

# Brooklyn Care Limited

# Brooklyn House

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 04 March 2015 and was unannounced. Brooklyn House provides accommodation and personal care and support for up to 17 people, some who may have a mental health need. At the time of our inspection there were 14 people who lived in the service.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Health and social care professionals we spoke with were all positive in their comments about the support provided to people at Brooklyn House.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This

# Summary of findings

ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals.

The service had appropriate systems in place to keep people safe, and staff followed these guidelines when they supported people. Staff were aware of people's individual risks and were able to tell us about the arrangements in place to manage these safely. There were sufficient numbers of care staff available to meet people's care needs and people received their medication as prescribed and on time. The provider had a robust recruitment process in place to protect people from the risk of avoidable harm.

People's health care needs were assessed appropriately and care was planned and delivered to meet people's needs safely and effectively. People were provided with sufficient quantities to eat and drink and their nutritional needs were met. People's privacy and dignity was respected at all times.

People and their relatives were involved in making decisions about their care and support. Care plans reflected people's care and support requirements accurately and people's healthcare needs were well

managed. Staff interacted with people in a caring, respectful and professional manner, and were skilled at responding to people's non-verbal requests promptly and had a detailed understanding of people's individual care and support needs.

People were supported to follow their own chosen hobbies and interests and encouraged to take part in activities that interested them and were supported to maintain contacts with the local community so that they could enjoy social activities outside the service. There were systems in place to manage concerns and complaints. There was an open culture and the manager and staff provided people with opportunities to express their concerns and did what they were able to reduce people's anxiety. People understood how to raise a concern and were confident that actions would be taken to address their concerns.

The provider had effective quality assurance systems in place to identify areas for improvement and appropriate action to address any identified concerns. Audits completed by the provider and registered manager and subsequent actions had resulted in improvements in the service. Systems were in place to gain the views of people, their relatives and health or social care professionals. This feedback was used to make improvements and develop the service.

# 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?

The service was safe.

Staff understood their responsibilities to safeguard people from the risk of abuse.

People had their prescribed medicines administered safely.

People were safe because staff were only recruited and then employed by the service after all essential pre-employment checks had been satisfactorily completed.

Staffing levels were flexible and organised according to people's individual needs.

Good



### Is the service effective?

The service was effective.

The provider ensured that people's needs were met by staff with the right skills and knowledge. Staff had up to date training, supervision and opportunities for professional development.

People's preferences and opinions were respected and where appropriate advocacy support was provided.

People were cared for staff who knew them well. People had their nutritional needs met and where appropriate expert advice was sought.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

Good



### Is the service caring?

The service was caring.

Staff had a positive, supportive and enabling approach to the care they provided for people.

People were supported to see friends, relatives or their advocates whenever they wanted. Care was provided with compassion based upon people's known needs.

People's dignity was respected by staff.

Good



### Is the service responsive?

The service was responsive.

People had access to a wide range of personalised, meaningful activities which included access to the local community. People were encouraged to build and maintain links with the local community.

People were supported to make choices about how they spent their time and pursued their interests.

Appropriate systems were in place to manage complaints.

Good



### Is the service well-led?

The service was well-led.

The registered manager supported staff at all times and was a visible presence in the service.

Good



# Summary of findings

Staff understood their roles and responsibilities. The registered manager and staff team shared the values and goals of the service in meeting a high standard of care.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

# Brooklyn 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 was planned to check 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 on 04 March 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and 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 spoke with six people who lived in the service, one senior care staff member, three care staff, two visiting professionals, one apprentice completing a programme of study, the administrator for the service and one director of the company. The registered manager was away at the time of this inspection.

We looked at six people's care records, four staff recruitment records, medication charts, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

# Is the service safe?

## Our findings

Three people we spoke with told us their experiences at Brooklyn House. One person said, “Since I have been here I have not worried about one thing.” Another person commented, “Yes it is safe here I trust the staff, they make you feel so comfortable.” One relative told us, “My [relative] has been here a while now and even when I am not here with them, I don’t have anything to worry about.”

Staff told us they had received training in safeguarding adults from abuse. They also told us that they were confident and knew how to support people in a safe and dignified manner. Staff knew what to do if they suspected abuse of any kind. Safeguarding referrals and alerts had been made where necessary and the service had cooperated fully with any investigations undertaken by the Local Authority. There had only been two safeguarding referrals made since the last inspection and we saw clear records had been maintained with regard to these. The provider’s safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff understood the procedures to follow if they witnessed or had an allegation of abuse reported to them. People were supported to be as safe as possible because staff had a good understanding of how to protect them.

