

Westlake Care

# Brookland House

## Inspection report

2 Watson Place  
St Judes  
Plymouth  
Devon  
PL4 9QN

Tel: 01752291449

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

### 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were not always safeguarded from abuse and safeguarding processes were not always robustly followed. Risks were assessed, and staff understood people's needs in relation to these risks well. Medicines were managed well, and staff were recruited safely. The provider had seen a reduction in incidents through consistent staff support and thoughtful monitoring of people's triggers, behaviours and wellbeing.

The environment had been adapted as much as it could to meet the needs of people. People were supported by trained staff who knew them well and were kind and caring. We saw evidence of positive outcomes where people had been supported to improve their daily living skills and communication skills.

Professionals and relatives told us people were happy living in the service and had their preferences and needs met. People were supported to do activities they enjoyed and went out when they wanted to.

People were not always supported to have maximum choice and control of their lives. The staff did not support them in the least restrictive way possible and in their best interests. Policies and systems in the service did not support this practice as records were not up to date.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service did not always reflect the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on

them having as many opportunities as possible for them to gain new skills and become more independent. However, the concerns we found with regards to safeguarding and consent were not in keeping with the principles of Registering the right support.

Staff felt supported by the registered manager and had structured supervisions and team meetings.

However, we did identify some areas for improvement and found three breaches of regulation around safeguarding, consent, and good governance.

We made a recommendation around the restriction of windows.

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

#### Why we inspected

This was a planned inspection based on the previous rating.

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).

#### Enforcement

We have identified breaches in relation to safeguarding people, consent, and good governance. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety and meet with the provider and registered manager to discuss how they will make changes to improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Brookland House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two relatives about their views of the care provided. We spoke with three members of staff including the registered manager and care staff. The people living in the service were unable to verbally

feedback their experience of the service to us. We spent a short time in a communal area and used observations to gather information on the experience of the people living in the service, this included listening to the sounds one person made to show how they were feeling during an activity.

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 three 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 continued to seek clarification from the registered manager to validate evidence found. We contacted the provider on the telephone and via email and received an email response. We looked at training data and quality assurance records. We received feedback from three professionals who work with the service and feedback from five further staff.

# 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. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People were not always kept safe from harm. Systems to report abuse were not followed promptly. One safeguarding concern was left unreported for four weeks. At the time of our inspection it was being investigated by the local authority.
- Some staff could explain to us what abuse might look like and knew where to report it. Other staff had not shown they understood what abuse was and how to report suspected abuse in a timely way to protect the people living in the service. We asked the registered manager to check the understanding of staff around safeguarding detection and reporting.

People were not always safeguarded from the risk of abuse. Systems had not been established to report safeguarding concerns and take appropriate action in a timely manner. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- A relative said, "I would say they are safe. I believe the fact that they have separate...living arrangements have added to the safety aspect." A professional said, "In my opinion the two men in Brookland House are safe." Another said, "To update themselves yearly on safe holding techniques needs to be applauded. They use very little holds but are keen to ensure that if needed they will perform them correctly ensuring the safety of the two gentleman and the staff."
- Risks were managed positively, and risks assessments were reviewed regularly. There was clear instruction for staff on how they could support people to minimise behaviours that potentially posed a risk to people or others.
- Staff knew people well and could tell us how people were supported to minimise risks. Records showed since our last inspection people were very settled and there had been less incidents involving people becoming highly distressed.
- Building safety regarding gas safety, water temperatures, and covering of hot surfaces was regularly checked.
- At a previous inspection we had fed back to the service that windows needed to be restricted in line with best practise guidance. At this inspection we found windows both upstairs and downstairs did not follow this best practise guidance and were not restricted according to the guidance. We discussed with the registered manager how this could place people at risk and signposted them to the relevant guidance.

We recommend that all windows in the service are checked to see if they comply with best practise guidance

on window restriction and a process for checking window safety is introduced.

#### Staffing and recruitment

- There were enough staff to meet the needs of people. Staffing levels were two staff to each person during the day, in preparation for if they wanted to go out. There were two waking staff at night.
- Relatives and professionals confirmed there were enough staff in their view to meet people's needs.
- Recruitment processes were robust. New staff went through application, interview, references and police checks.

#### Using medicines safely

- One person had a prescribed medicine the service supported them to take.
- Administration records were complete and clearly filled out.
- Staff had completed medicines training where necessary.

