

Yunicorn Limited

Brooklands

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Brooklands is a residential care home providing personal care to six people with learning disabilities, autistic spectrum disorder and / or a physical disability at the time of the inspection. The service can support up to nine people.

Brooklands accommodates six people in one adapted building.

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 should receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were exposed to risk of harm because the provider's own policies were not consistently followed. There were not always trained staff available to ensure people were not exposed to risk. Staff did not always have up to date guidance to follow to ensure medicines were administered safely. Medicines were not always stored at safe temperatures to follow manufacturers' guidance.

The provider did not have robust systems in place to monitor the quality of care provided. Shortfalls were not identified, and continuous improvement was not followed through to constantly drive up standards of the care provided.

The service didn't always consistently apply 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 did not fully reflect the principles and values of Registering the Right Support for the following reasons people did not consistently have access to the community, either through the lack of transportation or the lack of person-centred opportunities available.

People enjoyed their meal time experience and celebrated special events regularly at the home. People and relatives said they thought staff were kind and caring and supported people safely. 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

Rating at last inspection

The last rating for this service was requires improvement [published 27 July 2018].

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to systems in place to ensure people were not exposed to risk of actual harm This was a breach of regulation 12 (Safe Care and Treatment) and regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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. 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 not always caring

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Brooklands

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

One inspector completed the inspection.

Service and service type

Brooklands is a 'care home'. People in care homes receive accommodation and 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, deputy manager, senior care workers, care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. 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 looked at training data and quality assurance records. We spoke with two professionals who support people living at the home.

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 requires improvement. At this inspection this key question has remained the same.

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.

Staffing and recruitment; Assessing risk, safety monitoring and management; Using medicines safely

- The registered manager had not ensured there were trained staff consistently available to support people. A new member of staff had completed a sleep in as a lone member of staff without appropriate training in first aid or how to administer emergency medicines safely. Therefore, people were exposed to the risk of harm through staff not being trained appropriately.
- People's health was not consistently monitored. For example, one person who had deteriorating health had not been weighed since October 2018. Therefore, the person was at risk of not receiving health interventions appropriately.
- Medicines were not stored safely. We found room temperatures, where medicines were kept were recorded daily. However, the temperature of the room was not monitored at regular intervals through the day and we found on the second day of the inspection at 13:00 it was 30 degrees Celsius. Manufacturers' guidelines are to keep medicines below 25 degrees Celsius to maintain the medicines' integrity. People were at risk of receiving medicines that were no longer effective or that could cause harm.
- Protocols to guide staff to administer as and when medicines to people were not in place. This had been noted at our last inspection and continued to put people at risk of not receiving their medicines appropriately.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had arranged for the new member of staff to complete their training before their next shift at the home.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service. We looked at two staff files and the registered manager was following safe recruitment practices.
- The registered manager was reviewing where they kept medicines and purchased a fan straight away to reduce the temperature in the current room.
- Staff administered medicines in a safe way, following appropriate guidance, and using an effective system to ensure people had their medicines as prescribed. Existing staff were trained and had competency checks to ensure they followed safe practice. Medication records were checked regularly by senior care staff and errors found were actioned straight away.

- People said they felt safe with staff and they were happy with their support. Relatives said they were assured their family members were safe and risks were well managed.
- Risk assessments were up to date and gave clear guidance to staff and were reviewed when required. Staff had a good understanding of people's risks and knew how to help them remain safe. For example, one person needed regular pressure relief to prevent sore skin. We found staff were all aware and ensured this person received this support. The person had no sore skin areas.

Learning lessons when things go wrong

- Not all accidents and incidents were recorded. We found one incident that was not recorded, however the registered manager assured us procedures were otherwise followed.
- Staff knew how to report accidents and incidents and told us they were confident they would know any changes to people's care and support as a result.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding about protecting people from abuse. They understood who to report concerns to. Staff were confident to take appropriate action. However, some staff were not up to date with their training. The registered manager was arranging training to be updated.
- The registered manager had procedures in place to ensure they met their responsibilities to report any concerns.

Preventing and controlling infection

- Relatives said they were confident staff always followed safe practice when supporting their family members.
- Measures were in place to control and prevent the spread of infection. Staff were knowledgeable about the requirements; however, some staff were not up to date with their training. The registered manager was updating staff training. We saw staff wore appropriate gloves and aprons when they should do.