Staff understood people’s needs and how risks to people were managed. For example, staff adhered to the service policies when transferring one person from their bed to a specialist chair so they could receive care from the chiropodist. We saw that staff explained the process and their actions throughout and checked the person’s well-being. This meant the person understood what was happening. We could see the person’s safety was maintained throughout the process. All of the staff we spoke with knew people’s needs and how to manage risks to people’s safety. Care plans contained clear guidance for staff on how to ensure people were cared for in a way that meant they were kept safe. Risk assessments were included in people’s records which identified how the risks in their care and support were minimised.

Risk assessments for the location and environment had been regularly reviewed and we saw that there had been appropriate monitoring of accidents and incidents. We saw records which showed that the service was well maintained and equipment such as the fire system and equipment to

help people with their mobility had been regularly checked and maintained. Appropriate plans were also in place in case of emergencies, for example evacuation procedures in the event of a fire.

We saw that the risk assessment process supported people to increase their independence. Where people did not have the capacity to be involved in risk assessment we saw that their families, advocates or legal representatives had been consulted. Care plans contained risk assessments in relation to risks identified such as nutritional risk, falls and pressure area care, and how these affected their wellbeing.

There were enough skilled staff to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people’s care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people’s level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people’s changing needs. Staff told us that there were enough of them to meet people’s needs.

The provider had a safe system in place for the recruitment and selection of staff. Staff recruited had the right skills and experience to work at the service. Staff told us that they had been offered employment once all the relevant checks had been completed. People could be confident that they were cared for by staff who were competent and safe to support them.

People received their medicines safely and as prescribed from appropriately trained staff. Medication Administration Records (MAR) were accurate. We observed the lunchtime medication round and this was done with due care and attention. We noted on two records that medication to be given had been transcribed (hand written), but did not evidence that signatures were present to confirm they had been double checked by two staff members. We discussed this with the staff on the day, as whilst we acknowledge people did all get the correct medication, there was a risk that people may get the incorrect medication or dose if it is not correctly documented because of a mistake in recording. Medication profiles included a current list of the individual’s prescribed medicines and guidance for staff about the use of these medicines. This included medicines that people needed on an ‘as required’ basis (usually

## Is the service safe?

referred to as PRN medication). This type of medication may be prescribed for conditions such as pain or specific health conditions. No one was self medicating on the day of our inspection.

Regular medication audits were completed to check that medicines were obtained, stored, administered and

disposed of appropriately. Staff had received up to date medication training and had completed competency assessments to evidence they had the skills needed to administer medicines safely.

# Is the service effective?

## Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. One person told us, "It feels like their hand is on your health here." Another person told us, "I am very happy here. I get lots of help." Additionally two relatives commented in a recent survey and one said, "As a long distance relative, I am very confident that all aspects of my [relative's] care needs are met. Communication from the home is good and I am encouraged to be involved in decisions relating to health, social and personal care." Another commented, "It's a very nice home, [relative] has always been happy]

Staff told us that they were supported with regular supervision, which included guidance on things they were doing well. It also focused on development in their role and any further training. They were able to attend staff meetings where they could discuss both matters that affected them and the care management and welfare of the people who lived in the service. Opportunities for staff to develop their knowledge and skills were also discussed and recorded. The management team supported staff in their professional development to promote and continually improve their support of people.

People were cared for by staff that were well trained to deliver their duties. The staff we spoke with told us they had received enough training to meet the needs of the people who lived at the service. One staff member told us, "We are always encouraged and supported to do the correct training." We reviewed training records and saw that staff had received training in a variety of different subjects relevant to the needs of the people they provided care and support to. Staff had a good understanding of the issues which affected people. Staff were able to demonstrate to us through discussion, how they supported people in the areas they had completed training in such as moving and handling, dementia, health and safety and nutrition.

Staff had the skills to meet people's care needs. They communicated and interacted well with the people who used the service. Training provided to staff gave them the information they needed to deliver care and support to people to an appropriate standard. For example, staff were seen to support people safely and effectively when they

needed assistance with moving or transferring or when eating. The director told us that the service enabled people to strive to reach their maximum potential whilst enjoying meaningful and fulfilled lifestyles.