#### Preventing and controlling infection

- Staff had gloves and aprons available where needed and had completed online infection control training.
- The service was clean and free from malodour.
- A relative told us the service was always clean and tidy when they turned up unannounced.

#### Learning lessons when things go wrong

- The registered manager reflected on where improvements needed to be made and was open about where the service could be improved.
- Quality assurance checks could have been more robust and areas for improvement had not always been picked up on by the registered manager or provider. This had an impact on where the service could learn lessons and improve.



# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's liberty was being restricted without legal authority. Deprivation of Liberty Safeguards for both people living in the service had expired. One in 2016 and one in 2019. The provider and registered manager had not put in another application for authorisation to restrict the liberty of one person, and another application had been put in but not followed up.

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.

- Where decisions had been made for people in their best interests there were no records available to support this. For example, one person had their furniture locked shut, and both people had keypad access to their bathrooms they were unable to use.
- We asked the provider if they were aware of the lack of best interest recording. The provider said the previous registered manager may have archived the relevant records.

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.

- We saw and heard staff asking people for consent and giving them choices.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's holistic needs were assessed. It was clear how people's disabilities or conditions affected them daily and care plans and assessments identified where staff could make people's lives easier or happier.
- Professionals were all positive about the service and said staff followed best practise. One professional said, "There appears to be a good and consistent approach to recognising if [name of person] was in distress."
- Staff supported people to achieve positive outcomes, such as one person being able to enter a supermarket after a period of finding this difficult.

Staff support: induction, training, skills and experience

- Staff told us they felt very supported by the registered manager.
- New staff were offered an induction and got to know people gradually alongside more familiar staff.
- Staff were supported with training, so they could meet the needs of people. Staff told us they had enough training and records supported this.
- Staff had regular supervision that was clearly documented. Staff said they found supervision helpful.
- "One professional said, "I found the staff team very knowledgeable."
- We discussed with the registered manager checking the understanding of staff after training in light of the lack of understanding regarding consent and reporting of abuse.

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

- People's food and fluid intakes were monitored to ensure they were receiving adequate nutrition and hydration to stay healthy.
- People could go out and eat with staff and try a variety of food.
- A relative said their loved one "gets enough to eat, they get salads, eats a wider range of food than at home."

Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support

- The service had a small garden that had protective netting over it to prevent people from throwing their balls and other items out onto the street.
- Since the last inspection the people living there had been designated a floor each, so they had their own bathroom, bedroom and lounge. This limited their interaction and there had been a reduction in the number of incidents of distress and aggression towards each other. The service had identified the people living in the service and their behaviours would sometimes upset the other person, so they adapted the environment to address this.
- People were supported to access healthcare services when needed. One relative said, "They look after him if he gets poorly."
- The service had made lots of effort to create a living space that was based on the wishes and needs of people. One relative said, "His rooms are designed around him, he is always happy," and another said, "They are always improving on his rooms."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff, professionals and relatives told us people were happy in the service. We saw one person doing an activity they enjoyed, and they used sounds to communicate their happiness. This matched up with the assessment of their needs and description of their communication style.
- One professional said, "A lovely environment to live in with staff who really do care about them very much." A relative said, "They are marvellous with him, I'm impressed" and "It is his home, he is happy there."
- Interactions between staff and people we heard were gentle, patient, and friendly. Staff said, "I truly believe that all of my colleagues and managers have both men's best interests at heart and that not only are their needs met but we as a team try and make sure they want for nothing if it is in our power." Another staff member said "We do everything we can to make their lives as pleasant as possible."
- People were supported to access the community and staff were aware of the stigma around people with a learning disability and autism.

Supporting people to express their views and be involved in making decisions about their care

