

Westlake Care

# Brookland House

## Inspection report

2 Watson Place

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Plymouth

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

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.

### About the service

Brookland House is a residential care home providing personal care and accommodation to 2 people with a range of physical and learning disability needs at the time of the inspection. The service can support up to 3 people.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care and right culture.

#### Right Support:

People were supported by staff that had the skills and knowledge to meet people's needs and keep them safe. The quality of the service provision was regularly reviewed to ensure it continually reflected people's needs. Relatives received information in a timely way in order for them to be involved in any decisions.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights. Staff knew people well and understood people's individual care and support needs. Staff received the training they needed to provide people with the right care and support. Staff understood how to protect people from avoidable harm or abuse. People's care records reflected their current needs and how these should be met.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Staff supported people in a positive and respectful way. Staff were aware of their responsibilities to keep people safe and report any concerns they might have.

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.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 8 January 2020).

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.

At our last inspection we recommended that all windows in the service were checked to see if they complied with best practise guidance. At this inspection we found additional window restrictors had been fixed to windows to improve safety.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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 requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brookland House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Brookland House

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Brookland House 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. Brookland House 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 not a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to

Speak with us.

#### 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 three members of staff including the manager and care staff. The people living in the service were unable to verbally feedback their experience of the service to us. We carried out observations in a communal area to gather information on the experience of the people living in the service, this included listening to people's nonverbal ways of communicating. We reviewed a range of records. This included two people's care records including care plans, risk assessments, and records of daily interactions. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We spoke with two relatives about their views of the care provided to their family members. We also spoke with the provider on the telephone. We also received feedback from professionals who work with the service.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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

At the last inspection safeguarding reporting systems had not been established nor embedded. Sufficient action had not been taken to protect a person from the risk of harm in a timely manner. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the service was no longer in breach of regulation 13.

- At this inspection we noted processes and systems had been embedded to protect people from the risk of harm or abuse. The manager was aware of their responsibilities for reporting allegations of concern to the local authority safeguarding team and CQC.
- Relatives told us they had no concerns about their family member's safety. One relative commented, "I think [person's name] is very safe and is happy living there."
- Staff we spoke with knew how to report abuse, they explained they would contact their manager to report any concerns.
- Systems were in place to manage people's day to day monies. Effective checks were in place to minimise the risk of financial abuse.

### Assessing risk, safety monitoring and management

At our last inspection we recommended that all windows in the service were checked to see if they complied with best practise guidance on window restriction and a process for checking window safety introduced.

At this inspection the provider had made improvements, window's had window restrictors in place and safety checks were completed.

- People's care records had personalised risk assessments in place. These included risks associated with people's behaviours. Risks were regularly reviewed and included details of measures to reduce the risk of people being harmed.
- People had Personal Emergency Evacuation Plans (PEEPS) which were reflective of people's individual need. These detailed the level of support required to evacuate the premises safely in the event of an emergency.
- Environmental and utilities were regularly checked to ensure they remained safe.

### Staffing and recruitment

- Although, the provider had a recruitment process in place which included DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer.
- We found that staff did not always have reference checks completed to a satisfactory standard. For example, staff records we sampled did not always have sufficient background information to assist the manager in safe employment decisions.

We recommend the provider reviews The Health and Social Care Act regulations 2008 (Regulated Activities) Regulation 2014: Schedule 3 Information required in respect of person's employed or appointed for the purposed of a regulated activity

- Staffing levels were arranged around people's individual needs. Everyone using the service required the support of two staff members. Our observations showed there were enough staff available to meet people's specific needs including the opportunity to experience different activities outside the service.

#### Using medicines safely

- People using the service did not take prescribed medicines on a regular basis. Medicines used tended to be homely remedies. These are medicines to treat minor ailments and are purchased over the counter. They do not need to be prescribed. They are sometimes kept as stock in a care home to give people access to medicines that would commonly be available in any household.
- Staff completed medicine administration records (MAR) to document any homely medicine given to people. For example, for pain relief.
- The service had a process in place to manage homely remedies and staff had completed training to administer medicines.

#### Preventing and controlling infection

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

- People were supported to have visits from family safely. Relatives confirmed they were welcomed at the service.

#### Learning lessons when things go wrong

- A system was in place to report, record and manage incidents and accidents. Any lessons learnt to improve the quality of the service and reduce the likelihood of reoccurrence were shared with the staff team.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection authorisations to restrict people of their liberty had expired and had not been re-applied for. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the service was no longer in breach of regulation 13.

