

***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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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
Safety, availability and suitability of equipment	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	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

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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'.

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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 5 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with commissioners of services.

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

Most people we talked to told us the care was good and they were positive about the staff. People told us they attended 'residents meetings' where they raised their opinions and comments on behalf of others living at the service. They told us they were involved with their care plan and felt the staff listened to them to help them with their care.

Staff were friendly and respectful to the people they were supporting. We heard staff speaking quietly and chatting and joking to individual people sat in the lounge and hallway. People living at Brookfield were offered various choices and staff respectfully listened and helped people with their care and requests.

We had contacted the local authority contracts and monitoring team for Warrington Social services before we visited the service. They are due to visit the service as part of their quality monitoring checks.

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 spoke to eight people living at Brookfield. Most of the people we talked to told us the care was good and they were positive about the staff. Two people told us they attended 'residents meetings' where they raised their opinions and comments on behalf of others living at the service. Two people told us they were involved with their care plan and felt the staff listened to them to help them with their care.

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 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 noted that staff were friendly and respectful to the people they were supporting. We heard staff speaking quietly and chatting and joking to individual people sat in the lounge and hallway. We heard staff asking people what they would like to do during the day and if they would like to get involved with activities. People living at Brookfield were offered various choices and staff respectfully listened and helped people with their care and requests.

We looked at a selection of support plans (two in total). Some of the people being supported had been given the opportunity to sign their plans to say they agreed with the support identified for them. Relative's/representative were also included in the review of their care plans.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on, 'Consent.' Staff had demonstrated knowledge of the Mental Capacity Act. These laws help protect the interests of vulnerable people who lack ability to consent on various issues. The deputy had reviewed training in this topic and had carried out assessments on the majority of people living at the service. Within the records for some people who lacked capacity to make specific decisions for health care

issues, we saw that an assessment of capacity and a best interest review was fully recorded. This was important to ensure that the rights of people who cannot make certain decisions for themselves were fully protected.

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. They made various positive comments such as;

"I like it here"; "Everyone seems very nice, I'm settling in well"; "It's a lovely home" and "We couldn't be any more looked after they are wonderful."

Two people made various suggestions about the service that they felt needed improving. They made comments such as;

"We'd like to see more variety in the food" and "Would like more to do" and "Some things hadn't changed at the home." We discussed their comments with the manager who advised she would continue to review suggestions through 'residents meetings.'

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 for two people. The plans gave details and guidance about each person's individual needs and choices regarding how they wanted to be supported. These records were individual and specific to the needs of each person and helped staff to understand what support they needed to provide to each person. Updated care plans helped to ensure the right information was provided to supply the right 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.

People who received support told us: "I tell the staff when I need something" and "They always answer my call bell and help me when I need it."

Staff were able to tell us about the specific needs of the people they supported. They told us how they reported all relevant issues to the manager to ensure any necessary actions were taken. They told us they had no hesitation in contacting the manager for advice and support and always received a response. Staff told us they had enough information and training to help them to meet each person's needs.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People living at the service were overall very happy with the facilities on offer at Brookfield's. They told us they were happy with their home and they liked their bedrooms. Most people liked to go out into the gardens and enjoyed the garden facilities. They told us they had everything they needed to be comfortable and some people were impressed by the equipment provided.

The provider had taken steps to provide care in an environment that was suitably designed with the provision of specialised adaptations to meet people's diverse needs. We noted the service had well maintained: ramps, individual walking aids, wheelchairs and reclining chairs that helped to meet peoples' individual needs.

When we inspected the service we looked around the building, the communal lounges and dining room. All areas of the service seen were clean and well presented.

We looked at a sample of safety check and certificates for the service and the equipment used. They were organised and well managed. Staff carried out regular health and safety checks to ensure that people were kept safe.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at a sample of two staff files and spoke to a selection of staff about their recruitment and induction when they started working at Brookfield's care home. In all of the staff files we found that the appropriate checks had been made to ensure that staff were suitable to work with vulnerable adults. These checks had been completed by the Disclosure and Barring Service (DBS). This organisation aims to help employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA).

We also found that in most of the staff files there was an application form, a record of the interview, identity checks and two references. This showed that the provider had taken appropriate steps to ensure that there were safe recruitment procedures in place and that people who were not suitable to work with vulnerable adults were not employed within the service.

The provider may wish to note that one staff file did not have any evidence of induction and interview notes could not be found. The manager advised that interview notes had been taken but they were unable to locate them during our visit. Staff advised they were already aware of staff being in need of induction and they described plans to put this in place.

We spoke to a selection of staff who were very positive about working at the service. They told us that they could openly discuss anything with senior staff and the manager.

Assessing and monitoring the quality of service provision

✓ Met this standard

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 receive.

Reasons for our judgement

People being supported told us they had regular 'residents meetings' in which they could raise their opinions and suggestions about the service. Everyone we met indicated that they would be willing and able to complain if needed.

We also looked at the last survey the provider had carried out in September 2012. The results showed what people living at the service thought of Brookfield's. The overall results were very positive especially about 'the environment' and 'the atmosphere at the home.' However some areas in the survey identified various issues they wanted to see reviewed such as 'activities' and 'catering.' The provider may wish to note that no actions were shared with people living at the service to help describe to them how their comments and suggestions would be acted upon.

The service had developed a complaints procedure. People were made aware of the complaints system. We asked for and received a summary of complaints people had made and the providers' response. The provider may wish to note that we observed one complaint for 2013 in the services records but we could not access a full audit trail of how it had been managed. The manager was able to verbally explain how she had appropriately managed this concern. Details records need to be in place to show transparency regarding how complaints are managed.

We looked at a sample of maintenance checks'; environmental risk assessments and contractor certificates for the building. These checks were up to date and in order. They helped to show how the service was regularly maintained to keep everyone safe and comfortable.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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