

# Westlake Care Brookland House

## Inspection report

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## Ratings

### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



## Overall summary

The inspection took place over two days on the 11 and 17 November 2014, and was unannounced. At our last inspection on the 8 April 2014 we found breaches of legal requirements relating to staff training and quality monitoring systems. The provider sent us an action plan, which explained how they would address the breaches of regulations. At this inspection we found these actions had been completed and improvements had been made.

Brookland House provides accommodation and support for up to three people. On the day of the inspection two people were living at the home. Brookland House

provides care for people with a learning disability who may also have other associated needs such as behaviours that may challenge and Autism. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

People were treated with kindness, compassion and respect. We observed staff supporting people in a way that promoted and protected their privacy and dignity. Staff told us they felt people were well cared for and that they would challenge any poor or inappropriate practice.

People were protected by staff who understood about different types of abuse and were trained to understand how to recognise and report incidents of abuse or inappropriate practice.

The systems for handling and administering medicines in the home were safe.

We found the laundry in the home was not well maintained or hygienic. This meant people were not protected from the risks of infection. We recommend that the service refers to the Department of Health Code of practice in relation to infection control.

When we looked at staff records we found the service had not in all cases followed their policies to check the skills and competency of agency staff. This meant people were not fully protected by the service's recruitment procedures.

Care records were of a good standard and contained detailed information about how people wished to be supported. Staff had a good understanding of how people communicated and were able to use their skills and knowledge of the individual to promote choice and independence. Guidelines were in place and staff understood how to manage behaviours in a way that was appropriate and safe. However, the induction programme in the service was not sufficient to ensure new staff had the skills and information they needed to fulfil their role and meet people's needs.

The registered manager and staff understood the importance of encouraging and supporting people to make decisions and choices whenever possible. The registered manager said "We assume that people we

support have capacity until we have reason to think otherwise. We make sure we give people information, understand how they communicate and observe their behaviours to help us encourage independence and choice". However, staff and management had limited understanding with regards to recent legal changes relating to the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards (DOLS) The absence of this knowledge and training could mean people's rights were not fully protected and promoted.

Staff understood how each person communicated and were able to use this knowledge to respond promptly and appropriately to requests and complaints. People's care records included information about people's needs and what was important to them. People's wishes and preferred daily routines were documented and understood by staff. However, the service had not always responded appropriately to meet people's needs and to improve their opportunities and lifestyle. For example, the service had not followed the advice of specialist services to improve and increase one person's sensory opportunities.

Staff were well supported by the registered manager and felt able to raise concerns. Although there were systems to assess the quality of the service provided in the home we found these were not always effective and did not help to ensure people's safety and well-being. Staff were not clear about roles and responsibilities. Leadership and accountability at times meant that people's needs were not met in a timely and appropriate manner.

Parts of the environment were poorly maintained and did not meet people's needs. Systems in place to monitor and address the quality of the environment were not effective and did not take into account how building works and redecoration may have a negative affect on people..

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

People were not protected by the home's recruitment procedures. The service did not in all cases seek assurances that agency staff had had the necessary checks and training opportunities to work safely and appropriately with people.

People were not safe from the risk of infection as the laundry was not well maintained or hygienic.

Staff had received training to enable them to recognise and report abuse. Staff were confident to raise any concerns in relation to abuse or poor practice.

People were protected by safe and appropriate systems for handling and administering medicines.

**Requires Improvement**



### Is the service effective?

Some aspects of this service were not effective. New staff did not in all cases undertake an adequate induction programme to help ensure they had the skills and competencies to meet people's needs.

People were not provided with a homely and stimulating living environment that met their needs.

Staff knew people well and used their knowledge of people to promote choice and independence. People's health needs were well met by the service.

**Requires Improvement**



### Is the service caring?

The service was caring. People were treated with kindness and respect.

Staff supported people in a way that promoted and protected their privacy and dignity.

Staff were knowledgeable about the care people required and the things that were important to them in their lives.

**Good**



### Is the service responsive?

Some aspects of the service were not responsive to people's needs. The service had not always responded to advice from external agencies in relation to people's needs and improving people's opportunities and lifestyle.

Staff understood how people communicated and used this knowledge to respond promptly and appropriately to requests.

