

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

Brookfield

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13 December 2012

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2013

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

Respecting and involving people who use services ✓ Met this standard

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

Safeguarding people who use services from abuse ✓ Met this standard

Safety and suitability of premises ✓ Met this standard

Supporting workers ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Barchester Healthcare Homes Limited
Registered Manager	Mrs. Sarah Nolan
Overview of the service	<p>Brookfield residential care home provides personal care and accommodation for 31 older people. The service is owned by Barchester Healthcare.</p> <p>It is a three -storey property comprising of 25 single bedrooms and three double rooms. It is located in the village of Lymm close to local amenities. There is a range of communal space's and a large conservatory. Toilet and bathroom facilities are dispersed throughout the building. They is a car park provided for visitors.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	9
Safety and suitability of premises	10
Supporting workers	11
Complaints	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 reviewed all the information we have gathered about Brookfield, looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations and carried out a visit on 13 December 2012 and 17 December 2012. We observed how people were being cared for, checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We used a number of different methods to help us understand the experiences of people using the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing support to help us understand the experience of people who could not talk with us. People living at the service looked content, happy and comfortable with the staff supporting them. We heard staff speaking quietly and politely to people living at Brookfield and in an unhurried manner.

Most of the people we talked with who lived at the service told us they liked the food and made various comments such as: "Food is lovely"; "We had a residents meeting to discuss the food and since then we have had a lot more variety and we have seen an improvement, the food is very good" and "The food is good here."

People living at the service were mainly positive about the care and support provided and one person told us, "The staff are very attentive and kind, we couldn't want for anything else."

Some people indicated an easy going atmosphere at the service which was also noted during our visit. One person living at the service described the atmosphere being in place almost daily and staff told us it was often commented on by visitors to the service.

We had also contacted the local authority contracts and monitoring team for Warrington Social services before we visited the service. Up to completing this report we did not have an update from their department.

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

When we visited Brookfield residential care home we had the opportunity to observe the support that was being given to people living at the service while in the lounge and dining area. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We saw many examples of good communication and patience by care staff, who interacted with people in a positive manner. Staff were friendly and respectful to the people they were supporting. We heard staff speaking quietly and politely to people living at Brookfield and in an unhurried manner. Staff were heard supporting people with their mobility and persuading some people to eat a little lunch in the dining room. Staff had arranged the dining room to offer a good standard for dining with linen cloths; napkins and condiments. The meal on offer was served hot and well set out with each table having individual menus describing the three course meal and choices on offer. We noted that everyone was well dressed and had well laundered clothes and their hair had been set by the hairdresser.

We spoke with seven people living at Brookfield. Most of the people we talked to told us they liked the food and made various comments such as: "Food is lovely"; "We had a residents meeting to discuss the food and since then we have had a lot more variety and we have seen an improvement, the food is very good" and "The food is good here."

Some people indicated an easy going atmosphere at the service which was also noted during our visit. One person living at the service described the atmosphere being in place almost daily and staff told us it was often commented on by visitors.

We spoke with the manager and staff on duty during our inspection. Many of the staff had worked at the service for several years and some staff were training and supporting newer members of staff. They advised over time they had got to know their individual likes and dislikes and this helped them to cater for their choices and needs. They told us they tried to support people with lots of choices and did whatever the person they supported wanted. They advised "It's their home they can do whatever they want, we will support them with

anything they request." Such as, helping people to get up whenever they wanted to and if they wanted to stay in bed staff supported them to be comfortable and have everything brought to them.

We asked about the activity programme and noted the organiser had recently left. One staff member was trying to organise activities two days a week. The provider may wish to note that some people living at the service told us: "There's not much to do" and "We don't really have any activities we tend to just chat or watch the television."

Staff told us they tried to organise various events such as manicures and hand care but advised they could only really offer to do this in the afternoon. There was an activity plan for Christmas displayed on the notice board advising on the Christmas festivities. Some people living at the service did not seem to know about this plan. The last 'residents meeting' was in September and everyone was advised of the activities person being on long term leave. The manager advised that she was advertising for a new activities organiser and would arrange to update and discuss developments for activities with people living at Brookfield.

Brookfield had a variety of information leaflets including details about the services available. We looked at the notice board which helped to keep everyone including visitors up to date with useful information. These initiatives helped to keep everyone informed about the service.

A range of policies and procedures had been developed by the registered provider to provide guidance for staff on respecting and involving people who used services. Examples of policies available included, 'Privacy and Dignity' and 'Confidentiality.'

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

People living at the service were mainly positive about the care and support provided and one person told us "The staff are very attentive and kind, we couldn't want for anything else" and "I couldn't want for anything more, they answer my call bell very quickly."

