

Mrs A and Mr R Brooks

Mrs A and Mr R Brooks - 5 Everton Road

Inspection report

5 Everton Road
Yeovil
Somerset
BA20 1UF

Tel: 01935862900

Date of inspection visit:
04 May 2023
05 May 2023

Date of publication:
15 June 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mrs A and Mr R Brooks - 5 Everton Road, is a residential care home for up to 15 adults with a learning disability and/or autism. The service is set out as a collection of four shared houses which are near each other. At the time of our inspection there were 15 people living at the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support:

Governance systems at the service required improvement to ensure shortfalls in the service were identified.

New staff had not always been recruited in line with legislation and the providers policy.

People's medicines were not always managed in line with best practice guidance.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. Risk assessments were not always fully updated when required.

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.

People were supported by staff to pursue their interests, so people had a fulfilling and meaningful everyday life. Staff supported people to achieve their aspirations and goals.

The service gave people care and support in a safe, clean and well-maintained environment.

People had a choice about their living environment and were able to personalise their rooms.

Right Care:

People received kind and compassionate care. People's independence was promoted. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

People received care that supported their needs and aspirations and was focused on their quality of life.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

People were supported by consistent, longstanding staff who knew them well.

Staff placed 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.

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

People's quality of life was enhanced by the service's culture and inclusivity.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency and respect.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 29 November 2018).

Why we inspected

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

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 changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to Regulation 12 (Safe care and treatment), Regulation 17 (Good governance) and Regulation 19 (Fit and proper persons employed).

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Mrs A and Mr R Brooks - 5 Everton Road

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 conducted by 2 inspectors.

Service and service type

Mrs A and Mr R Brooks - 5 Everton Road 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. Mrs A and Mr R Brooks - 5 Everton Road 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 5 people, 6 relatives and 8 staff members which included the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 5 people's care records and multiple medicine records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed. Afterwards we spoke with a further 3 relatives. We received feedback from 3 health and social care professionals.

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 changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines procedures required review to ensure best practice guidelines were followed.
- Care plans or medicine administration records (MAR) did not always give an up to date list of people's current prescribed medicines. People's preferences of how they liked to take their medicines was not recorded. Protocols for 'as required' (PRN) medicines were not in place.
- Storage of people's medicines in their rooms was not always secure. Handwritten entries of medicine administration records (MAR) were not double signed.
- Individual risk assessments had not been completed for people who self-administered their medicines. This meant for example, the use of multi-compartment compliance aids had not been assessed.
- Temperatures of medicine storage areas were not always documented. Temperatures of refrigerated medicines were monitored daily. However, a maximum/minimum thermometer was not used. There were no medicine audits currently conducted.

We found no evidence that people had been harmed. However, this was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service supported people to have individual arrangements in place to manage their medicines as independently as possible. A person said, "Yes, I get them [my medicines] on time."
- The provider promoted, stopping over medication of people with a learning disability, autism or both (STOMP), by liaising with medical professionals and ensuring people had regular health and medicine reviews. Processes were in place for people to manage their medicines when they were away from the service.

Staffing and recruitment

- Recruitment process had not always been fully followed to ensure new employees were recruited safely.
- Whilst applications had been submitted, a full employment history was not always evident. Interviews had been conducted but not recorded which meant the provider was unable to demonstrate potential candidates' suitability for the role.
- References had not always been obtained in line with the providers recruitment policy and legislation. For example, from the previous employer or for roles working in health and social care.

This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosure and Barring Service (DBS) checks had been obtained. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. People had been involved in the recruitment of new staff. However, this had not been documented.
- The service had a longstanding, consistent staff team who knew people well. No agency staff were used. The service ensured staffing was flexible to people's support needs. A relative said, "There are plenty of staff. The turnover is very small. They stay for ages. Its brilliant." Another relative said, "Staff love working here it's testament to the home." A health professional said, "The continuity of care is reflected in the good relationship that is evident between staff and residents."
- People told us staffing was adapted to meet their needs. For example, for family visits, social activities and health appointments. A staff member said, "Our biggest strength is continuity of staff." A relative told us about the dedicated support a person had to attend appointments when dental work was required, "The staff stepped up, they are so conscientious for those sorts of things. They go above and beyond."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. For example, around individual activities, accessing the community and personal care. People were involved in reviewing their risk assessments. A relative said, "They support people within their limits and manage risks without stopping their potential."
- Whilst risk assessments were amended, they had not always been fully updated when required. This was highlighted to the provider who said they would address this.
- Regular checks of the environment took place. This included water, gas and electricity.
- Fire equipment and procedures were regularly tested to ensure they were safe. People were involved in fire drills so they knew what to do in an emergency situation. A staff member said, "We run through the fire procedure with residents and check their understanding."