The service had a formal complaints procedure and had responded appropriately to issues raised.

**Requires Improvement**



### Is the service well-led?

The service was not well-led.

**Requires Improvement**



# Summary of findings

Quality monitoring systems did not ensure people benefitted from an environment that was of an acceptable standard and met their needs.

Staff felt well supported by the registered manager. However, accountability and job roles were not clear and did not help ensure incidents and issues were addressed appropriately and in a timely manner.

# Brookland House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place over two days on the 11 and 17 November 2014 and was unannounced. One adult social care inspector undertook this inspection. On the first day of our inspection we focused on speaking to staff and observed how people were being cared for. We returned to the home on a second day to look in more detail at some areas and to examine staff records and records relating to the running of the service. We also spoke to other agencies who had been involved in supporting people who used the service.

Prior to the inspection we had attended a case conference organised by the local authority in relation to a recent safeguarding incident that had occurred at the service. During the meeting we were told the provider had not responded appropriately to protect people when an incident had occurred in the home. The service had not followed the correct safeguarding and reporting procedures to ensure the safety of people they supported. The provider reported during the case conference what they had done since the incident to address the concerns raised. We were told staff disciplinary procedures had taken place. Staff training had been planned to ensure all staff

were aware of the correct procedures to follow to safeguard and protect people in the service. We looked at these areas of concern and the action taken by the provider during our inspection.

People had limited verbal communication and were unable to tell us about their views of the service. We spent time in the communal parts of the home observing how people spent their day as well as observing the care being provided by the staff team.

During the inspection we spoke with the registered manager for the service. We also met with the regional manager for the organisation and the registered provider. We spoke to eight members of care staff. Six of whom were employed by the registered provider and two had been recruited from an agency to support the service. We looked at four staff files, which included one person who had recently been appointed.

We looked at the care records of all the people who lived at the home. These records included support plans, risk assessments, health action plans and daily monitoring records. We also looked at policies and procedures associated with the running of the service and other records including, maintenance reports, fire logs, and personal finance records.

Prior to the inspection we reviewed all the information we held about the the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law. We also contacted local commissioners of the service to obtain their views of the service.

# Is the service safe?

## Our findings

People were not fully protected by the service's recruitment procedures. We looked at staff recruitment records. We saw the service had not in all cases followed their policies and procedures in relation to recruitment checks of agency staff. The registered manager told us the service requested written proof from the agency that all checks such as criminal records and health checks had been completed and were satisfactory. However, these assurances had not been received from the agency for an agency staff member working in the home at the time of our inspection.

Some of the checks of fire equipment and people's private vehicles had not been completed in line with the service's policies and procedures. This could mean that people were placed at risk from unsafe fire equipment and vehicles that had not been checked and maintained as required.

People were restricted from using some parts of the service and this limited their choice and independence. The kitchen had a key pad fitted to the door. Records stated that people would benefit from partaking in activities within the kitchen as part of meeting their sensory needs. Staff said people did not access this part of the home, and were not able to use the kitchen facility. One staff member said "We try to allow people the opportunity to assist with meal times and preparing food, but they don't really go in the kitchen area". We saw from records that decisions to restrict access to the kitchen area had been agreed in 2010 due to potential risks for some people. It was not evident that risks assessments in relation to people's safety had been reviewed since this date.

People were not protected from the risks of infection. We found concerns with cleanliness and hygiene within the laundry area of the home. On the first day of the inspection staff told us the washing machine had broken and was being repaired on that same day. One week later on the second day of our inspection we found the washing machine was still broken. Staff told us it had been repaired but had stopped working again after two days. We saw soiled bedding and clothing had been piled up in the laundry room and bags had not been provided to reduce the risk of infection. The sink within the laundry room was filled with soiled laundry and was not available to staff as a hand-washing facility.

Policies and procedures were available for staff to advise them of what they must do if they witnessed or suspected an incident of abuse. Staff told us they had either recently completed or were due to attend safeguarding training. Staff confirmed they felt confident to raise any concerns with management or to escalate their concerns to other agencies if required. Four staff members said safeguarding and reporting procedures had been discussed within recent team meetings. One staff member told us "I would not hesitate to report any concerns and feel confident that they would be addressed by X" (registered manager).

