Care UK Community Partnerships Ltd

Brook Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service caring?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Brook Court is a care home providing personal and nursing care to up to 67 people. The service provides support to younger and older people who may live with physical disability, dementia, mental health needs or learning disabilities or autistic spectrum disorder. At the time of our inspection there were 49 people using the service. Brook Court accommodates people in one adapted building.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found
Right Support:
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. Where people wanted support, staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines.

Right Care:
People received kind and compassionate care. Staff understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. There had been changes to the leadership at the home. People told us they now received support from staff who knew them well and understood how to keep them safe. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing

Right Culture:
People received good care because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood people well and were responsive, placing people's wishes, needs and rights at the heart of everything they did. People and those important to them were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

The registered manager planned to further develop their systems to ensure people's care needs continued to be met. The manager had re-introduced checks on the quality and safety of the care provided and staff competency, so they could be assured people received safe care which met their needs. People's, relatives' and staff's views on the care provided were sought and opportunities for learning were identified. Systems had recommenced to ensure improvements driven through in people's care.

Why we inspected
We received concerns in relation to the management of the home and staffing. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brook Court on our website at www.cqc.org.uk.

Rating at last inspection and update
The last rating for this service was good (published 22 January 2020).

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Brook Court

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection team at Brook Court consisted of 2 inspectors and 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. A medicines inspector supported the inspection off site.

Service and service type
Brook Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brook Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day. We announced our intention to return to the home for the second day of the inspection.

Inspection activity started on 07 February 2023 and ended on 27 February 2023. We visited the location's service on 07 February 2023 and 08 February 2023.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection
We spent time seeing how people were cared for and spoke with 13 people living at the home and 1 relative, to find out their views about the care provided.

We spoke with 18 staff who worked at the home, including the manager, a unit manager and 3 nursing staff. We spoke with 5 care staff and an activities staff member. We also spoke with 7 ancillary staff. The ancillary staff included maintenance, catering, and domestic staff. In addition, we spoke with a provider representative.

We reviewed a range of records. This included 6 people's care records, multiple medication records, and records showing what support staff had given to people so their clinical needs would be met. We looked at records relating to the quality, safety and management of the home. These included checks undertaken on people's experience of living at the home, the premises, staff competency, and staff recruitment records. We reviewed resident's and relatives' survey reports and key policies and procedures. We also reviewed a range of records showing how information was communicated to staff across different shifts and after incidents, including minutes of staff clinical and care meetings.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they had developed good and open relationships with the staff supporting them and this encouraged them to discuss any concerns they had about their safety. One person told us, "There's nothing done in secret and nothings been said or done which is wrong."
- Staff knew how to recognise and respond to any signs of abuse and said they were confident the manager and senior staff would support people, should this be required. One staff member said, "I would go straight to the nurse or manager. There's also a whistleblowing [dedicated provider telephone] line I could use, but I have not seen anything wrong here to report."
- The manager and provider had put systems in place to work effectively with other agencies to protect people, if this was required.

Assessing risk, safety monitoring and management

- People and relatives were positive about how staff met people's safety needs. One person told us they had lived at the home for an extended period of time and said they had always felt safe. Another person told us their safety was managed well, and said staff always took time to explain each stage of support they offered, when assisting them to move safely.
- One relative explained how much their family member's well-being and psychological and physical health had improved since they moved to Brook Court, because of the skilled support provided by staff and how their safety was checked and managed.
- Staff had a good understanding of people's risks and used this knowledge to support people when caring for them.
- We found no evidence of harm to people, but the management of the risks for some people with a specific health condition, or diagnosis, could be further promoted. This included the introduction of a system to monitor their health conditions and by providing further guidance to support staff to reduce risks to people further. In addition, information to support a person, should they need to transfer between services, required further development. The manager gave us assurances this would be addressed without delay.
- People's safety risks had been identified, people and their family members had been involved in planning aspects of their care, so their safety needs would be met.
- Where guidance had been provided by other health and social care professionals this was followed, so people's safety was further promoted. This included people's skin health, support to eat and drink safely and when people chose to move around the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
● The manager's checks had identified some new DoLS applications needed to be submitted to the supervisory body and was taking appropriate action to progress these.
● Staff encouraged and supported people to make their own decisions and choices where people wanted this.

