

Brookfield Care Agency Limited

Brookfield Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We visited the service on 10 June 2015. The visit was unannounced. Brookfield Nursing Home provides care and support to people living in their own homes in West Kirby and surrounding areas. At the time of our visit, the agency was providing support for 81 people, and 16 support staff were employed. Not all of the people who used the service required help with personal care. Some people had support with household tasks which may be once or twice a week, while others had support when going out, for example on shopping trips.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The overwhelming response from people who spoke with the expert by experience was that the service was either very good or excellent. People told us they were very happy with the staff and felt that the staff understood their care needs. People confirmed that staff stayed for the length of time allocated and arrived on time. People also confirmed that calls were rarely missed and that an on-call system was always available. People we spoke with had no complaints about the service.

Summary of findings

We found that people were involved in decisions about their care and support. The care records we looked at contained good information about the support people required and were written in a way that recognised people's needs. All records we saw were complete and up to date.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults.

We found that good recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. Staff received regular training to enable them to work safely and effectively.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Safeguarding policies and procedures were in place and staff had received training about safeguarding vulnerable people.

Recruitment processes were safe and thorough.

Staff managed people's medication safely when required.

Good



Is the service effective?

The service was effective.

Staff had undertaken relevant and appropriate training. Staff were provided with regular supervision and an annual appraisal of their work performance.

The service had policies and procedures in place in relation to the Mental Capacity Act 2005 and staff had received basic training.

Good



Is the service caring?

The service was caring

All the people we spoke with praised the staff. They said staff were kind, very caring and helpful. People told us that their dignity and privacy were respected when staff supported them.

Good



Is the service responsive?

The service was responsive.

People who used the service were involved in their plan of care and, where appropriate, their support needs were assessed with them and their relatives or representatives.

Suitable processes were in place to deal with complaints in a timely manner.

Good



Is the service well-led?

The service was well led.

The service had a manager who was registered with the Care Quality Commission.

The quality of the service was monitored continuously by visits to people who used the service and giving them opportunities to express their views.

There was a good standard of record keeping.

Good



Brookfield Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

An Adult Social Care inspector visited the office on 10 June 2015 and looked at records, which included three people's care records, four staff files, and other records relating to the management of the service. We spoke with the manager and four other members of staff and visited one person who used the service and their family carer. The visit

was followed up with telephone calls to people who used the service carried out by an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service. The expert by experience spoke with seven people who used the service and a relative of a person who used the service.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public.

Is the service safe?

Our findings

People who used the service said they felt safe when supported by the staff. They told us that staff were respectful and “obviously knew what they were doing”. One person said “I think my [relative] is perfectly safe with her carers. We have never been missed.” People told the expert by experience they were confident their possessions were safe. The expert by experience received no reports of missed visits and was told that the staff were almost always on time but on the rare occasions they were late, staff provided an explanation which people were happy with.

Records showed that all staff had completed training about safeguarding adults. The provider had a policy on safeguarding as well as a copy of Wirral Council’s policies and procedures with reference to safeguarding adults. The manager told us about a referral that had been made with regard to a person who used the service who was particularly vulnerable. We also saw evidence that a very detailed investigation had been conducted in response to an allegation that had been made in 2014.

We saw that risks to people’s safety and well-being 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. Risk assessments had been completed with regard to moving

and handling, the environment, and people’s physical health. Business continuity emergency plans were in place. Health and safety risk assessments had been written in January 2015 and covered areas including care workers travelling, handling medicines, and moving and handling.

There had been no new members of staff since our last visit to the service. However, when we looked at a sample of staff files we saw records to show that full recruitment and checking processes had been carried out when these staff were recruited. This included a Criminal Records Bureau (now Disclosure and Barring Service) disclosure and two written references.

We looked at how the service supported people with their medication. Some people were prompted to take their medication, whilst other people needed support with administration of their medication. Medication Administration Record sheets (MARs) were available within the care files and we saw these had been completed appropriately. People who required support with medication were encouraged to use blister packs or, in some cases, a family member filled a daily or weekly ‘Dossett’ box for them. Staff had received training in medication administration and the service had a medication policy and procedure available for staff to refer to.

Is the service effective?

