

Voyage 1 Limited

Brook Lodge

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Summary of findings

Overall summary

Brook Lodge is a care home providing accommodation and support for up to eight people with learning disabilities. At the time of the inspection there were eight people living at the service, four of whom were living with swallowing difficulties (dysphagia). Seven people lived in the main house and one person lived in the adjoining annexe.

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

The provider had a dysphagia management policy in place. This was developed in line with current national good practice guidance.

An assessment of each person's needs was carried out regularly, this included the support they needed with eating and drinking. When people were known to have difficulty with swallowing, a choking risk assessment was completed and kept under review.

People were referred to a speech and language therapist (SLT) if their needs had changed and following any choking incident.

Risks to people living with dysphagia were understood by the registered manager and staff team. Staff were careful in following people's eating and drinking support plans which included SLT guidance.

Staff were familiar with people's food preferences and people living with dysphagia were supported to have the choice of a balanced diet.

The provider and registered manager were committed to making improvements to the service in response to specific incidents. An investigation and staff de-brief had been carried out and additional training in dysphagia was provided for the whole staff team.

The service had appropriate infection control policies and procedures in place. These were developed in line with current government guidance. We were assured the service were following safe infection prevention and control procedures to keep people safe.

Rating at the last inspection

The last rating for this service was Good (published 27 June 2019).

Why we inspected

This targeted inspection was prompted by notifications of two specific incidents. While no serious injuries were sustained, the level of risk to people was significant. These incidents are being examined through our serious incident process. As a result, this inspection did not examine the circumstances of these incidents.

The information CQC received about the two incidents indicated concerns about the management of

people's swallowing difficulties (dysphagia) and choking risks. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

We also 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 coronavirus and other infection outbreaks effectively.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Details are in our safe findings below.

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

We were assured people living with the risk of choking were supported to manage this risk safely.

We were assured the service were following safe infection prevention and control procedures.

Inspected but not rated

Brook Lodge

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.

This was a targeted inspection to check on a specific concern we had about the management of choking risks for people living with swallowing difficulties.

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 team consisted of one inspector.

Service and service type

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

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to make arrangements to carry out staff interviews virtually and to request documents relating to management of the service for review. This approach was to reduce risks in relation to COVID-19 as less time was needed on site.

Before the inspection

We reviewed all the information we had received about this service since the last inspection. This included

information from the provider and feedback from a specialist healthcare professional who regularly worked with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four members of care staff virtually and reviewed a variety of records relating to the management of the service, including policies and procedures. While on-site we spoke with the registered manager, the deputy manager and one care staff member. We reviewed a range of records. This included risk assessments, support plans and associated records for four people at risk of choking. We observed staff supporting people at risk of choking during lunch.

After the inspection

We spoke with two people's relatives. We looked at training data and quality assurance records and continued to seek clarification from the provider to validate the evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. We have not changed the rating of this key question as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check how the service was managing the needs of people with swallowing difficulties (dysphagia). We checked how people's eating and drinking support needs were assessed and how people were protected from the risks associated with dysphagia. We will assess all of the key questions at the next inspection of the service.

Assessing risk, safety monitoring and management

- The provider had a dysphagia management policy in place. This was developed in line with current national good practice guidance.
- Assessments of people's eating and drinking related needs were carried out before they were admitted to Brook Lodge. When people were identified as having swallowing difficulties, a choking risk assessment was completed.
- People's choking risk assessments had been reviewed annually and after any choking related incidents. When this assessment indicated the need for referral to a speech and language therapist (SLT), a referral had been made.
- Specific information was available to staff to know how to support each person living with dysphagia to eat and drink safely. This included people's individual eating and drinking support plans and SLT guidelines.
- Staff had received training in managing choking risks including first aid and 'de-choker' training. Staff were confident in supporting people with swallowing difficulties and could describe each person's specific support needs. We saw staff were following people's eating and drinking support plans when assisting people to eat and drink.
- People were supported to get enough to eat and drink. People's nutritional needs were assessed and their weight was monitored. When people's needs changed, advice was sought to ensure the support they received was appropriate. One person had been prescribed thickened fluids to reduce their choking risk but was referred back to the GP and SLT when they stopped drinking enough to meet other health and well-being related needs.
- Staff were familiar with people's food preferences and people were supported to have the choice of a balanced diet.
- Management of choking risks was monitored through the provider's annual compliance and quality audit and through the registered manager's quarterly service audits. No shortfalls had been identified in these audits.
- The registered manager was committed to learning from incidents, to improve the service people received. They had investigated the two choking incidents and had taken action to prevent a reoccurrence in line with the provider's policies. A de-brief had been carried out with the staff team and additional dysphagia training had been provided to all staff.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.