Staff recognised the need to keep people safe whilst maintaining their rights and independence. One staff member told us "People need to feel safe, but we also need to understand about people's rights" and "When X is choosing to have time alone we respect that and supervise from a distance to ensure their safety and privacy is protected". We observed staff allowed people time on their own when they requested this but checked regularly to help ensure the person was happy, comfortable and safe. We saw risk assessments had been completed and had been reviewed and amended to reflect any changes. For example, one person's record had been amended due to risks associated with sunburn and skin damage. A staff member told us about the need to ensure people's transport was safe when supporting them to access community activities, they said, "We make sure the car is set up as it should be before the journey. If certain things are not done X would become agitated, which could escalate behaviour and make the trip out unsafe".

Arrangements were in place to review incidents and ensure action taken by staff was safe and appropriate. The registered manager told us they completed a monthly analysis of incidents to identify any patterns and to help ensure appropriate action had been taken by staff. Following a recent review of incidents, training had been organised for staff to help ensure they could protect themselves and keep people safe.

Staffing levels were sufficient to meet people's needs and to keep them safe. Staff provided the care people needed, when they required it. Support plans and records stated where people required 2:1 staffing levels inside the home and to access opportunities within the community. Staff rotas confirmed staffing levels were planned and had been in line with people's identified needs. Staff told us the staffing situation had recently improved. One staff member

## Is the service safe?

said “Things have improved now that some of the agency staff have been employed by the service. This has improved staffing levels and ensured better consistency that the men need”.

People were protected by safe and appropriate systems for handling and administering medicines. Information about people’s health needs had been recorded as part of an individualised health action plan and included details of

any prescribed medicines. We saw a clear record had been completed of any medicines administered and safe storage facilities were available and used appropriately. Staff told us they had received regular training in relation to medicines.

**We recommend that the service refers to the Department of Health Code of practice in relation to infection control.**

# Is the service effective?

## Our findings

The registered manager said new staff completed a structured induction programme, prior to working unsupervised in the home. We saw a policy, which stated staff would undertake a formalised training package within the first six weeks of employment. This information or evidence of how the service assessed the skills and competency of new staff was not available. We spoke to staff about their training and induction when they first started working in the home. One staff member said “I had the opportunity to shadow shifts and plenty of time to look at policies and records”. Another staff member said “I received most of my support from colleagues and learned as I went along”. We spoke to two new members of staff. One had been recruited from an agency and had not previously worked in the home. Both staff members told us they had shadowed full time staff when they started and also had the chance to look at records. However, neither member of staff had met with the registered manager and were not aware of an induction programme. Although staff told us they felt well supported during their induction formalised procedures were not in place to help ensure they were competent and had the skills to work unsupervised.

We looked at the records around staff training, which showed all staff had a training programme in place and opportunities to develop their skills relevant to their role. One staff member showed us a range of training certificates they had received following attendance at training and said “We always have opportunities for training and updates”. A system was in place to identify if staff had completed training and when refresher training was required to keep up to date with best practice.

The registered manager held a spreadsheet on the computer, which recorded when each member of staff had completed a training course and when the training needed to be repeated. This meant they could easily identify if staff had completed all the required training or needed to repeat a course to keep up to date with best practice.

We observed staff using their skills and knowledge to support people in a way they preferred and needed. We saw a staff member recognised when a person showed signs of anxiety. The staff member understood the person

was anxious due to the presence of maintenance workers in the home. They spent time with the person talking about their family and interests, which was effective in reassuring and calming the person concerned.

Staff said they felt well supported by their colleagues and the registered manager. One staff member said “The registered manager is very supportive and available when you need him”. Staff said in addition to individual supervision sessions they also had the opportunity for support and discussion within staff meetings and daily handovers.

We spoke to the registered manager and staff about their understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The MCA is about making decisions and what to do when people cannot make decisions for themselves. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after that person safely. The registered manager and staff recognised the need to support and encourage people to make decisions and choices whenever possible. One staff member told us “We must make decisions in people’s best interests but encourage everyday choices if possible, such as what people want to wear, eat and what they want to do”. The registered manager said “We assume the people we support have capacity until we have reason to think otherwise. We make sure we give people information, understand how they communicate and observe their behaviours to help us encourage independence and choice”. The registered manager had limited understanding about the new legal rulings in relation to the MCA and DoLS. The absence of this up to date knowledge could mean that people’s rights were not fully protected and promoted.

