

HC-One Limited

# 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Brooklands Care Home is a care home providing personal and nursing care for up to 63 older or younger adults some of whom may have a physical disability or are living with dementia. There were 36 people residing at the service on the day of the inspection.

Brooklands Care Home is purpose built with lift and stair access to the first floor. Accommodation consists of single occupancy rooms situated in three units over two floors.

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

We found improvements had generally been made to people's care records, which were extensive. Care records relating to catheter care and restricting oral fluids were updated during the inspection. Minor infection control issues were rectified immediately during our visit.

People were protected from the risk of harm and abuse. Safeguarding procedures guided staff about the action they must take if they suspected abuse was occurring. Risks to people's wellbeing were assessed and monitored this included accidents and incidents to prevent re-occurrence. Medicine management and recruitment was robust.

Staff undertook training to maintain and develop their skills, areas for further development included diabetes. Supervision and appraisal were undertaken to support staff performance and development.

People had their capacity assessed and were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's nutritional needs were met. Mealtimes had been reviewed and changes made to ensure people were well supported. People were supported and encouraged to maintain their independence.

People were looked after by caring staff. People we spoke with confirmed this. Staff provided comfort and support if people became anxious or upset. Information was provided to people in a format that met their needs in line with the Accessible Information Standards.

People had their needs assessed before being admitted to the service to ensure their needs were known and could be met. Health care professionals were contacted for help and advice to maintain people's wellbeing. People's care was reviewed and monitored by staff to ensure they received the support they required. Complaints received were acted upon. A programme of activities was provided in line with people's interests. End of life care was provided at the service.

A full range of quality checks and audits were undertaken to monitor the service. This information was

shared with the higher management team. Audits in areas where we found minor shortfalls were reviewed to help prevent any re-occurrence of the issues found.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (31 October 2018) when there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

### 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 Care Act 2014

#### Inspection team

The inspection was undertaken by two inspectors and one assistant inspector.

#### Service and service type

Brooklands Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at all the information we had received since the last inspection which included the information about important events which had occurred. We sought feedback from the local authority. We also contacted Healthwatch (an independent consumer champion that gathers and represents the views of the public about health and social care services in England) for their views about the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided and with two relatives. We spoke with the area quality director, registered manager, deputy manager, five care staff, activity co-ordinator and chef. We also gained the views of one visiting health care professional.

We looked at seven people's care and medicine records and two staff files in relation to recruitment. We inspected two staff supervisions and appraisal records. 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 variety of records relating to the management of the service, including policies and procedures, audits and health and safety records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the Clinical Commissioning Group representative who monitors this service. We were provided with updated information about action taken following the inspection by the registered manager.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- We found two pedal bins needed replacing and minor repairs were required in two bathrooms to ensure cleaning would be effective to maintain infection control. These issues were addressed immediately.
- Gloves and aprons were provided for staff to use.
- People we spoke with were complimentary about the cleanliness of the service. A member of staff told us, "The home always smells clean."

### Systems and processes to safeguard people from the risk of abuse

- Safeguarding and whistleblowing policies and procedures were in place. Staff had received safeguarding training and told us they would report concerns straight away.
- When safeguarding issues occurred, action was taken to prevent further re-occurrence. Issues were reported to all the relevant external bodies which helped to protect people.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's wellbeing were assessed, monitored and reviewed. Staff understood who required support to reduce the risks of avoidable harm. Care plans contained information about how staff could help to keep people safe.
- People were encouraged and supported to take positive risks to develop or maintain their independence.
- Accidents and incidents that occurred were recorded and investigated by the management team. Records included detail of actions the provider had taken to reduce the risk of recurrence.
- Opportunities to learn from incidents that occurred were shared with staff to maximise learning and help to maintain people's safety.

### Using medicines safely

- Medicine management was robust. Daily medicine counts were in place and audits were carried out. Issues found were addressed.
- People received the support they required with their prescribed medicines to maintain their wellbeing.
- Medicines to manage people's behaviour that may challenge the service or others were not overused.

### Staffing and recruitment

- People's needs were met in a timely manner by suitably skilled and experienced staff. The management team continued to monitor people's dependency and the staffing levels provided.
- People confirmed there were enough staff. A member of staff told us, "There are enough staff."
- The provider had robust recruitment checks in place to ensure staff were suitable to work in the care

industry. Recruitment took place as required.