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.

Staff support: induction, training, skills and experience

- Staff did not always receive key training before they started employment. We saw staff had not received training they needed to keep people safe, for example, administering buccal medicines and first aid.
- Staff told us they had completed training over a period of time as part of their induction. They said they worked alongside experienced staff, who shared best practice knowledge, and spent time getting to know the people living at the home. They all said they had read people's care plans to get to know each person well and were well supported by the registered manager.
- We saw ongoing training updates were not always arranged for staff to ensure they remained up to date. For example, infection control and first aid. The registered manager was arranging updates where needed.

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

- People told us they were involved in decisions about what they wanted to eat. One person said they went shopping with support to buy the food they liked.
- People and their relatives said staff supported them and promoted their independence and a healthy diet.
- Staff were knowledgeable about how to meet people's nutritional needs. For example, we saw when other professionals needed to be involved they were, and their guidance followed.

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

- People had lived at the home for a long period of time. Their needs had been assessed and documented when they came to the home, and detailed information about their personal needs recorded.
- Relatives told us they had been involved in sharing information and staff were knowledgeable about people's needs.
- We saw tools and information on best practice guidance was available for staff.

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

- People told us they were supported with their health care when needed. Relatives told us staff would involve the appropriate health professionals in a timely way.
- We saw appropriate referrals were made when people needed support with their health needs.

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

- At the time of the inspection, building work was being completed on one person's bedroom therefore there were temporary arrangements in place for this person's accommodation.
- The home had been adapted to keep the homely feel but enable people living at the home to be supported. The communal areas included encouraged the homely feel. People's bedrooms were personalised with items that they were interested in.

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 told us, and we saw, staff would always check with them before they were supported. People felt staff respected their wishes and listened to them.
- Staff understood the Mental Capacity Act principles. There were best interests decisions in place which were decision specific.
- The registered manager had systems in place to ensure they complied with the principles of the MCA. Where restrictions were in place appropriate legal authority had been sought and any conditions met.

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 now deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not always treated with dignity and respect. One person had been living for two weeks in a temporary bedroom whilst repair work was completed. However, the temporary bedroom continued to store confidential information and staff personal items that staff regularly went into the room to access. The registered manager and staff had not considered this as a lack of respecting privacy and dignity. The registered manager agreed to look at relocating the information straight away.
- Staff were respectful of people's needs. All the staff we spoke with were passionate about the people they supported and spoke of respecting their wishes and encouraging people to live full lives.

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

- People said staff were caring and they enjoyed their company. We saw positive interactions between staff and people they supported. People were confident and relaxed in their interactions with staff.
- Relatives told us staff were considerate with their family member. One relative said, "All the staff are lovely and [family member] really enjoys living here." Another relative said, "There is a great family feel here. The people who live here are family to each other."
- Staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights when discussing people, they supported. They were passionate about ensuring the people they supported had a voice when they needed it, such as representing people when they needed to go to hospital.

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

- People told us they were involved in their day to day decisions. Relatives said staff kept their family member involved in decisions about their support needs. One relative explained how staff always involved their family member in decisions about what they wanted to do, for example taking them away on holiday.
- People and their families were regularly asked for feedback to ensure they were happy with the support staff provided.
- Relatives we spoke with told us they felt involved in how their family member was supported and were kept included and updated by staff and the registered manager.

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 now deteriorated to requires improvement.

This meant people's needs were not always met.

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

- Records contained detailed information for staff on how best to support people with all aspects of their life. However, these records had not been maintained and were not consistently up to date. The registered manager was aware the records needed updating and was trying to complete this at the time of the inspection. The detailed information about people's health needs and the care people required to manage their long-term health conditions also needed reviewing with health professionals.
- Information had been gathered from people and their families to build a detailed picture about each person's support needs, preferences and history. One relative said that information had been gathered from the beginning and added to as they got to know the staff.
- Staff knew the people they supported well, and shared knowledge within the team to ensure all the staff were aware of any changes or updates. They got to know them over time and they shared information from experienced staff. People and their relatives said whilst some staff had worked at the home for a long time there were some recent staff changes and they hoped this would now settle.

