in the home daily and were available on their mobile phone 24 hours a day, at weekends and out of normal working hours. Senior management visited the home once a week and carried out quality assurance monitoring audits. We saw the audit process included interviews with people that used the service, interviews with staff, looked at incidents records, reviewed care plans, inspected the premises and looked at any complaints received.

We looked at an audit inspection report dated 6 June 2012. If any issues were identified with audit results they were actioned accordingly. We saw evidence of the paperwork to support this including a visit report.

The manager told us that accidents were being recorded and appropriate actions were being taken, such as referrals to health professionals. We saw evidence of this in the accident folder, the last accident recorded was on the 5 October 2012.

In January 2012 the registered care provider wrote to the relatives and friends of the people using the service inviting them to fill a questionnaire about Brookfield Care Home. We looked at the responses to these questionnaires and found they were rating the home as 'good' or 'very good'.

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