Our findings

People who spoke with the expert by experience felt that the staff calling on them were fully trained and had the necessary skills. One person said that the staff were “confident and professional” in their approach. The agency employed 16 support staff, most of whom had worked for the agency for a number of years and 15 had completed a national vocational qualification (NVQ) 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. Records showed that some of the supervisions took the form of supervised practice and senior staff regularly worked as part of the team alongside the support staff. Staff had an annual appraisal which included a self-evaluation form for the member of staff to complete. We saw that the appraisals were up to date.

Records showed that a range of training was undertaken by the staff team and this was confirmed by the staff we spoke with. The training was provided by an external training company. Subjects that had been covered during 2014 included Food Hygiene, Health and Safety, Infection Control, First Aid, Load Management, Safeguarding, Mental

Capacity, Medication and Positive Risk Taking. A training plan was in place for the current year and the manager told us that the training company worked closely with them to arrange courses that were tailor-made to meet their requirements.

Staff had completed a training course provided by the Alzheimer’s Society which gave them a basic awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This gave staff guidance when providing care for people may not have capacity to make some of the decisions needed in relation to their support.

One person who spoke with the expert by experience had food prepared for them by staff from the agency. They said they were fully satisfied with everything that was done for them.

Care plans included examples of specialist advice that had been sought. For example, a person we visited had been provided with an adjustable bed, and a hoist was available in their home because the person was sometimes unable to weight-bear. People reported that, where necessary, the staff were always willing to assist with hospital or doctors’ appointments.

Is the service caring?

Our findings

People told the expert by experience that staff were always kind and compassionate when attending to them. One person said “As far as I am concerned I get a very good service. The staff who call on me are just brilliant and I have no problems whatsoever.” A relative said “In my opinion they are excellent and always consider her privacy and dignity.” A third person said “They are lovely with us and we both love the staff and the care they provide.” A family carer we spoke with said “The staff are like extended family and I trust them completely. They meet all my [relative’s] needs and they communicate very well with me.”

People who used the service were asked to complete a satisfaction survey during September and October 2014. The following comments were made on the survey forms:

‘The staff are always kind and caring. They always complete the tasks needed doing to a very high standard. They give me valued emotional support which I’m very grateful for.’

‘The carers do an amazing job with Mum. They are all part of our family and I know they are always there for me.’

‘We have always found Brookfield Care to be most efficient.’

‘All the carers that I have had have been supportive and friendly and have done their tasks well.’

‘All delightful and helpful. All exceptionally kind.’

‘All the carers have been excellent. They all work hard and have good manners.’

‘All carers are extremely kind and helpful.’

‘The daily visit by your staff is the highlight of my day.’

Is the service responsive?

Our findings

People who spoke with the expert by experience were more than satisfied with the way care was provided, could not fault the approach of the staff, and felt listened to. They told the expert by experience that they would certainly be able to express concerns about the service if they had any. All reported that they had full choice in their care and the way it was provided and they all considered they were in control of the care and support they received. Staff always consulted them about how support was to be provided. All of the people spoken with were sure they would know how to complain if it became necessary and none had, so far, made any complaints. One person said “We have never needed to complain but could if the need arose.”

The manager told us that new referrals came from social services, directly from clients or their families, and from GPs. Most of the people who used the service were self-funded so this enabled the agency to provide them with a flexible service to meet their individual requirements. 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 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 was also present. We saw records of these assessments in people's care files. 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.

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.

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. We looked at the agency's complaints log. This showed that three complaints had been dealt with during 2014. Records showed the complaints had been handled appropriately and responded to. People who completed the agency's satisfaction survey confirmed that they knew how to make a complaint and that concerns raised were dealt with efficiently.

Is the service well-led?

Our findings

A person who spoke with the expert by experience said “I would say the service is managed very well and I have been asked for my views on the service.”

The service had a registered manager who had been in post for several years. She was supported by two senior care workers. One of the senior care workers was mainly office-based and took responsibility for staff rotas and planning, and the other was more field-based and carried out most of the service reviews. Both of the seniors also spent time working directly with people who used the service. The service was also actively supported by the provider’s ‘nominated individual’, who was a qualified medical practitioner. Other office staff were a finance manager and a health and safety manager who were shared with the adjoining nursing home under the same ownership.

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. Records we looked at showed that all of the people who used the service had received at least one monitoring visit during 2015. During our visit we observed that staff came into the office and shared information with the manager about the people they visited.

People who used the service were also asked to express their views through a satisfaction survey. We looked at questionnaires that had been completed during September and October 2014 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.

All of the documents we asked for were readily available in the office and had been written and maintained to a good standard and kept up to date.