



*Making Social Care
Better for People*

inspection report

CARE HOMES FOR OLDER PEOPLE

Brockley Court Home

**Saint Nicholas Way
Brockley
Backwell
North Somerset
BS48 3AX**

Lead Inspector
Juanita Glass

Announced Inspection
2nd November 2005 09:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Brockley Court Home
Address	Saint Nicholas Way Brockley Backwell North Somerset BS48 3AX
Telephone number	01275 462180
Fax number	NONE
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Mrs Cecila Patricia Groves
Name of registered manager (if applicable)	To be appointed
Type of registration	Care Home
No. of places registered (if applicable)	23
Category(ies) of registration, with number of places	Dementia - over 65 years of age (23)

SERVICE INFORMATION

Conditions of registration:

1. May admit persons aged 65 years and over who have Dementia and may also have a Mental Disorder

Date of last inspection 6th April 2005

Brief Description of the Service:

Brockley Court is a residential home registered with the Commission for Social Care Inspection for 23 male or female service users with dementia who do not require nursing care.

The home is situated in a quiet rural area near the village of Brockley, beside the local church. The gardens are secure for service users to walk in. There is a homely atmosphere and the rural setting provides a peaceful and relaxing environment.

SUMMARY

This is an overview of what the inspector found during the inspection.

This announced inspection took place over two days in the presence of the acting manager Mrs C Talbot. The care records of five residents were reviewed, as were the staff personnel records. Many of the residents are unable to express an opinion of the care they received, however they were observed to be very relaxed and contented during both days of the inspection. Staff were observed to have a friendly and polite approach and a relaxed and homely atmosphere was evident. Those residents who could voice an opinion said they were happy and staff were polite and respectful. The inspection was very positive and progress had been made with the recording and maintenance of documentation and care records. Two requirements from the last inspection were outstanding and two further requirements were made.

Comment cards received by the commission were positive and one comment received stated that 'the proprietress and her staff are very caring...'

What the service does well:

Brockley Court is a family run home, Mrs Groves and her daughters are actively involved in the day to day running of the home, the atmosphere is relaxed and homely and the rapport between staff, residents and relatives is open and friendly encouraging relative participation in residents care and events organised by the staff. The location of Brockley Court and the secure gardens ensure residents have free access to level paved and lawned areas, they are frequently seen walking round the lawns and sitting in a covered area in the warmer weather.

The homes awareness of religious preferences at the time of death shows good practice.

What has improved since the last inspection?

Since the last inspection Mrs Talbot has worked hard bringing the documentation in the home in line with the standards required, this has involved clear re-evaluation of all care plans. The statement of purpose and

service user guides have been reviewed and up dated and copies are available in each resident's room. Care plans are now reviewed monthly and each resident has an individual risk assessment. Staff are still working hard at achieving meaningful activities for residents and some progress has been made in this area. All staff have attended POVA training, whilst Mrs Groves and Mrs Talbot have recently attended the Investigators training provided by North Somerset Social Services.

What they could do better:

The manager needs to commence formal supervision for all staff. It was appreciated that Mrs Talbot has concentrated on improving the levels of care and documentation, however staff supervision is important in maintaining the progress made.

Although staff have attended Manual Handling training an inappropriate method of lifting was observed during the second day of the inspection, the manager needs to review these inappropriate practices with the care staff. Care records contained clear and concise pre admission assessments, however they were not dated or signed to show they had been carried out prior to admission. It was also recommended that the manager asks relatives/advocates to sign when they have agreed a care plan to show they have been consulted.

One of the downstairs windows identified at the last inspection is still not restricted, and an upstairs window was also found to be unrestricted, these need to be dealt with as they pose a threat to resident safety.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

- 1.** Prospective service users have the information they need to make an informed choice about where to live.
- 2.** Each service user has a written contract/ statement of terms and conditions with the home.
- 3.** No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
- 4.** Service users and their representatives know that the home they enter will meet their needs.
- 5.** Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
- 6.** Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

1, 2, 3 and 5

Prospective residents and relatives/representatives are provided with the appropriate information to enable them to make an informed choice.

The needs of residents are assessed prior to admission and they are offered the chance to visit the home.

EVIDENCE:

The Statement of Purpose and service user guide have both been reviewed and contain all the relevant information required. They can be provided in large print and Mrs Talbot stated she could also arrange for a Braille copy to be printed if it was requested. A resident's handbook has been written and a copy is available in each resident's room.

Each resident has a contract or statement of terms and conditions with the home. These have recently been revised and copies forwarded to relatives/representatives to sign. Signed copies of existing contracts in the old style were seen during the inspection.