# 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.

At the last inspection this key question was rated good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by staff. Information was sought from the person, their relatives and relevant health care professionals. This information was used to form care plans which told staff about the care people needed to receive.
- People confirmed they were supported appropriately by staff.
- The provider and staff were aware of good practice guidelines and used this information to support the delivery of care. For example, The National Institute for Health and Care Excellence (NICE) guidance 'Smile Matters' about oral care. Staff were implementing changing tooth brushes regularly to help to maintain people's mouth care.

Staff support: induction, training, skills and experience

- New staff were provided with induction training and they undertook the Care Certificate (a nationally recognised training scheme) to develop their skills. A member of staff told us "I did some shadowing for a while. I did all my training and learnt about the equipment. After that I was able to work alone."
- Regular training was provided for all staff in a variety of subjects. Further training about diabetes was being provided to enhance the staff's knowledge about this condition.
- The registered manager monitored the training undertaken to ensure people received the support they required from suitably qualified and experienced staff.
- Staff undertook supervision and they had a yearly appraisal. This allowed them to discuss any further training and development needs.

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

- People's nutritional needs were assessed and monitored. People's specific dietary needs were provided. Staff were aware of this information which helped maintain people's wellbeing.
- Times of meals had changed to enable staff to spend dedicated time with people who required supporting with their nutrition. People were assisted and prompted to eat and drink by patient attentive staff.
- People were shown the food on offer to them so that those living with dementia could understand what the choices were. One person told us "I enjoy the food."
- Advice was sought from relevant health care professionals if people were losing weight or were at risk of choking. Advice received was acted upon.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff knew people well and recognised when they were unwell. Concerns were reported to senior staff and to health care professionals to promote people's health.
- Staff supported people to accessed health care services.
- Information was shared when people had to be transferred or receive care from other services. This information was provided with people's consent or in their best interests to maintain peoples care.

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

- The environment was dementia friendly. Pictorial signage was present to help people find their way around. The provider was about to enhance the signage provided at the service.
- Quiet areas and communal lounges with TV's were available for people to use.
- The grounds had level access with seating, so people could get outside.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff promoted the principles of the MCA and completed training about this. Staff understood what constituted a deprivation of liberty.
- The management team monitored DoLS in place and applications that had been submitted to the local authority for their consideration.
- Best interest decisions were made in consultation with people's relatives and relevant health care professionals, where necessary to help protect people's rights.
- Staff gained people's consent before care was provided.
- We observed people made their own choices and staff listened to and acted upon what was said. A member of staff told us, "Yes, everyone can make their own decisions." Another said, "People can always communicate in some sort of way."

# 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 the last inspection this key question was rated good. At this inspection this key question remained the same. 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 were looked after by caring staff. A person told us, "The staff are good. They are lovely."
- Staff built positive relationships with people and their relatives. We observed staff supporting people with kindness whilst respecting their diversity and choice.
- People who became upset were calmed by staff. They used a gentle approach with distraction, diversion, reassurance, verbal support and gentle appropriate touch to reassure people.
- People's relationships with their family and friends were encouraged. Visitors were welcome at any time and were invited to join in events held at the service.
- People were encouraged and supported to follow their faith, which gave them comfort. People were escorted to attend services in the community.
- Staff were dedicated and compassionate about providing care to people. A member of staff told us "When I leave the building I know I have done the best I possibly could for people."

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

- People made their own decisions about their care. They were supported by staff, when necessary. Staff explained the choices available to people and if they didn't understand staff rephrased the information so it could be understood.
- People's individual communication needs were recorded. Information was provided to people in a format that met their needs. Large print, pictorial, braille and audio information could be provided.
- Advocates were available locally to help people raise their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was protected. Staff provided personal care to people in their bedrooms or bathrooms behind closed doors. A member of staff said, "We lay towels across people when washing them, so they are always covered up."
- People confirmed they were addressed by their preferred name.
- Care records described what people could do for themselves and the goals they wished to achieve. Staff were aware of this information and encouraged people to develop or maintain their independence.
- Dignity was promoted at the service and monitored by the staff dignity champions.
- Records were stored securely. Staff followed a confidentiality policy to maintain people's privacy.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant people's needs were met but some care records required improving during the inspection.

