

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

## Brookhaven

Gough Lane, Bamber Bridge, Preston, PR5 6AQ

Tel: 01772646650

Date of Inspection: 12 April 2013

Date of Publication: May 2013

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Optima Care Limited
Overview of the service	Brookhaven is an open mental health rehabilitation and recovery service which focuses on the people who use the service and their needs. The person led model of care is designed to support people and enable their own recovery pathway in the next stage of their journey. The home is located in a quiet woodland area, near to Preston and can be easily reached via the motorway network.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

*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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information we asked the provider to send to us.

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### What people told us and what we found

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People told us they were involved in planning their support and the provider's staff sought their consent to care and treatment. People told us how they were encouraged to make choices and develop life skills and it was their decision how they spent their time.

People explained they were happy with the care and support they received and they enjoyed living at Brookhaven. There were a variety of activities available and people were supported to go out into the community.

People were very complimentary about the staff and were pleased that their views and opinions were sought and acted on by the provider. The provider used this as part of their comprehensive quality assurance process which helped them ensure that care and support was being delivered to a high standard.

We found the premises to be clean and orderly. The provider ensured staff undertook the relevant training on infection control and appropriate personal protective equipment was made available for staff.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

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We spoke with people who used the service, their relatives and staff and looked at written records to measure this outcome.

People told us they were involved in planning their care and support and that they signed to say they agreed with the plan. Relatives we spoke with told us about meetings that they attended regularly to review care and support plans and how they were kept well informed by the service. Written records we looked at confirmed that people and their relatives were involved in planning and signed to say they agreed with plans of care and support.

People were very complimentary about the staff and the way they approached people. They confirmed their wishes were respected by staff as far as possible. One person explained how the staff had helped them to better understand their medication, what it was for and how it would help them in their recovery.

Staff we spoke with on the day were able to give good examples of how they gained consent to care and treatment. They were also able to explain what they would do if someone refused treatment, for example medication. They told us how they would try to find out the reason why and how they would involve GPs and other healthcare professionals as appropriate.

People should get safe and appropriate care that meets their needs and supports their rights

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## Our judgement

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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## Reasons for our judgement

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We spoke with people who used the service, their relatives and staff and looked at written records to measure performance against this outcome.

People who used the service told us:

"I've been here ten years and it's great!...I can just get on with it and any support I need, I just ask and get it. I couldn't ask any more of the staff...There's always plenty to do... The food is cracking!"

"It's very good here, I'm very happy...This place is really helping me...I've got loads of freedom to do what I want, when I want...The staff are good, always do their best."

A relative told us: "I'm involved in all discussions about care and support and I'm kept fully informed...There's no more they could do. I'm very happy with the care and support that's delivered...Staff are always respectful, helpful and polite and show real concern for physical and mental health."

Staff told us:

"Everyone's well looked after...We've got a good team here...Changes to the rota mean we've got more time to support people."

"I really enjoy working here...The care is very good and I really like the people."

The service aims to provide support for people to gain life skills and enable them to move on to the next stage in their recovery. The emphasis in the service was on supporting and working with people, rather than doing things for them. There were some people who used the service that required personal care as well as support and appropriate arrangements were in place for this to be delivered.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Before people were admitted to the service, the provider undertook a holistic assessment of their support needs and tried to find out as much as possible about their likes, dislikes and aspirations for the future. The information from

these assessments was used to formulate a person centred support plan, ensuring that staff knew the level of support each person required.

People confirmed they had a designated key worker and told us that they were involved in planning the support they received. They told us about and we saw records which confirmed regular meetings with their responsible clinician, the multi-disciplinary team, care-coordinator and social worker to review their needs and support plan.

We looked at written records for three people. Support plans clearly showed how the person wanted their support delivered and reflected any changes in their needs. The written plans were informative and person centred. We saw evidence that changes in health were noted, information acted upon and the advice of other professionals sought. Risk assessments had been completed to identify potential risk of accidents and harm to people who used the service. This assisted staff in providing appropriate care and support.

The home ran a structured timetable of group activities during the week. These sessions were designed to assist people in their understanding of their condition and their recovery as well as focussing on topics like healthy eating. The sessions were run in the 'My Space' room, which provided a comfortable setting for people to socialise and also for entertaining visiting relatives. There was lots of information available for people on a variety of topics from mental health to everyday issues, like leading a healthy lifestyle.