- People were not able to participate in the planning of their care through verbal feedback in review meetings. Family members and key professionals were invited yearly to review the needs of people.
- People were given choices about what they wanted to wear, what food they ate and how they spent their time.
- Staff understood how to enable people to express their views through offering simple choices, using images and signing.
- The service enabled one person to decide about having a blood sample taking. A phlebotomist was invited to the service to work with the person to familiarise them with equipment and reduce anxiety levels. The person did not have the blood sample taken but was able to decline after being supported to understand more about what was involved.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity. One staff member said ""We ensure our men are treated with dignity by gaining their consent before any care takes place and giving them privacy. Their choices and wishes are sought and respected."
- People were supported to make progress with their living skills and confidence in community settings. For example, one person who had not entered a supermarket for a long time due to an incident was supported to gradually build up their confidence and positive experiences in shops and now with support was shopping for the service and enjoyed it.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives and staff fed back the care was person centred. They said, "They are person centred and very respectful" and "The care given is 100% person centred."
- Care plans contained details of people's likes and dislikes and made it clear how care was to be delivered to support the wellbeing of each person.
- The service was exploring ways to learn about people's preferences. For example, the registered manager had designed a system to learn what artists a person liked playing on their music player through tracking which ones were played more often or repeated. Each CD was labelled with a different sticker, so the person was able to choose what CD to put on themselves rather than have staff do it for them as they were unable to read.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of ensuring information was accessible to people but also in encouraging people to further their communication skills.
- Staff told us how they were encouraging one person to use sign language more and some staff were booked on to a course to embed their signing knowledge.
- The service supported one person with images as references. For example, when one person did not respond to a verbal question they offered simple choices using pictures of places or objects. The person could then point or hand back the image of the place or food item they had chosen.
- A professional said "They had a good understanding of his communication and preferences."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an increase since the last time we visited in how often people were supported to get out and about. People went out most days to places of interest, beaches, heritage sites and visited local shops and restaurants.
- People's rooms had activities in them that met people's desire to remain active. One person enjoyed keyboards and another liked building blocks and trains, and these were plentiful in the service. The service kept track of how often people went out and did different activities to ensure it was offering a rounded experience for people.

- Families told us they were kept up to date and the service supported them in meeting with family members to stay in touch.

#### Improving care quality in response to complaints or concerns

- Complaints were responded to promptly and the related correspondence stored to evidence action had been taken.
- Relatives told us they felt comfortable to make a complaint if needed and the service had responded quickly in the past.

#### End of life care and support

- The people living in the service were young and full assessment of end of life needs would not have been appropriate.
- The registered manager said they had been thinking about end of life and how to assess it for people living in the service. Where a conversation about end of life wishes had taken place, it was recorded.

# 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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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

- Quality assurance meetings with the provider and checks done by the registered manager failed to pick up DoLS authorisations had expired and best interests records were not in place.
- The registered manager and provider were not aware of best practise guidance around the restriction of windows and people were placed at risk because of a lack of quality assurance in environmental safety.
- Systems and processes were not robust, and the provider did not play a part in checking the quality of the running of the service. The provider met with the registered manager regularly but did not check records or have a quality assurance agenda. There were no minutes available to evidence what was discussed at these meetings or who had acted to remedy any quality issues. They told us they trusted the registered manager fully to meet regulatory requirements.

The provider and registered manager 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.

- There was a registered manager in post in keeping with the conditions of registration.
- The registered manager and staff were clear about their roles and there was a clear hierarchy.

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

- The culture of the service was open for staff to provide feedback and they fed back the registered manager was approachable.
- The registered manager was aware that in a small service the culture can be closed with limited professional input. They sought advice from outside of the service and were aware of the impact of a small service with a closed culture could have on staff and people.
- People were supported to achieve positive outcomes. We saw a reduction in the number of incidents both inside and outside of the home, both people living in the service seemed happy and their relatives were very happy with the care and support provided.
- A professional told us "The management team are kind, caring and supporting towards their staff."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The provider understood their duty of candour and responsibility to be honest when something went wrong.
- During the inspection we discussed how families were kept up to date, relatives told us they were informed of any changes, illnesses or more serious incidents.

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

- Staff said, "I feel the team are very progressive with bringing new ideas forward to benefit the men, new ideas are always tried."
- Staff were supported through team meetings and supervision. They said, "We have regular staff meetings and staff discuss new ideas."
- People were engaged as much as possible in decisions around their care that might affect them.
- The registered manager had an equality agenda and was aware of the equality characteristics of people living in the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager had attended some local networking events and forums.
- The registered manager was aware where staff could improve their confidence or needed further training and had plans to address this.
- Professionals gave positive feedback about the good working relationships they had with the service and how well people were supported.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>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.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Authorisations to restrict people of their liberty had expired and had not been re-applied for. Safeguarding referrals were not reported or acted upon promptly, placing people at risk of harm. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager 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.</p>