Staffing and recruitment
● There were enough staff to care for people and meet their safety needs. Most people told us they did not have to wait long if they required support from staff. However, some people told us they did occasionally experience delays at busy times.
● We saw during the inspection people's request for assistance were quickly responded to.
● People told us there had been a period of time when they were supported by temporary staff, who did not know them well, but said this was now improving.
● Staff were recruited safely. Checks had been completed before staff started their employment at the home. These included taking up references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● People were supported by staff to have the medicines they needed to remain well.
● Staff followed the provider's systems and processes to administer, record and store people's medicines safely. These systems and processes were based on good practice guidelines.
● Some risks to people could be further reduced and elements of the administration of medicines further enhanced. This included ensuring staff always had the guidance they needed to provide person centered care when administering "as and when required" medicines. For example, in relation to the administration of rescue medicines and medicinal creams. The registered manager gave us assurances immediate action would be taken to address this.
● Staff told us they were not allowed to administer people's medicines until they had been trained to do this, and their competency had been checked. The manager had identified records of staff's competency to administer medicines were not available. The manager showed us a plan detailing staff's competency in administering medicines was to be shortly rechecked.
● Senior staff regularly checked people had received their medicines as prescribed. The manager had started to do their own checks, so they could be assured people continued to receive their medicines safely.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. We found the likelihood of the spread of infection could be further reduced through consistent labelling of food items and some minor maintenance to porous surfaces. The manager already had plans in place to ensure further maintenance of porous surfaces was undertaken and gave us assurances they would take action to ensure food items were consistently labelled, without delay.
● We were assured that the provider's infection prevention and control policy was up to date.
● People and relatives told us there were no restrictions on visiting hours.

Learning lessons when things go wrong
● Staff knew what action to take if any incidents or accidents occurred. These were recorded and reported to senior staff for investigation.
● The manager and provider promptly reviewed incidents and accidents and took appropriate actions to communicate any learning to staff.
● The manager's review considered if people's risk assessments and care plans needed updating, and if any external specialist professional advice was required, to help to keep people safe.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us since our last inspection there had been times when they had been cared for by temporary staff, who did not know them well. However, people said this was now improving. One person told us, "I now more or less see the same carers [staff], which makes it much better." Another person told us they had recently moved to the home and had benefited by being supported by regular staff, as it made them feel relaxed. The person said because of this, "I am mentally in a good place."
- People and the relative we spoke with emphasised how caring the current staff were. One person said because of staff's caring approach they were happy and well looked after. Another person told us, "Staff are lovely."
- Staff valued the relationships they had built with their colleagues and the people they supported. One staff member said, "I love the residents. They make me smile." Another staff member said, "I have the most amazing colleagues and residents."
- Staff gave us examples of acts of kindness they undertook which increased people's comfort and let them know they were valued, such as knitting items for people in their own time.
- Staff recognised people sometimes wanted additional support to celebrate their faith and to ensure their diversity needs were met. People gave us examples showing how they were supported with this. For example, by staff arranging for church groups to regularly visit the home.

Supporting people to express their views and be involved in making decisions about their care

- People told us either they or their families were consulted when their care plans were developed. In some instances, this was done formerly, through care plan review meetings.
- Other people told us they to decided what care they wanted through conversations with staff. One person told us they had, "One of the manager's little sessions" to talk through their care needs and preferences. Another person told us they were involved in deciding how they wanted their care to be provided with input from a hospice.
- People were encouraged to make day to day decisions about their care. These included how they wanted their rooms to be personalised. This helped people to celebrate what was important to them and to stay connected with their previous lives.
- People told us they were comfortable to ask staff if they wanted to vary how their support was provided. This included asking for specific food, which was not usually on the menu, and told us staff acted on this.
- Staff took time to offer people options and help them to decide how and where they wished to spend their time, when people wanted this.

Respecting and promoting people's privacy, dignity and independence

● People's right to dignity was considered when their care was planned. For example, people told us they were asked if they preferred a specific gender of care staff to support them with personal care. People told us if they had a preference it was acted on. One person told us because of staff's supportive approach, "[I have] never felt uncomfortable with asking for help with personal care."

● People were encouraged to maintain their independence where possible. This included involving people in doing some elements of their own personal care and recognising people's right to directly manage their health appointments, so their autonomy was maintained, where possible.

● One staff member gave us an example of the positive improvement in one person's independence as a result of Access to Communication, (ACT), specialists visiting the home.

