

DHCH14

# Brooklands Care 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 ●

# Summary of findings

## Overall summary

### About the service

Brooklands Care Home is a residential care home providing personal care to 43 people at the time of the inspection. The home can support up to 43 people in one adapted building. The home has two floors which specialised in caring for people who are living with dementia.

### People's experience of using this service and what we found

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.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

**Right Support:** People were respected as individuals and their preferences were respected and promoted.

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.

**Right Care:** People received care that was person centred.

**Right Culture:** Staff were caring, compassionate and treated people with respect.

People and relatives told us they felt safe in the care of staff. Risk was thoroughly assessed, monitored and mitigated. People had personalised risk assessments which were detailed and gave staff the information needed to manage the risks associated with people's care. Accidents and incidents were appropriately recorded and responded to. Recruitment practices were safe and there were enough suitably qualified staff to support people. Effective processes were in place to ensure medicines were ordered, stored and administered as prescribed. Staff followed infection prevention and control guidance to minimise the risk of infection spreading.

People's needs were assessed when they first started using the service and assessments were detailed. People's care plans were detailed about individual needs and preferences relating to food and drink. There were effective systems in place for staff to escalate any concerns they had about people's health, ensuring appropriate input and advice from relevant health professionals was sought. Staff received an induction and completed mandatory training to enable them to carry out their job roles effectively. The service was

designed to meet the needs of people, including those who lived with dementia.

Relatives were positive about the care and support their loved ones received and told us staff go above and beyond to ensure their loved ones are well cared for. A person told us, They [staff] treat me well all the time, they're very nice really. They help me when I get upset." People and, where appropriate, their relatives were involved in decisions about their ongoing care and treatment. People received sensitive support to maintain their privacy, dignity and independence.

People received a responsive and person-centred service. The registered manager recognised people as individuals with different needs. Care and support was delivered in a way that met those needs. The provider understood the importance of making information accessible and meaningful. Staff enabled people to maintain relationships with relatives and friends. Relatives spoke highly of how the home had improved the lives of their loved ones. The home had an activities co-ordinator and people had opportunities to take part in activities that were meaningful to them. There was an effective complaints management system in place.

There was a strong focus on continuous learning at all levels of the organisation. The quality and safety of the service was well monitored. People achieved good outcomes because of effective partnership working. A visiting health professional told us, "[Registered manager] is conscientious, I have no concerns about anybody being neglected and no concerns about the standard of care provided." The registered manager gathered feedback from people, relatives and staff and understood the importance of using this feedback to improve the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 19 July 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 8 February 2020.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Brooklands Care Home

## 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 was carried out by 1 inspector.

#### Service and service type

Brooklands Care home 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. Brooklands Care home is a care home without 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 19 October 2022 and ended on 26 October 2022. We visited the service on 19 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 this information to plan our inspection.

#### During the inspection

We spoke with 9 members of staff including the registered manager, deputy manager, senior care staff, care staff and domestic staff. We spoke with 3 people and 4 relatives about their experiences of care their loved ones received. We also spoke with a visiting health professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records including 4 people's care records, multiple medication administration records, and 2 staff personnel files in relation to recruitment. We also reviewed a variety of records relating to the management and governance of the service.

We reviewed evidence that was sent to us remotely as well as seeking clarification from the provider and manager to validate evidence found. We looked at audit and governance data, as well as policies and procedures.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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 abuse.
- Staff received appropriate training and were clear on the potential signs of abuse and how to raise concerns. Safeguarding concerns were shared with the local authority as required.
- People and relatives told us they felt safe in the care of staff. Comments included, "[Person] is definitely safe" and "I'm very safe and well looked after."

Assessing risk, safety monitoring and management

- Risk was thoroughly assessed, monitored and mitigated.
- People had personalised risk assessments which were detailed and gave staff the information needed to manage the risks associated with people's care.
- Regular checks on the environment and equipment took place to ensure people were safe.

Staffing and recruitment

- Recruitment practices were safe. Pre-employment checks were completed on all staff before they started in their roles.
- There were enough suitably qualified staff to support people safely. Staff told us the registered manager had ensured safe staffing levels by using agency staff when needed.
- Staff were visible around the home and readily available to support people when needed. We observed staff supporting people with essential care tasks, such as assistance with eating and drinking, as well as spending time in pleasant conversation with people.

Using medicines safely

- Medicines were safely managed.
- Effective processes were in place to ensure medicines were ordered, stored and administered as prescribed.
- Staff with responsibilities for managing medicines had completed the relevant training and underwent regular competency checks.
- A visiting health professional who is involved with monthly medication reviews told us, "medication is really well managed at the home, I have no concerns whatsoever."

Preventing and controlling infection

- Staff followed infection prevention and control guidance to minimise the risk of infection spreading.
- Domestic staff worked hard to maintain a clean environment and we found the home clean and hygienic

throughout.