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

At our last inspection the provider had failed to robustly ensure people received person centred care. There was a continued breach of regulation 9, Person Centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care records were extremely detailed and extensive. We found minor issues in care plans that described catheter care and in relation to two people's restricted fluid intake. One person required the setting of their pressure mattress to be assessed and recorded. These issues were acted upon immediately and there was no adverse effect to people's wellbeing.
- People's care needs were assessed prior to their admission. Relatives and relevant health care professionals provided their input so that people's needs were known and could be met.
- People's likes, dislikes and preferences for their care and support was recorded. Staff acted upon this information.
- Guidance about people's behaviours that may challenge the service or others was contained in their care records to provide guidance to staff.
- Staff supported people to make decisions about their care and support. People's health care professionals were contacted for help and advice to maintain their wellbeing. One person told us, "The staff know when I am off colour and the district nurse comes."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded. Information was provided to people in a format that met their needs. Large print, pictorial, braille and audio information was available to keep people informed.
- Staff were aware about how people communicated.

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 and the wider community, and to avoid social isolation

- People's interests and hobbies were recorded. This information was used to help people engage in activities they enjoyed.
- A programme of activities was provided. This included singalongs, chair exercises arts and crafts, reminiscence. Events were held, for example a 'Beach Party' and friends and relatives were invited.
- People were encouraged to maintain their links with the community. People were assisted to go out with their relatives and friends. Shopping trips and outings to local venues were provided.
- A 'Pen Pal Club' was in operation between people living at the providers other services.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. People told us they could complain if they needed to. A person and their relative told us, "When we had a complaint we spoke with staff. At that moment we were her priority."
- The management team monitored low level concerns and complaints, action was taken if necessary to improve the service.

End of life care and support

- End of life care was provided at the service. People's wishes were recorded if they wanted to share this information. This included people's religious needs and if they wanted to be resuscitated.
- An end of life care champion was in place. People were supported by staff to remain comfortable and pain free. Support was provided to people's relatives at this time.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- The management team demonstrated a good understanding of regulatory requirements. Work had been undertaken to address the shortfalls found at the last inspection in relation to maintaining people's care records. A recent change to the higher management team had taken place and support was provided to the registered manager.
- Daily 'flash meetings' occurred where staff discussed any challenges or people's changing needs so that timely action could be taken.
- Quality audits and checks had been further developed since the last inspection. This information was shared electronically and monitored by the higher management team. Timely action was taken when issues were found.
- We found care records relating to some people's catheter care needed improving and information about restrictions on some people's fluid intake needed reviewing. This was acted upon immediately and these audits were made more robust. The documentation to record people's fluid restrictions was redesigned to better inform staff.
- A resident of the day scheme was in place. Staff from all departments met with the nominated person living at the service to gain their views. A review of this person's care was also held and a favourite activity or outing undertaken.
- There was an on-call system in place which provided help and advice to staff at any time.

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

- The management team promoted and encouraged a positive, supportive culture to all parties. The provider's 'Kindness in Care' ethos was displayed and was understood by staff.
- Person-centred care and support were at the heart of the service. Staff were passionate about ensuring people's needs were met and making sure they were empowered.
- People we spoke with were positive about the service and confirmed their views were sought. One person told us, "They have meetings for us every so often. Nothing could be better everything is wonderful."
- Staff confirmed the management team were approachable. A member of staff said "The manager is supportive and very caring. They do a good job."

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; Working in partnership with others

- The provider and manager understood their legal responsibilities including the duty of candour, which sets out how providers should explain and apologise when things have gone wrong. The registered manager told us, "We want to work with everyone for the good of the people living here."
- The management team were open and transparent and shared information with us. Notifications were submitted to CQC as required by law.
- Where staff performance issues occurred, corrective action was taken to prevent further re-occurrence and support staff development.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff meetings were held to allow staff to engage with the management team and raise their views, they considered and acted upon the staff's feedback.
- People living at the service and their relatives had the opportunity to provide feedback to the management team on a one to one basis and through resident and relatives meetings.
- Surveys were sent to people living at the service to gain their views. The feedback received was acted on.
- The diversity of people using the service and staff was celebrated and protected by all parties.
- The management team worked across the provider group to share best practice ideas. They liaised with the local authority and Clinical Commissioning Group (CCG) about improvements made to the service.
- The provider had a business continuity plan in place to make sure staff were aware of the action to be taken in the event of emergencies.