At our last inspection care and treatment were not always provided with consent from the relevant person or in line with the Mental Capacity Act 2005. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the service was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- At this inspection we saw where people were deprived of their liberty, referrals had been made to the local

authority to ensure people's liberty was not being restricted without legal authority.

- At this inspection we saw where people had restrictions in place to keep them safe, best interest decisions had been completed and followed. Relatives had been involved in the decision-making process. For, example, in relation to people's bedroom furniture being locked.
- Staff undertook training and were knowledgeable about the requirement of the legislation.
- Staff were able to describe how people consented to care and the approaches they might take when people declined care and support. Such as, waiting for a period of time and trying again later in the day.

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

- People's care records reflected their needs and were personalised. Care records were up to date and updated as and when people's needs had changed.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health. For example accessing health care professionals for input into a person's crisis management plan.
- Care assessments supported the principles of equality and diversity and staff considered people's protected characteristics such as disability.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training that met people's individual needs. This included on-line training in relation to behaviours that might challenge others, dignity, autism and learning disability. One member of staff said, "I feel I have the skills to meet [people's] needs."
- Staff completed an induction programme when they started to work at Brookland House and received regular supervision and appraisals.
- New staff were able to shadow more experienced staff as part of their induction, this improved their knowledge of people, their daily routines and preferences.

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

- Staff knew and understood people's individual dietary needs and preferences. For example, one person was at risk of choking and staff prepared their food appropriately.
- People were offered a choice of food and drink. Their preferences were known to staff as well as being recorded in their care records.

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

- The provider worked with other agencies such as specialist teams in order to meet people's specific needs.
- Concerns about a person's health care needs were escalated as required to ensure people's healthcare needs were continually being met.

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

- Brookland House is arranged over two floors this enabled people living at the service to have separate living space. This promotes their well-being as well as providing space for people to partake in their chosen activity.
- The service had a small courtyard that was secured with protective netting. This enabled one person to participate in their preferred activity of throwing their ball and other items without it going out onto the street or neighbouring property.

# 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 requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider and registered manager had failed to ensure a robust quality assurance system was in place to assess, monitor and improve the quality and safety in the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the service was no longer in breach of regulation 17.

- The service did not have a manager registered with the Care Quality Commission at the time of the inspection. The service had been without a registered manager since August 2022. An interim manager had been appointed by the provider to oversee the management of the service whilst a new manager was sought.
- At this inspection we found audits and monitoring checks were regularly carried out and processes introduced to assess, monitor and mitigate risk. For example, window restrictors were in place to ensure people's safety.
- At this inspection we found processes had been established to ensure the appropriate oversight of DoLS authorisations and best interest decisions appropriately recorded.
- Staff spoken with were clear about their roles and responsibilities and felt supported by the manager. Staff confirmed they had regular one to one supervision's that provided an opportunity to discuss their role, development and care practice.

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

- The manager was visible and available to people and staff which promoted an open inclusive culture.
- Relatives and staff gave positive feedback about the manager, they told us the manager was always available and provided clear leadership. A relative said, "I am very happy with the care provided the manager is always available should you need to speak with him." One member of staff commented, "[Manager] is really approachable and is a very good manager he will help you."
- We found the manager was knowledgeable about people's needs and preferences and worked hard to ensure people's goals were achieved.

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

- The culture of the service was open for people, their relatives and staff to provide feedback and all said the manager was approachable.
- The manager understood their responsibilities under the duty of candour. They informed relevant parties when things went wrong and worked with them to ensure a satisfactory outcome.
- Relatives said they had visited the service and felt well informed about their family members. One relative said, "[Manager] keeps me informed."
- The manager understood their regulatory responsibilities, such as notifying relevant agencies of certain events that might occur as well as ensuring the CQC rating was displayed.

Continuous learning and improving care

- Staff received training and on-going support to ensure their learning and knowledge were up to date and to confirm they had the skills to support people safely.
- Relatives and staff provided regular feedback to identify if the care and support provided continued to be focused on meeting the needs of people using the service.

Working in partnership with others

- The service worked in partnership with relatives, social and health care professionals to ensure the care and support people received was person-centred and met the needs of the individual. Feedback from professionals was positive.