People's capacity to make day-to-day decisions was taken into consideration when supporting them and people's freedoms were protected. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People who could not make decisions for themselves were protected. The manager had made appropriate DoLS referrals where required for people. Staff had a good understanding of Mental Capacity Act (MCA) 2005 and DoLS legislation and new guidance, to ensure that any restrictions on people were lawful. Records and discussions with staff showed that they had received training in MCA and DoLS and they understood their responsibilities. Person centred support plans were developed with each person which involved consultation with all interested parties who were acting in the individual's best interest.

People were complimentary about the food. They told us they had enough to eat, their personal preferences were taken into account and there was choice of options at meal times. One person celebrated their birthday when we visited and a handmade birthday cake had been made to share with everyone. People were not rushed to eat their meals and staff used positive comments to prompt and encourage individuals to eat and drink well. Staff made sure people who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully. Suitable arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. For example care plans contained information for staff on how to meet people's dietary needs and provide the level of support required. People were happy and interacted well with staff whilst enjoying their meal. We saw that where people had specialist diets a balanced diet was followed and people had plenty of snacks and drinks offered throughout the day.

The service appropriately assessed people's nutritional status and used the Malnutrition universal screening tool (MUST) to identify anyone who may need additional support with their diet such as high calorie drinks. People had been regularly weighed and where necessary referrals



## Is the service effective?

had been made to relevant health care professionals including speech and language therapists for issues around swallowing, or dietetic services for people with particular dietary requirements.

People's day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The service had regular contact with GP support and healthcare professionals that provided support and assisted the staff in the maintenance of people's healthcare. These included district nurses, the chiropodist, dietician, speech and language therapists

(SALT) and social workers. People were encouraged to discuss their health. A visiting healthcare professional told us, "When we are here all the residents seem very settled and well looked after. I have no concerns surrounding the care of the residents we see." They told us that referrals staff made to them were appropriate and they were confident that their instructions about the plan of care would be followed. Regular reviews were carried out by health professionals to monitor improvements or changes that may require further professional input.

# Is the service caring?

## Our findings

People received support from staff that were caring and kind. In February 2015, the provider carried out an annual residents' and relatives' survey as part of its quality monitoring process. Comments we read on these surveys included, "The home has always been caring while [relative] has been here, we are very satisfied with everything. Staff seem to like [relative] a lot which is nice for us as a family. Very reassuring." Two people also told us, "it's a home from home." And, "Wouldn't change a thing."

The atmosphere within the service was welcoming, relaxed and calm. Staff interactions with people were kind and compassionate. People were seen smiling, laughing and joking with staff. Relatives told us they were happy with the care and support received at the service. One relative told us, "It's just how we would expect ourselves to be cared for. We know a lot of the staff very well now."

Staff demonstrated a good knowledge and understanding about the people they cared for. They told us about people's individual needs, preferences and wishes and spoke about people's lives before they started using the service. This showed that staff knew people and understood them well. People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done.

People told us and our observations confirmed that staff respected people's privacy and dignity. We saw that staff discreetly asked people if they wished to go to the

bathroom and supported them appropriately. We saw that doors to bathrooms and people's bedrooms were closed during personal care tasks to protect people's dignity. Staff demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. Staff described how they supported people to maintain their dignity.

Staff addressed people by their preferred names, and chatted with them about everyday things and significant people in their lives. Staff were able to demonstrate they knew about what was important to the person. We observed during our inspection that positive caring relationships had developed between people who used the service and staff.

Staff sat with people when they spoke with them and involved them in things they were doing. For example we saw some people took part in a quiz whilst others just wanted to watch the television. One person told us, "It's nice just to sit and have a chat with someone as I don't always want to join in. I can also just stay in my room if I prefer." Staff told us how they respected people's wishes in how they spent their day and the individually assessed activities they liked to be involved in. People were supported to maintain relationships with others.

There were systems in place to request support from advocates for people who did not have families. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

# Is the service responsive?

## Our findings

People and their relatives told us that they felt the service met their needs and were satisfied with the care and support they received. They had been given the appropriate information and opportunity to see if the home was right for them prior to moving in and could respond and meet their needs appropriately. People also told us they had had the opportunity to be involved in their care planning. One person's relative told us, "I am fully involved in all [relative's] care. The communication is great." They also told us, "I can just come here and switch off and spend time with [relative]. I take [relative] down to the beach front for a coffee and am always made so welcome here."

