

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

Brookfield Nursing Home

Brookfield, Grange Road, West Kirby, Wirral,
CH48 4EQ

Tel: 01516250050

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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

Requirements relating to workers ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Brookfield Care Agency Limited
Registered Manager	Mrs. Lorraine Williams
Overview of the service	Brookfield Care Agency provides domiciliary care services for people living in their own homes in West Kirby and the surrounding area. The agency has office premises in West Kirby.
Type of service	Domiciliary care service
Regulated activity	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 6 June 2013, talked with people who use the service and talked with staff. We reviewed information sent to us by commissioners of services.

What people told us and what we found

Comments received from people who used the service were overwhelmingly positive and included:

"We are happy that we have the same carer every week and she has come to know us well and she is aware of our needs without us asking and we feel very comfortable in her company which means a lot."

"I cannot speak too highly of the service."

"I find the service outstanding. The carers help me in every way possible."

"Since having Brookfield carers I have always been satisfied with the help and support I have received."

"I have the same team of carers who visit me regularly."

A full review of the service provided was recorded at least annually and a senior carer told us that in between the annual reviews she did home visits, checked the files and asked people if they were happy with the service. People we spoke with confirmed that this happened.

The service had a low turnover of staff and satisfactory recruitment procedures had been followed when a new member of staff started working for the agency.

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

We visited Brookfield Care Agency on 6 June 2013. The manager told us that they were providing services for 109 people in West Kirby and the surrounding area. Most of the people who used the agency were older people, some of whom had dementia. Most people paid privately for their care, however some were funded by the local authority. The agency had office premises in West Kirby adjoining the nursing home that was under the same ownership.

New referrals came from social services, directly from clients or their families, and from GPs. When an enquiry was received, one of the senior staff went to visit the person to discuss their needs and the service they required. We saw records of these assessments in people's care files. We spoke with one of the senior care staff who told us that a service was not provided until they had been to meet and assess the person in their home surroundings. Whenever possible a family member would also be present.

The assessment forms had been completed in detail and recorded agreement for the service to be provided. The forms were signed by the person requiring a service or a family member. Following this a confirmation letter and information pack were sent out.

A full review of the service provided was recorded at least annually and signed by the person using the service. A senior carer told us that in between the annual reviews she did home visits, checked the files and asked people if they were happy with the service. People we spoke with confirmed that this happened. People who used the service were also asked to express their views through a satisfaction survey. We looked at 15 questionnaires that had been completed during April and May 2013 and these showed a very high level of satisfaction. All of the people who completed the forms agreed that their preferences were taken into account.

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 some of the care files to find out how people's needs were being met. We saw that risks had been identified and plans put in place to minimise risk. The risk assessments had been updated annually or sooner if there was any change in the person's needs. New forms had been introduced for medication and nutrition assessments. Plans were in place for the care people required. The documentation was clear and simple and had been completed in full. Care staff completed a visit log after each visit and we saw that entries were detailed and described the care that had been given and how the person was feeling.

Comments received from people who used the service were overwhelmingly positive and included:

"We are happy that we have the same carer every week and she has come to know us well and she is aware of our needs without us asking and we feel very comfortable in her company which means a lot."

"I cannot speak too highly of the service."

"I find the service outstanding. The carers help me in every way possible."

"Since having Brookfield carers I have always been satisfied with the help and support I have received."

"I have the same team of carers who visit me regularly."

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

The agency had copies of the Wirral Council safeguarding policies and procedures, and staff were required to complete Wirral Council's safeguarding adults awareness training pack. The safeguarding training records did not show dates when all staff had done this training, however we looked at a number of individual staff files and they all showed that staff had completed training in 2011 or more recently.

Comments from people who used the service were very positive about the staff and people said:

"The carers are always very helpful and very friendly."

"The staff are always caring and compassionate."

"They are all absolutely lovely."

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

The agency employed 28 staff, most of whom had worked for the agency for a number of years and 18 had completed a national vocational qualification in care. Care staff had an individual supervision meeting three or four times a year and all members of staff came into the office weekly. This was used as an opportunity to inform them of any changes or issues. During our visit we observed that staff came into the office and shared information with the manager about the people they visited.

There had been one new member of staff since our last visit to the service. Although this was a person who had been employed by the agency previously, we saw records to show that full recruitment and checking processes had been carried out. This included a Criminal Records Bureau disclosure and two written references. The member of staff had completed induction training covering a range of relevant subjects and had done 'shadowing' visits with another member of staff so that they could be introduced to the people they would be providing a service for.

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 the agency's complaints log. This showed that two complaints had been dealt with in 2011 and none since then. Records showed the complaints had been handled appropriately and responded to.

The agency had a clear written complaints policy and this was included in the information pack given to people when they started using the service. The complaints procedure advised people to contact the manager if they wished to raise any concerns and gave contact details for the local authority complaints service and for CQC. The provider may find it useful to note that the complaints procedure did not mention the directors of the company and did not provide people with contact details should they wish to raise any concerns directly with the provider of the service.

People we spoke with said they would speak to the manager if they had any concerns and felt confident that she would put things right.

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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