Their comments overall were very positive. They all agreed that they liked living at the service. They indicated that staff were able to carry out care tasks properly including assistance with bathing and having their meals.

We looked at the care plans and notes for two people. They had various information to show how they had been assessed from admission. The plans covered topics such as; risks; mobility; personal care; diet; wound care and social needs. The records showed that the staff refer people to professionals such as the district nurses and GP when needed. Updated plans helped to ensure the right information was provided to supply appropriate care and support to people. The staff regularly reviewed each person's care records to provide updated information about their care and to identify how their needs and requests were being met.

Staff members we spoke to showed that they had a good understanding of people they were supporting. We saw that staff were interacting well with people in order to ensure that they received the support they needed. Staff felt they could raise suggestions with the manager at any time. They were positive about the management style at the service. Staff told us they had appropriate facilities; equipment and resources to always meet people's needs.

Staff were happy working at Brookfield and explained they all worked well as a team. They described various training they had been provided with and told us they were well supported and trained to do their job to meet people's needs.

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

Our judgement

The provider was meeting this standard.

People who use 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 living at the service told us they knew who to raise concerns with. Overall they told us they had no complaints or concerns about the service.

We asked a sample of staff about safeguarding procedures. Staff told us they had received training in the safeguarding of vulnerable adults. Staff did understand their responsibilities and stated they would have no hesitation in reporting their concerns. Staff told us they were happy with their training. They all felt confident they could raise any issues and discuss them openly within the staff team and with the manager. They demonstrated a good understanding of abuse, their duty of care to protect vulnerable adults and the action they should take should they have suspicion or concerns about abuse.

Recent audits carried out by the manager and the area manager also showed evidence of their checks on this topic to ensure safeguarding procedures were followed and that staff were up to date with training.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We spoke with seven people who were living at the service and one relative. Overall people told us they were happy with their home and they liked their bedrooms. They told us they had everything they needed to be comfortable and some people were impressed by the equipment provided such as electric beds.

When we visited we looked around the building and looked at a sample of rooms, toilets and bathrooms. All areas of the service seen were clean and well presented. We noticed various examples within the service that provided a lovely homely place to live. The service was decorated throughout with Christmas decorations and Christmas trees in preparation of the festivities.

We looked at a sample of safety checks and certificates for the building. They were organised and well managed. A maintenance person was employed at the service to carry out any routine works. The maintenance person carried out regular checks of the building to ensure that it was safe.

The provider had taken steps to provide care in an environment that was suitably designed and maintained to a high standard.

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

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

We looked at a sample of two staff files and spoke with a selection of staff about their training needs. When we reviewed training records we noted that some were updated for staff members and included a mixture of necessary subjects to do their job such as: infection control; safeguarding; moving and handling and induction. We noted some gaps for training for some staff but the manager had already identified this through her training database which gave a good account of how they managed and identified training requiring updates. The service showed various ways they were appropriately managing and developing the training needs of their workforce to ensure they met the needs of the people they supported.

The staff members we spoke to were very positive about the service. They also told us that they could openly discuss anything about the service and felt well supported in being able to do their job.

Staff discussed induction training of new staff and how they supported new staff members in promoting good practices. They carried out "shadowing" work. This involved working with experienced staff to look at the hands on work involved in caring for people living at Brookfield. Staff told us they felt well supported with their training needs and advised they had been given the right training to enable them to do their job. They advised that one topic they hoped all staff would be provided with was 'dementia training.' However staff showed good insight and knowledge when talking about dementia and how they safely supported people's needs.

Staff told us they had regular one to one supervision meetings (these are regular meetings between an employee and their line manager to discuss any issues that may affect the staff member; this included discussions of their ongoing training needs). Staff told us that supervision took place regularly and we saw various examples of supervision records provided and carried out. The provider may wish to note that records did not always reflect the services own policy to provide at least six supervision sessions a year for each staff member.

The staff members we spoke to were very positive about the service and really enjoyed working for Brookfield care home. Staff made various positive comments about their work such as: "I love the residents and love the job" and "I'm happy here."

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 spoke with people who were living at the service during our visit. They made various comments and overall they told us they had no problems or concerns.

Everyone we met indicated that they would be willing and able to complain if needed. Some people had relatives who would help support them with their comments and opinions.

The service had developed a complaints procedure. People were made aware of the complaints system. This was provided in a format that met their needs.

We asked for and received a summary of complaints people had made and the providers' response. We noted there had been one recorded complaint since January 2012. The records showed that the manager had responded to this complaint and had records to show she had taken actions to investigate the concern raised.

Staff did understand their responsibilities and stated they would have no hesitation in reporting any concerns. They all felt confident they could raise any issues and discuss them openly within the staff team and with the manager.

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.

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