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe and happy living at the service. A person said, "I like the people I live with. I like the staff we all get on and have a bit of fun." A relative said, "[Name of person] is very safe. They are very happy there." Another relative said, "They 100% look after her safety."
- Staff had received training in safeguarding adults and knew how to identify and report abuse. The provider knew how to report safeguarding concerns to the local authority and CQC if required.
- People were clear about the procedures when visitors arrived at the service to ensure peoples safety.

Preventing and controlling infection

- All the homes we clean, tidy and well-maintained. People were supported to be involved in keeping their environment clean. A relative said, "The house is clean."
- We received positive feedback about how the provider had managed the COVID-19 pandemic. The provider had ensured people had received information in accessible formats and discussions had been held to keep people and families informed. A relative said, "Covid was managed so well." Another relative said, "They managed covid very well."
- 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 were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits in line with current guidance. Relatives said they were welcome to visit when they chose.

Learning lessons when things go wrong

- Systems were in place to report and record accident and incidents. Regular meetings occurred with staff where reflections and lessons learnt were discussed.
- People were involved in discussing their care and support needs on a regular basis. Changes and decisions were made in partnership with people.

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. No one living at the service required a DoLS to be in place.
- People were supported to make their own choices. People told us about choices they had made. For example, where they wanted to go on holiday, activities they wanted to participate in and items they had chosen to buy. A relative said, "They are all individuals. All of their needs are looked at and catered for as individuals. They get that support. They can do what they want they get lots of choice and activities."
- Staff we spoke with were clear around the principles of the MCA and ensuring these were reflected in their work practice. A person said, "The best thing is being able to do what you want."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 person centred care which met their needs. People were empowered to make their own choices and decisions. People's independence was promoted at all times. A person said, "I can walk into town by myself, it's nice to have some independence."
- Care plans described people's usual routines, what was important to them and their likes and dislikes. Care plans described people's religious or cultural needs. A person said, "We have a good life. Staff definitely know me well." A relative said, "[Staff] really did put the residents first."
- People were supported in the way they preferred. Individual meetings checked people were happy with their care. Discussions were held about new things people would like to try and ways to achieve people's individual goals. A person said, "Staff sit with me and check I am happy." Another person said, "I know about my care plan. Someone comes around and does it with you, talk about what you have been doing, what help you need and health and safety procedures."
- People had easy read health passports in place to support them if a hospital stay was needed. The provider was clear that people would be fully supported to attend hospital stays and appointments. A health professional said, "A carer always attends hospital appointments so that communication within the team is maintained and the patient feels less stressed during the appointment."

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 service supported people in their chosen activities to ensure people had meaningful and individual activities to engage in. A person said, "I have a timetable on the notice board. I am happy with my activities. A relative said, "[Name of person] has been doing salsa classes, works in a charity shop, there's always something happening. The staff are really caring."
- We observed people setting off independently to their chosen activities. For example, working on a farm or in a shop. People showed us their colouring and art and craft work. People told us about other activities they did such as cooking, shopping, swimming, discos and nature walks. A social care professional said, "The residents are always keen to talk to me about their day and other activities that they may have planned or look forward to."
- People told us about their friendships and personal relationships. A person said, "On Tuesdays I go into town and meet friends." Another person said, "I had a night out in Bournemouth to meet a friend. Staff helped me to sort things out. We can do what we want. I used to go to London, see my Aunty and Uncle."
- People were supported to maintain family relationships and visits. The service adapted support as family situations changed. A person said, "Used to see mum on the train, staff take me now, go and see her often." Another person told us how staff supported them in a taxi to a family celebration.

- The service was well located so people had good access to the local community and facilities. A staff member said, "Doctor and dentist are nearby. Lots of local amenities we can get to." A relative said, "I think it works really well because they are in the general community. I think it is brilliant they are part of the bigger community as they're capable of handling that. It's good for their mental and general health."

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints. A complaints procedure was in place. People and relatives told us they felt comfortable to raise any concerns with any staff. A person said, "I know [Nominated individual] and [Registered manager] and would phone them if I had any problems and I would talk about it in the residents meeting as well."
- Relatives said, "Staff or the provider are open to concerns" and "Able to approach staff with concerns." A relative told us about a concern they had raised with staff who had addressed this by developing a support strategy in conjunction with the person.

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.

- Information was displayed in easy read, large print and pictorial formats. People were involved in ensuring information was presented in ways people preferred. For example, telephone numbers, menus and cleaning schedules.
- Care plans described people's communication needs. For example, one person's plan described how they needed information repeating.

End of life care and support

- The service was not currently supporting anyone with end of life care. Care plans detailed people's wishes and choices if people had chosen to record this information. For example, a care plan said, "I wish to be buried on the same plot as my parents."
- The service was supportive and sensitive when people had lost a loved one themselves. People told us how supportive the provider and staff had been at these times. A person said, "Planted a tree when Dad died. I chose the tree." A relative said, "Deaths in the family the handling of it was phenomenal they got books and photos. Sat with [Name of person], grew flowers on the farm. [Name of nominated individual] took [Name of person] to the grave with the flowers."