Pre-admission assessments were seen in current residents records, Mrs Talbot stated that a visit is carried out either at the prospective residents home or hospital. The assessments are clear and detailed, and they especially cover areas affected by dementia. It was recommended that future pre admission assessments are signed and dated to show that they were done prior to admission. Prospective residents and relatives are encouraged to visit the home before making a final choice and the first four weeks are treated as a trial period.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

- 7.** The service user's health, personal and social care needs are set out in an individual plan of care.
- 8.** Service users' health care needs are fully met.
- 9.** Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
- 10.** Service users feel they are treated with respect and their right to privacy is upheld.
- 11.** Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8, 9 and 11

The health and personal needs of the residents are met and supported by clear individual care plans.

The home assures residents personal wishes are respected at the time of their death.

EVIDENCE:

Since the last inspection all the residents' individual needs have been re-assessed and new care plans put in place. The care plans reviewed showed a clear understanding of the need for personal evaluations rather than generic. There were clear guidelines for staff including guidance on managing aggressive outbursts. The care plans showed that the acting manager had considered personal preferences of residents, such as when they preferred to retire to bed or get up. The acting manager involves relatives in the reviews of care plans however these need to be signed by them to evidence their involvement and agreement.

Care plans showed evidence of good links with the local GP surgery, district nurses and the mental health team. Those residents who are physically capable are encouraged to visit the GP's surgery or dentist/optician for an appointment as this promotes normality in their lives.

All staff handling medication have received training, storage medication was appropriate and not overstocked. A random audit Trail revealed no errors and staff spoken to showed an understanding of the appropriate procedures for handling and administration of medication.

Care plans also showed that the home has an awareness of people's different religious beliefs and wishes at the time of death, with plans in place for specific residents personal preferences and needs.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13 and 15

The home continues to show an improvement in the provision of meaningful activities.

Residents are helped to maintain contact with their families, friends and local community.

Residents receive a wholesome appealing balanced diet.

EVIDENCE:

The home does not have an activities organiser, however a member of the care team continues to organise meaningful activities for residents during the afternoon. A record is kept of all activities carried out and this showed evidence of residents attending the Alzheimer's Society tea dances on a regular basis, outings and trips to the garden centres, shopping and games in the home. The acting manager stated that some residents would be going to the cinema with the Alzheimer's Society in the near future. Progress in the provision of meaningful activities will be assessed at the inspection. Residents are also encouraged to maintain contact with the local community attending local events and the Vicar visits on a monthly basis. Residents with different religious backgrounds are also assisted to maintain contact with their own community.

The home has a four weekly menu, which includes traditional meals recognised by the residents and also reflects their personal preferences. The cook who previously worked as a carer is aware of personal and dietary requirements and although the choice is not printed on the menu one is always made

available. A record is maintained of the daily meals provided and showed that residents did exercise choice at mealtimes. One resident was observed asking what the choice was and chose his lunch.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
17. Service users' legal rights are protected.
18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18

The policies covering complaints and Adult Protection were very clear and showed a robust procedure.

EVIDENCE:

The complaints policy and procedure shows a clear timeline and action to be taken in event of a complaint. It also directs the complainant to the CSCI and North Somerset Social Services. A copy is made available in the service user guide, which is placed in every residents room, and a further copy is displayed in the entrance hall. No complaints have been received by the home since the last inspection.

The registered provider and acting manager have attended the investigators training provided by North Somerset social services. Staff have also received training in adult abuse and the protection of vulnerable adults. The adult protection policy has been revised since the last inspection; the acting manager stated that following the investigators training she will be making another revision of the policy to include a clear flow chart of action to be followed. The film also has a clear whistleblowing policy in place.

Environment

The intended outcomes for Standards 19 – 26 are:

- 19.** Service users live in a safe, well-maintained environment.
- 20.** Service users have access to safe and comfortable indoor and outdoor communal facilities.
- 21.** Service users have sufficient and suitable lavatories and washing facilities.
- 22.** Service users have the specialist equipment they require to maximise their independence.
- 23.** Service users' own rooms suit their needs.
- 24.** Service users live in safe, comfortable bedrooms with their own possessions around them.
- 25.** Service users live in safe, comfortable surroundings.
- 26.** The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

19, 20, 21, 23, 24 and 26

Brockley Court offers comfortable and homely accommodation, within an older property with secure gardens.

EVIDENCE:

The home is spacious and homely; the furnishings and lighting are domestic in style. The furniture and fittings are of a good standard, and communal areas are pleasantly decorated whilst in keeping with the older character of the home. During the inspection of the residents were observed to be accessing all areas of the home including the garden despite the time the year.