Staff understood people’s communication needs. Guidelines were in place that highlighted when people may use behaviour to communicate signs of distress. Staff used the guidelines appropriately to help manage these incidents and to deal positively with situations as they arose. One staff member told us “The incidents of challenging behaviour are low, because we know people well and follow the guidelines”.

People were involved in decisions about what they would like to eat and drink. We observed people’s requests for drinks and snacks were responded to promptly and this



## Is the service effective?

was based on individual choice with no restrictions on time or quantity. Staff said they supported people to make choices about meals by showing them a number of options, such as different breakfast cereals and a choice of drinks. Support plans included information about people's likes and dislikes as well as any specific dietary needs. Staff documented daily what people had to eat and drink, and specialist assessments had been requested when staff had concerns about people's diet and health.

Each person had a health action plan which detailed their health needs and how they should be met. People were supported to attend appointments and these were planned in way that took into account people's particular needs and wishes. A communication booklet had been developed for each person to be used in the event of an admission to hospital. This information had been developed in line with best practice to ensure people's needs were understood and met within a hospital environment. Records confirmed multi-agency meetings had taken place when it had been considered people could

not make informed decisions about their health. These meetings ensured that decisions about people's health needs were made in the person's best interests with their rights and choices taken into account.

Some parts of the home were poorly equipped and decorated and did not create a homely and stimulating environment that met people's needs. Support plans stated people would benefit from sensory opportunities inside and outside the home. A room we were told was being used as a sensory area as part of people's weekly activities had no sensory equipment and was not decorated and equipped in a way that created a sensory or relaxing environment. Communal rooms such as the dining area, bathrooms and hallways were sparse and unhomely. People's bedrooms had poor décor and lighting, which failed to create a relaxing and sensory space for people to relax and sleep. One person chose to spend time each day in a communal area of the home sitting on the floor with some of their personal belongings. Consideration had not been given to making this a comfortable, warm and appropriate space for the person concerned.

# Is the service caring?

## Our findings

People were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing support to people. We observed many positive interactions where staff supported people's wellbeing. A member of staff greeted a person when they came downstairs in the morning. The person indicated in their body language they were pleased to see the staff and the staff member responded in a way that indicated they were pleased to see them too. One staff member recognised when a person became anxious due to noises and strangers in the home. The staff member gave appropriate and timely reassurances, which helped the person relax and enjoy their afternoon.

Health care professionals who had contact with the service said "The staff are very approachable, they appear to know the residents well and have their best interests at heart".

People were supported by staff in a way that promoted and protected their privacy and dignity. One person chose to spend time on their own in their bedroom. The staff member supporting them respected their choice and allowed them time on their own whilst undertaking regular checks to ensure they remained happy and safe.

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe people's daily routines and preferences about how they wished to be supported. Staff spent time with one person drawing pictures of important

places and family members. The person being supported had limited verbal communication but laughed and smiled when the staff member was able to talk to them about these important people and events.

People were encouraged to make choices and staff respected their rights to make decisions about their care. Staff reassured people by telling them what they were doing as they provided support. One staff member said "People need a lot of support but need to know what is happening and be allowed to make choices. When helping with personal care such as bathing, I always talk them through everything I am doing".

Staff told us they felt people were well cared for and they would challenge any poor or inappropriate practice.

Records and discussion with staff confirmed visits to and from relatives were encouraged and supported. One person had regular visits home as well as telephone calls from family members. Staff said they supported the visits to ensure there were positive experiences for all concerned. When appropriate relatives were contacted to help people make decisions about their care and were asked for their views in relation to any changes in people's support arrangements. The registered manager said at the time of the inspection people did not have input from advocacy services but this would be arranged when required. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

# Is the service responsive?

## Our findings

Some aspects of the service were not responsive to people's needs. We saw specialist occupational therapy assessments completed for one person in October 2013 had advised the person needed opportunities for a range of sensory experiences. It was not evident the service had responded to this specialist assessment and advice. The service had a room, which staff referred to as a 'sensory room', but it did not contain any sensory equipment or activities to meet people's needs. We spoke to a representative from local commissioners who said "Professionals from specialist services have at times reported to us that the service does not always respond to advice given to them".