Care plans included a full assessment of people's individual needs to determine whether or not they could provide them with the support they required. Care plans were comprehensive and provided staff with the guidance they needed in how to support people with their identified needs such as personal care, receiving their medicines, communication and with their night time routine. Care plans were focussed on the person's whole life and reflected how people would like to receive their care, treatment and support. For example, there was information that detailed what was important to the person, their daily routine and what activities they wanted to be involved in.

People's changing care needs had been identified promptly, and were regularly reviewed with the involvement of the person and or their relatives.

There was an individualised approach in the planning of activities to meet people's needs and promote their sense of wellbeing and staff that they knew the people they cared for well. This included people's preferences and care needs. Staff described how they encouraged people to maintain

their independence and to get involved in daily activities of their choice. They told us that people were supported with a variety of activities that they were interested in and supported to maintain their hobbies and interests. This was confirmed from our discussions with people and their relatives. One to one time was scheduled and provided for people such as sitting and chatting, reading a newspaper, supporting people to have time with pets such as the cat.

People told us they could choose to spend time alone in their rooms or be involved in group activities such as watching films, doing quiz's, and reminiscence activities. Staff told us about activities that had taken place and were recorded and monitored for attendance and participation. People's individual choices and views had been sought in the future planning of activities.

All of the people we spoke with told us they were content with the service they received and would speak to the manager or other staff if they needed to. People told us that if they had raised any concern in the past this had been dealt with promptly and sensitively. People told us they had frequent access to the management team and found them approachable. They also told us they had regular opportunities to express their views about the care they received through care reviews, residents meetings and surveys.

No formal complaints had been received within the last 12 months. Records of complaints received previously showed that they were acted upon promptly and were used to improve the service. Feedback had been given to people explaining clearly the outcome and any actions taken to resolve any concerns. Staff were aware of the actions that they should take if anyone wanted to make a complaint. There was a complaints procedure in place which was displayed prominently in the service for people to refer to.

# Is the service well-led?

## Our findings

People and their relatives told us they had confidence in the management and staff. They told us they felt involved in how the service was run and asked for their views in planning improvements. The service was well managed and the manager was visible and accessible. All the people we spoke with told us they knew who the manager was and comments included, “The manager is very good, you can discuss anything.” And, “The staff are great very helpful.”

People told us they had no concerns with the management and staff. We received positive comments about the manager and deputy manager from staff who told us that they were approachable, fair and communicated well with them.

All of the staff told us they worked in a friendly and supportive team. They felt supported by the manager and they were confident that any issues they raised would be dealt with. Staff felt able to raise concerns with their manager and felt listened to by both manager and colleagues. Staff felt able to suggest ideas for improvement, and had access to regular staff meetings, supervision and annual appraisals. Staff told us that communication was always inclusive and they were always consulted about any proposed changes.

Staff were supported with training to make sure their knowledge and skills were up to date in particular when supporting people living with dementia. We were told the focus of this training was on equipping staff with the skills and understanding they needed and giving them opportunities to discuss how well they were doing as a team in promoting individualised, quality care to people.

The culture of the service was centred on people who used the service and tailored to meet the care, treatment and welfare and needs of people. Staff understood their roles, responsibilities and own accountability, and the service maintained good links with the local community.

The management of the service had processes in place which sought people’s views and used these to improve the quality of the service. Relatives and visitors told us they had expressed their views about the service through one to one feedback directly, surveys and through individual reviews of their relative’s care. We looked at the responses and analysis from the last annual development plan and satisfaction survey in February 2015, which provided people with an opportunity to comment on the way the service was run. We saw that relative respondents were quite satisfied with the care at the home and the availability of the manager and attitude and general manner of staff. Additionally we saw that the majority of respondents who lived at the home were also quite satisfied with the home and its communication. Action plans to address any issues raised were in place and were either in progress or completed.

Systems were in place to manage and report accidents and incidents. People received safe quality care as staff understood how to report accidents, incidents and any safeguarding concerns. Records of one incident documented showed that staff followed the provider’s policy and written procedures and liaised with relevant agencies where required.

The manager told us that the provider monitored trends such as the number of falls and any medication errors. Issues identified and the response of the manager protected people from identified risks and reduced the likelihood of re-occurrence. Effective quality assurance systems were in place to identify areas for improvement and appropriate action to address any identified concerns. Audits, completed by the registered manager and senior staff and subsequent actions had resulted in improvements in the service. Systems were in place to gain the views of people, their relatives and health or social care professionals. This feedback was used to make improvements and develop the service.