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. At this inspection the rating has changed to requires improvement. This meant that some aspects of the service management did not always support the delivery of safe care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems were in place but did not cover all areas in order to fully monitor and assess the quality of care. This meant shortfalls found at this inspection had not been identified. For example, in medicines and recruitment.
- Care plans and risk assessments were regularly reviewed with people. However, as full audits of care plans and risk assessment were not undertaken on a regular basis this meant updates and amendments had not always been completed when required.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Managers and staff were clear about their roles and responsibilities and worked together as a team. A diverse range of staff skills were used to support people in their chosen way. A relative said, "Staff are hugely friendly, nothing is too much trouble. Delighted with them. Delighted with the set up."
- The service had a development plan which set out aims for the forthcoming year. This had included for example, a redecoration program, additional staff training opportunities and reviews of policies.
- The provider was aware of events and occurrences which required notifying. There had not been any notifiable events in the previous 12 months. A notification is information about an event or person which the service is required to submit to CQC. Notifications help CQC to monitor services we regulate.
- The provider had displayed their CQC assessment rating at the homes as required. The service did not have a website.

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

- We received positive feedback from people, staff, relatives and professionals about how the service was led and managed. A relative said, "The managers are very efficient. They are very approachable." Another relative said, "I am so full of admiration for the way they run [the service]." A social care professional said, "I witnessed great relationships between [the nominated individual] and the individuals that are supported. The families could not speak highly enough of the care and support that their loved one receives from Mrs A and Mr R Brooks - 5 Everton Road."
- The service had a clear vision and ethos to promote person centred care which achieved positive outcomes for people. A relative said, "I can't quantify the care over and above it's more than a care home."

[Name of person] has their life and their independence." Another relative said, "First class care. They are out doing things all the time."

- There was a happy, relaxed and caring atmosphere at the service. A person said, "We are like one big family." A relative said, "It's the family atmosphere that really helps."
- The service had received numerous compliments. Such as, "Thank-you for another year of loving care for [Name of person]. He loves his 'new' bedroom" and "We can't thank-you enough for all that you do for [Name of person] and all the residents."

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

- People directed when they wished meetings to be held. People told us they enjoyed these meetings and could raise what they wished. A person said, "One staff member is finding out prices for the gym for us. We talk about healthy food and fire safety. A fire officer came and did a talk."
- There were systems in place to ensure information was shared and communicated with staff. This included written information and regular meetings. Staff we spoke with were knowledgeable about people's needs. A staff member said, "We all get on really well a lot of experienced staff here, I feel very supported."
- The service had a regular newsletter which shared information with relevant people. Relatives had commented, "Another great newsletter" and "Thank-you for the beautifully illustrated newsletter. I really appreciated the updates."

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 provider understood the responsibilities under the duty of candour and ensured they were open and honest. There had not been any reportable incidents under the duty of candour.
- We received good feedback about communication. The provider ensured positive relationships were maintained with all families through regular phone calls, meetings and emails. A relative said, "The provider always rings up over and above." Another relative said, "[Name of nominated individual], I can approach him they have been very kind. I can just pick up the phone and help is there. They are exceptional."

Continuous learning and improving care

- A trust had been established by people's families which ran independently. This supported the service by gaining feedback in order for the service to learn and improve. Funds raised by the trust supported people for example, with holidays.
- The feedback received by the trust was overwhelmingly positive. With comments from 2022 such as, "It is a perfect place," "Support is above and beyond" and "Without the support from Mrs A and Mr R Brooks - 5 Everton Road, [Name of person] would not have achieved or be where she is today."

Working in partnership with others

- The service worked in partnership with a working farm which was part of the wider organisation. This gave people varied opportunities for work, learning and development. A social space to relax and a place for people to enjoy the outdoors and nature.
- People told us about the benefits of the farm and how much they enjoyed their time there. A person said, "We built a path across the fields, we have wild flowers. At the farm we have duck, geese, pigs, and cows. We have meat and vegetables that come from the farm." Another person said, "We are going to watch the Kings coronation at the farm as we have a big screen." A health and social care professional said, "The individuals are all offered opportunities to work on a farm which was most impressive and all of the individuals seemed to benefit from this."
- The service worked in partnership with people's families and health and social care professionals to

ensure effective communication and positive outcomes for people. A social care professional said, "We have always had an excellent relationship with their team." A family said, "[Name of person's] anxiety has gone completely. Staff pick up if [Name of person] is unhappy they know them. Staff do a wonderful job."

- The service had offered placements to trainee nurses to develop their skills in working with people with a learning disability and/or autistic people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the proper and safe management of medicines. Regulation 12 (1)(2)(g) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider was not operating effective governance systems to fully assess, monitor and improve the service. Regulation 17 (1)(2)(a) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not operated recruitment procedures effectively. Regulation 19 (2) |