There were good sized communal areas for people to utilise and there was a pleasant atmosphere when we visited. People were encouraged to participate in a variety of activities within the home and were able to go out into the community to visit family or simply go to the shops or the local pub and were supported to do so.

The home has recently made arrangements with a local college so that people can undertake accredited courses and gain qualifications whilst living there. Work is also underway on setting up a scheme whereby people who used the service could apply for jobs advertised within the home, for example carrying out maintenance work or gardening. This will assist people in developing life skills and give them the opportunity to experience doing paid work.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed and were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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We observed the general condition of the home, spoke with people who used the service, staff and relatives and looked at the provider's documentation to gain an understanding of the level of cleanliness and infection control. We saw from records that staff attended mandatory training on infection control every year.

People we spoke with told us:

"My room is always clean...they come to clean every morning and then check again in the afternoon."

"My room is cleaned every morning."

A relative told us:

"They've recently decorated...I'm quite happy with the cleanliness, no concerns at all."

We spoke with a member of the domestic staff who explained:

"We have an excellent budget for cleaning and housekeeping and we have enough staff to do the job...The managers or the nurse in charge inspect the cleaning work every day before they sign the schedule."

Another member of staff commented:

"The environment is always nice and clean"

We observed that the home was clean and orderly throughout. In areas such as the canteen, 'skills kitchen' and bathrooms, all surfaces were made from materials that could easily be cleaned and disinfected thoroughly.

Hand sanitiser and hand washing facilities were readily available around the home, with posters that displayed correct hand washing procedures. We observed staff using appropriate personal protective equipment such as disposable gloves and aprons in line with the training they had received.

We reviewed the cleaning schedule for the home, which contained a comprehensive list of cleaning tasks that were required to be performed in various locations around the home. Each room was listed separately and the cleaning staff were required to sign to say they had completed the tasks in the schedule for each room. The manager or nurse in charge then carried out an inspection and signed to confirm the cleanliness of rooms was at the required standard.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

The provider's arrangements for recruiting staff ensured that people were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We did not meet any new recruits to the service when we visited. We spoke with a member of the support staff who had been recruited within the last twelve months. They confirmed their recruitment had been carried out appropriately. We also looked at a number of personnel files and the provider's training record.

We saw that the manager recruited people by equal opportunities means. We saw records of interview questions, responses and decisions made about suitable candidates. We also noted that references were sent for and that the necessary checks were made.

We saw that each personnel file had two references and that one of them was from the person's previous employer. We also noted that personal details and identification had been checked to ensure they had the right to work in the United Kingdom. Records showed the provider made appropriate checks with the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. These checks minimised the risk of any service taking on an unsuitable person and were completed before any offer of employment was made.

We looked at personnel records and we spoke with the manager. They said they had no concerns about anyone they had recruited and they always made these checks prior to the person commencing in the post. The files we checked had good references and suitable checks had been made. We did not see any records that would lead us to judge that any new recruitment had been unsuitable.

When a new recruit commenced employment with the service, they completed a comprehensive induction and mandatory training before they were allowed to work unsupervised. New recruits also had to complete a probationary period satisfactorily before being confirmed in their post.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who used the service told us that they were well supported by the managers and staff team. They said they could talk to them and ask questions. One person told us; "I'm often asked for my opinion on care...I can talk to the manager or nurses if I have any problems", another said; "The staff are always happy to talk to me and they really do listen."

Staff said the senior management team were approachable, supportive and listened to them. One support worker said; "I can always raise any issues without fear of reprisal", whilst another told us; "We've got very good managers, who we can talk to and trust."

Senior staff told us systems were in place for quality assurance. We were shown some of the frequent audits which were completed by the senior management team. These were informative and included the management of clinical audits, medication audits and audits of the environment. Regular monitoring checks were also carried out by senior staff. Any issues raised in these audits and checks were acted on.

The provider sought the views and experiences of people who used the service and their families by way of satisfaction surveys and senior staff talked with patients informally on a daily basis. There was a forum where people who used the service had opportunity to express their opinions and suggest ideas for improving the support they received. Staff also had regular formal supervision so they could discuss their performance and care practices in the home. These measures assisted the provider in gaining the views of people about the service they provided.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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