There are sufficient and suitable bathing and toilet facilities on each floor and a new shower has now been completed.

Residents rooms were observed to be personalised with photographs, pictures and ornaments some residents had bought in small items of furniture of their own.

A maintenance person is employed and the home shows evidence of ongoing refurbishment, however some bedrooms have been identified as in need of redecoration as and when they become available.

The home shows a good standard of housekeeping and no offensive odours are apparent. The acting manager stated that they had an ongoing odour problem in one or two rooms and she had purchased specialist deodoriser to deal with this problem. Staff have all received training in infection control and they demonstrated an awareness of the precautions that needed to be taken.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 29 and 30

Residents needs are met by the numbers and skill mix of staff.
Residents are protected by the homes recruitment policies and procedures
Staff are trained to do their jobs, however one member of staff failed to demonstrate this.

EVIDENCE:

The home is currently experiencing low staffing levels so are using agency staff to make up the staffing compliment. The registered provider and acting manager are also working on the floor alongside staff. The agency they use supplies evidence to show the all their staff have a current Enhanced CRB and they all wear identity badges. The duty rota showed evidence of adequate numbers and skill mix of staff. Residents spoken to were unable to express an opinion on staffing levels.

The most recent recruitment in the home had been from overseas via an agency, all checks of staff are carried out by the agency prior to them commencing work at the care home.

Staff personnel records showed that all mandatory training had been attended which included manual handling however during the second day of inspection an inappropriate technique was used to lift a resident from the floor, this was discussed with the acting manager and a requirement made that staff training must be reviewed. Staff have also received training in the Protection of Vulnerable Adults, Administration of Medication and Food Hygiene.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 32, 33, 36, 37 and 38

The acting manager needs to apply for registration.

The management approach is open and approachable.

The home is run in the best interests of the residents.

Staff are not appropriately supervised.

The homes record-keeping, policies and procedures meet current guidelines.

The health safety and welfare of residents and staff is satisfactory with the exception of manual handling practises.

EVIDENCE:

The registered provider has over 27 years experience in caring for the elderly with Dementia. She is also state enrolled nurse, and currently works on the floor alongside staff. The acting manager has 30 years experience in health and residential/community settings, and has held a management position for the last 10 years. She has an NVQ 3 In Care and intends to do the Registered Managers Award in the New Year.

Both the registered provider and the acting manager adopt an open and approachable ethos to managing the home. Staff spoken to felt they could approach both at any time; residents spoken to were unable to express an opinion, however they were observed to have a friendly and easy rapport, and were relaxed and happy in their presence.

The acting manager is currently in the process of reconstructing the Quality Assurance process and this will be assessed at the next inspection.

Due to staff turnover and the acting manager concentrating on improving the standards of care and the documentation in the home staff supervision has not been carried out, a requirement was made and progress in this area will be assessed at the next inspection. All staff receive a basic induction which includes the policies and procedures of the home. The acting manager is in the process of introducing an induction based on the TOPSS induction.

All records are stored securely and appropriately, and the home's policies and procedures had been reviewed and updated where necessary.

The implementation of health and safety within their home was satisfactory. Since the last inspection personal risk assessments for residents have been reviewed, and an independent body has carried out the generic risk assessment of the home. As previously mentioned an inappropriate Manual Handling procedure was observed on the second day of the inspection and a requirement has been made for staff training to be reviewed. During the last inspection a requirement was made for restrictors to be placed on ground floor windows. It was noted that one of these windows still required restricting whilst a window in the bathroom on the second floor also needed restrictors.

The fire log showed all tests, training and drills were being carried out to the Avon and Somerset Fire Brigade guidelines. An Environmental Health inspection had been carried out in October and the home was praised for the overall cleanliness.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	3
3	3
4	X
5	3
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	X
11	3

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	X
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	3
21	3
22	X
23	3
24	3
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	X
29	3
30	2

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	2
32	3
33	3
34	X
35	X
36	2
37	3
38	2

Are there any outstanding requirements from the last inspection? YES

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	OP3	14 (1)	The pre admission assessment must be signed and dated to show it was done prior to admission.	03/11/05
2	OP30OP38	13 (5)	The manager must review the Manual Handling training, due to inappropriate practices demonstrated.	17/11/05
3	OP36	18 (2)	The manager must commence formal supervision for all staff.	03/12/05
4	OP38	12 (1)	Window restrictors must be attached to the two identified windows.	17/11/05

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP7	Care plans need to show evidence of resident/relative involvement.

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