End of life care and support

- The registered manager explained they had not gathered information from people and their families about their future end of life care. One relative told us they would discuss with the family and share the information with the registered manager. The registered manager assured us this information would be collected as soon as possible.
- Staff said they knew people well and would follow their wishes.
- The management team explained they would involve other agencies to support people at the end of their life.

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

- People had some access to the community and the choice of events and interests for them to follow on a regular basis. One person told us they chose what they wanted to do and were able to go out when they wanted to. However, they explained the options had reduced more recently as schemes had closed and not been replaced. The registered manager had not been proactive in looking out new ideas and placements for this person.
- Other people had limited options to go out in the community because they no longer had their own minibus., This restricted their access to events; however, they had arranged access to a mini bus through the

provider's other home. Another person was waiting for specialist equipment, so they could go outside. This limited their access to the community at the time of our inspection.

- People told us they had been away on holiday; this was all the people living at the home together, and all the people at the providers other home went away to the same place at the same time. People and their families were happy with the holiday arrangements.
- Relatives said staff supported their family member to visit other relatives and friends to keep them connected and to reduce any isolation.

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 the Accessible Information Standard and ensured people had access to their information. They had information in different formats when it was needed. We saw this was adapted to ensure it was appropriate to the person. For example, we saw information to explain the Mental Capacity Act had been provided so where needed this could be used to support people's understanding.
- Staff knew how to communicate with people to understand their wishes. When people were less able to communicate verbally, staff found different ways to ensure they understood their needs.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns if they needed to. Relatives told us they had not needed to make any complaints but were confident they could speak with the registered manager if they needed to.
- The registered manager had a complaints policy to ensure they acted on concerns raised.

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 requires improvement. At this inspection this key question has now remained the same 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: promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: continuous learning and improving care

- The registered manager did not follow their induction and first aid procedure to ensure they had suitably trained staff on duty to mitigate the risks relating to the health safety and welfare of people living at the home. For example, we found one member of staff had completed a sleep in without the required training to ensure people were not exposed to risk.
- The provider failed to ensure shortfalls were actioned and completed. For example, we identified at our last inspection in June 2018, there were no guidelines to direct staff in the safe administration of as and when medicines. At this inspection this continued to be the case. Systems in place to ensure continuous improvement were not effective.
- There was no effective oversight to ensure service users' health was monitored. For example, one person had become unwell over a period of time and their overall health was not consistently monitored. There was not the equipment in place to regularly weigh the person, so health professionals were kept up to date.
- Systems in place to monitor the safe storage of medicines were not robust to ensure people's medicines were suitable to be administered. For example, we saw room temperatures increase through the day and these were not monitored which increased the risk of contaminated medicines.
- The provider continued to visit regularly, however they failed to identify any of the concerns that we found. For example, staff not completing regular updates in their training, and people's care records not reviewed and updated consistently.

We found no evidence that people had been harmed however, systems were either not in place or robust enough identify short falls and to drive through continuous improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took immediate steps to action the concerns we found. For example, buying a fan to reduce the room temperatures, and arranging staff training.
- The culture of the home was not consistently person centred driven by the provider and registered manager. The management team and staff had not recognised using a person's bedroom as a storage area for peoples records and staff personal items was not person centred or respectful.
- Staff were clear in their roles and felt well supported. They did not receive regular one to ones or meetings,

however, they told us the registered manager was accessible and listened to them.

- Relatives said staff and the registered manager were accessible and listened to any of their concerns. They said they felt included and knew they would be informed if there were any concerns about their family member.

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 registered manager was aware of her duty to be open and honest when something went wrong. We found she had systems in place to ensure appropriate action was taken when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- There had been a reduction in involvement with the community for the registered manager and staff. Community services had closed, and the registered manager had not sourced new opportunities for people to be involved in the community.
- People and their relatives were encouraged to contribute their views through regular questionnaires. They also said they had regular conversations with the management team when they wanted to. We saw positive feedback from questionnaires was gathered regularly.
- Staff told us they were encouraged to share ideas and concerns to help improve the quality of care.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure people living at the home were not exposed to the risk of harm

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have robust systems to identify shortfalls and drive up the quality of care provided.

The enforcement action we took:

Warning notice