- Relatives told us there were no restrictions on them visiting their loved ones. We observed many visits taking place during the inspection. This was carried out safely as relatives were observed to be wearing PPE.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and responded to by staff.
- The registered manager and provider reliably analysed incidents. We found evidence of learning from events and action taken to improve safety.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's mental capacity was assessed in line with the principles of the MCA.
- Applications to legally deprive a person of their liberty were completed when required. However, we identified several applications still awaiting review by the supervisory body. We discussed the provider's role in ensuring applications were regularly followed up to reduce the risk of people being unlawfully deprived of their liberty. The registered manager was responsive to our feedback.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed when they first started using the service and assessments were detailed and focused on people's personal likes and preferences as well as their physical care and support needs.
- There were effective systems in place for staff to escalate any concerns they had about people's health, ensuring appropriate input and advice from relevant health professionals was sought.

Staff support: induction, training, skills and experience

- Staff received an induction and completed mandatory training to enable them to carry out their job roles effectively.
- The provider understood the need to arrange specialist training to enable staff to meet the needs of the

people who were living with dementia.

- Staff told us they felt fully supported through formal and informal supervision. A staff member told us, "I can go to [registered manager] anytime, day or night. If I need anything, he is only a message away. [Registered manager] is very supportive."

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans were detailed about individual needs and preferences relating to food and drink.
- For people who required a specialised diet, care plans gave staff clear information about what foods could be consumed to ensure the effective management of an ongoing health condition.
- People and relatives provided positive feedback about the food. A relative described how their loved one had gained weight because the quality of the meals led to an improved appetite.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans contained contact details for the health professionals involved in people's care and support.
- A visiting health professional told us staff were responsive and were quick to identify people's changing health needs and shared concerns in a timely manner.

Adapting service, design, decoration to meet people's needs

- The service was designed to meet the needs of people who lived with dementia.
- A high standard of interior design and use of technology created both a homely and enabling environment that promoted independence and supported wellbeing.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- There was a strong, person-centred culture within the home. Staff were caring, compassionate and were proud to work at the home.
- Relatives were positive about the care and support their loved ones received and told us staff go above and beyond to ensure their loved ones are well cared for. A relative told us, "[Person] settled in straight away due to the kind and caring nature of staff". A person told us, "They [staff] treat me well all the time, they're very nice really. They help me when I get upset."
- Our observations found that staff were caring in their approach and we observed several kind interactions between people and staff throughout the inspection.

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

- People and, where appropriate, their relatives were involved in decisions about their ongoing care and treatment.
- People had access to advocacy services and information on how these services could be contacted were displayed in the home.
- Peoples lifestyle choices were respected. For example, a person's care plan reflected their preference to sleep in until midday. Staff respected this person's wishes.

Respecting and promoting people's privacy, dignity and independence

- People received sensitive support to maintain their privacy, dignity and independence.
- Staff were able to provide many examples of how they maintained people's dignity during personal care.
- Care plans were written in a way that promoted people's independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a responsive and person-centred service.
- Care plans contained information about people's likes, dislikes and people's preferred routines were recorded in detail. Staff were able to recite these details showing they knew people well.
- The registered manager recognised people as individuals with different needs. Care and support was delivered in a way that met those needs. For example, a person had a strong bond with their cat. The home allowed the person to move into the home with their cat to reduce their emotional distress. A staff member told us, "[Person] really loves her cat and worries if it has been fed. We reassure her the cat is ok and has been fed."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood the importance of making information accessible and meaningful.
- Policies and processes were available in an easy read format. For example, the complaints policy and the fire evacuation procedure.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home enabled people to maintain relationships with relatives and friends. Relatives spoke highly of how the service had improved their lives.
- Relatives were included as part of activity planning. For example, the provider had organised an upcoming trip for people and their relatives to see Blackpool lights by coach.
- The home had an activities co-ordinator and people had opportunities to take part in activities that were meaningful to them.
- The provider actively sought new technologies to make sure people were engaged. Staff used technology effectively to access activity ideas and exercise inspiration. The provider had recently introduced technology to enable people living with dementia to take a virtual trip down memory lane.

Improving care quality in response to complaints or concerns

- There was an effective complaints management system in place.
- We saw that complaints were appropriately investigated and responded to.

#### End of life care and support

- At the time of our inspection, no one using the service required end of life support. However, the registered manager understood that people's health could deteriorate, and processes were robust to ensure people were referred to health professionals in a timely manner.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- There was a strong focus on continuous learning at all levels of the organisation.
- Effective quality assurance systems were in place. The quality and safety of the service was well monitored and follow up actions had been taken appropriately.
- The registered manager notified CQC of any incidents and events that occurred at the service, which demonstrated they understood their responsibilities and regulatory requirements.
- The provider understood their responsibilities under duty of candour. Relatives told us the registered manager was open and honest with them.
- The provider had good oversight of all areas of care provision and attended the home regularly to complete quality checks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The culture of the service focused on ensuring people received person-centred care that met their needs and preferences.
- People achieved good outcomes because of effective partnership working. A visiting health professional told us, "[Registered manager] is conscientious, I have no concerns about anybody being neglected and no concerns about the standard of care provided."
- The registered manager embraced the inspection process and used it as a learning opportunity.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The home gathered feedback from people, relatives and staff and understood the importance of using this feedback to improve the home.
- The registered manager was approachable, consistent, and led by example. As a result, staff felt respected, valued and supported.