Staff told us people often chose to stay at home rather than partake in activities outside the service. We saw one person spending time on their own with a musical instrument they enjoyed and another person spent time with staff drawing and talking about family and important places. However, we saw very limited equipment and facilities available to occupy and meet people's needs inside the service.

There were other ways in which the service was responsive to people's needs. People's wishes and preferred daily routines were documented and available to staff. Care records included important information about people's needs and what was important to them. Staff told us this information and consistency of support was important to ensure people remained happy and well cared for. We saw staff providing people with clear information so they could make choices. For example, staff offered people options about what they wanted to drink or do as an activity. Staff gave people the time they needed to understand the information and to communicate their wishes.

Staff understood how each person communicated and were able to use this knowledge to respond promptly and appropriately to requests. We saw one staff member recognised when a person signed they wanted to go out in the car. The staff member responded by asking the person where they would like to go and what they would need to do to get ready.

People had access to their own transport and staff supported them to use this to partake in activities outside the home. One staff member said "We try to get people out most days, but sometimes plans change depending on people's mood and choice. We took X out for a coastal drive last week and then to the pub". Staff had a good understanding of what people enjoyed doing and this information was documented within care records.

Support plans and records were reviewed and updated regularly. Staff said they regularly discussed people's support arrangements and were kept updated about any changes.

People had limited verbal communication and did not have the capacity to raise concerns formally in relation to the service or their care. Staff confirmed they used their knowledge of people to recognise when they were unhappy or distressed. Daily monitoring forms were used to record people's mood and behaviour so any concerns could be identified and addressed promptly.

The service had a formal procedure for receiving and handling concerns. A copy of the procedure was displayed in the home and was available to relatives and visitors. Complaints could be made to the registered manager or the registered provider. This meant people could raise their concerns with an appropriate senior person within the organisation.

# Is the service well-led?

## Our findings

The systems to assess the quality of the service provided in the home were not always effective. The systems had not ensured people were protected against some key risks described in the report about inappropriate or unsafe care and support. We found concerns in relation to hygiene in parts of the service and staff recruitment. The provider had addressed some of the issues raised as part of recent safeguarding concerns. For example staff had attended updated training relating to safeguarding and the protection of vulnerable adults.

The registered manager said regular checks were undertaken of the environment. However, the standard of facilities and décor in some parts of the home were poor and did not meet people's needs. During our inspection maintenance workers were present in the home and the registered manager showed us a list of maintenance work, which had started to address the concerns raised. The amount of work, noise and poor planning which was being undertaken was distressing for people living in the home. Staff said one person was refusing to leave their bedroom and did not want to partake in their planned activity. The registered provider had not taken into account the impact unplanned maintenance work may have on people.

Staff were not clear about lines of accountability within the service. Staff were unclear about who would be responsible if an incident occurred in the home. Although calls could be made to the registered manager or provider, staff said these were not always responded to immediately. Staff who had been appointed as senior care staff within the service were not in all cases aware of their role and

responsibilities. One staff member said "It is just a title" The absence of clear leadership within the home could mean incidents and issues would not be dealt with appropriately and in a timely manner.

The roles and responsibilities of staff and management did not always help to ensure people's needs were met in a timely manner. For example, requests for staff to purchase items of equipment for people had to be approved by the registered provider. This could at times cause a delay in staff being able to meet people's identified care needs.

Staff meetings were held to provide an opportunity for open communication. Recent staff meeting minutes confirmed that discussion had taken place about the quality of the service and where improvements could be made. For example staff had been reminded about the importance of clear and accurate record keeping. Staff told us they were encouraged and supported to question practice. Staff said the registered manager was supportive and approachable. They said "The manager is always helpful and we can raise any concerns". All the staff said they would be confident to speak to the registered manager if they had any concerns about another staff member or if they felt a person was at risk or unsafe.

Systems were in place to regularly check and audit medicines and people's personal finances and expenditure. These records and audits were well maintained and up to date.

The service sought feedback from relatives and other agencies about the quality of the service. We saw the provider had responded appropriately to issues raised by a relative in relation to the home's complaints procedures. Positive comments had been received as part of this feedback from a health professional visiting the service.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.