● Staff treated people's personal information sensitively, and this was securely stored. Staff were also careful to wait for people's agreement before they entered their rooms.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There had been changes to the leadership at the home since our last inspection. A new manager had been appointed and was in the process of applying to become registered with the Care Quality Commission.
- People told us there had been times when they were supported by staff who did not know them well, and when the leadership at the home had not always supported a positive culture. However, people, relatives and staff said this had now improved, and senior staff were now visible within the home and developing a culture where people knew they mattered, because staff took time to talk with them. One person said because of this, "It's pretty good here." Another person said they had met with the manager and saw them often. The person told us, "[Manager's name] is very nice, very friendly, and very competent."
- Staff were positive about the way the home was now led and told us staff were now consistently encouraged to focus on the people they cared for. One staff member said, "[Manager's name] is warm, and she sorts things out for us, such as our training. Relatives and residents [people] pick up on the warmth. You can tell as soon as you walk into the building. I was going to [leave] but I love how things are now, so I am staying." Another staff member gave us an example of how flexible the manager had been when considering their request to change their role. This enabled them to continue working at Brook Court and provided people with an opportunity to continue the relationship they had built with the staff member.
- People told us the manager and staff were approachable, and this encouraged them to ask for the care they wanted. One person gave us an example of action the manager had taken to support them, so they would experience reduced unwanted noise. The person told us this had been resolved quickly by the manager, which had enhanced their well-being. Another person told us the manager spent time doing quizzes and puzzles with them, and would put on their favourite music, which they enjoyed listening to.
- One relative told us how the culture at the home and the way staff interacted with their family member had improved their physical health and wellbeing and was beginning to open up their world. The relative said, "I would recommend this place to anyone and would come here myself. [Person's name] has improved so much and is now interested in recreational [activities]."
- The manager said, "I think the culture here is just right. Staff are people's advocates, and I have seen staff are protective [of people] and kind."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had re-introduced checks on the safety and quality of care, so they could be assured people

were receiving kind and compassionate support, in a home were checks were undertaken on the safety of the premises. The manager's checks also included reviewing people's medicines and staff competency to administer these.

● Staff told us they felt supported to provide good care and to understand how they were expected to care for people. For example, through regular meetings at the start and end of each shift, staff meetings and through training and advice provided by the manager and senior staff.

● Staff practice was also checked through daily walk rounds and spot checks undertaken by the manager and senior staff. This helped to ensure people received the care they wanted.

● The provider checked the quality and safety of the care provided to people by visiting Brook Court and by reviewing regular updates from the manager.

● The manager understood what key events needed to be communicated to the Care Quality Commission and other organisations. The registered manager also knew they were required to be honest and open, in the event of something going wrong with people's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People said they would be comfortable to make suggestions for developing their care and the home further. People told us they did not have to wait until resident's meetings to do this but talked with staff at a time convenient to them.

● The manager had started to respond to the feedback provided by people and their relatives. For example, the manager was planning to start a dementia group, as a result of suggestions made by relatives.

● Relatives' views were gathered through satisfaction surveys and residents' meetings. The manager had planned residents' meetings and drop-in surgeries for anyone to attend, so they could directly involve others in the way the home was managed.

● Staff told us their views on developing people's care further were welcomed and used to inform people's care planning and the development of the home. Staff gave us examples of suggestions they had made, which included the purchase of equipment which had been acted on.

● Where people were not able to directly make their own suggestions, staff recognised this, and involved them in day to day developments at the home. For example, using their knowledge of one person's history and interests, they offered to safely include them in the decorating of the home.

● Staff worked with other health and social care professionals, such as advance nurse practitioners and speech and language therapists. In addition, to ensure people's needs were met, staff sought advice from dementia, vascular, multiple sclerosis neurological specialists and mental health professionals. People also benefited from links developed with church groups and visits from and to local schools.

● The manager was planning to work at a strategic level to further improve people's access to GP services.

Continuous learning and improving care

● People benefited from living in a home where staff reflected on their practice and considered if this could be improved further. For example, staff told us they were given feedback on areas which could be developed further during spot checks on the care they provided to people.

● Learning was also taken from any medication administration recording errors. This included staff being involved in reflective practice, to reduce the likelihood of re occurrence.

● The manager and provider reviewed key events in the home, such as falls, and responded to these by considering peoples individual support needs and what further assistance they could be given to remain safe.