Voyage 1 Limited

# Brookfields

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on the 13 September 2018 and was unannounced. Brookfields is a 'nursing 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. Brookfield's is registered for six people with learning difficulties and physical disabilities. On the day of our inspection, six people were living at the service.

At the last inspection on 20 January 2016 this service was rated good in all five key questions, and before that the home has a history of compliance with legal requirements. At this inspection we found the service remained Good.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. People living at Brookfields could live a life as fully as they were able in a domestic styled homely environment that had been created to meet their needs.

On the day of our inspection visit there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service was run.

The service was well led. There was a person-centred ethos which meant that people were empowered to have some choice and control over their lives. The registered manager provided stable leadership and clear direction to the staff team and staff felt supported.

There were effective systems to monitor the quality and safety of the service provided that placed an emphasis on the quality of people's lives. These systems were used to continue to drive improvements in the service and the care people received.

Brookfield's provided person-centred care. We saw that people and relatives were treated with kindness by a staff team. Staff supported people with dignity, and had developed some positive relationships with people that were based on respect and trust.

People could maintain relationships with people who were important to them. Relatives we spoke with felt their views and opinions about their loved one's care were listened to so that they felt involved in their loved one's care.

Staff sought consent from people before caring for them and they clearly understood and followed the

principles of the Mental Capacity Act, 2005 (MCA). Where people were deprived of their liberty, processes had been followed to ensure that this was done lawfully. Where medicines were given covertly the best interests processes hadn't been followed.  Staff understood people's unique communication styles and ensured that the views of people with communication difficulties were listened to and acted upon.

People were protected from the risk of harm because there were robust processes to ensure their safety. Staff all knew and understood their responsibilities in relation to protecting people from abuse and had received the training they needed to do this. People were protected from harm because the risks to their safety were clearly identified and measures in place to reduce these risks.

People were supported by enough well trained and competent staff who knew people well. The registered manager followed robust recruitment checks to ensure that staff employed were suitable to support people using the service with all aspects of their care. People's medicines were managed safely and people were protected from the risk of infection.

People were supported to have enough to eat and drink, to manage their health needs and saw health professionals regularly as needed. Staff implemented the guidance that was provided by health care professionals to support people to meet their health needs and stay well.

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

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains safe. | **Good** |
| **Is the service effective?**<br>The service was not always effective.<br>Where people were given medication disguised in food this was not in line with best practice guidelines.<br>People were looked after by a staff steam that knew them well. | **Requires Improvement** |
| **Is the service caring?**<br>The service remains caring. | **Good** |
| **Is the service responsive?**<br>The service remains responsive. | **Good** |
| **Is the service well-led?**<br>The service remains well led. | **Good** |

# Brookfields

**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.

This unannounced comprehensive inspection took place on the 13 September 2018. The inspection team consisted of one inspector.

We reviewed information supplied by us by the provider in their Provider Information Return (PIR). A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account when we made the judgements in this report. We also reviewed the information we held about the service. We looked at information received from the statutory notifications the registered manager had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to plan the areas of focus for our inspection visit.

During our inspection visit we met all the people who live at the home. People living at Brookfield's have learning disabilities. Verbal communication is not always their preferred method of communication, so we spent time observing people's care in the communal areas of the home. We used the Short Observational Framework for Inspection(SOFI). SOFI is a way of observing care to help us understand how people experience the support they are given.

During our inspection we spoke with the registered manager, two registered nurses, two care staff the operational manager, three relatives, and a health care professional.

We reviewed two people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at how medicines were managed by checking the Medicine Administration Record (MAR) charts. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Good

# Is the service safe?

## Our findings

People were protected from the risks of abuse as the provider had systems and processes in place to ensure any concerns raised would be dealt with appropriately. Staff we spoke with were knowledgeable about the different types of abuse people may be subject to. They told us they knew who to report concerns to and told us they were sure that any concerns they had would be acted upon. We saw that people using the service appeared relaxed and happy around staff and enjoyed interacting with them. Relatives we spoke with were all confident that their loved ones were safe and well looked after in the home.

Where there had been any alleged incidents these had been reported in line with legal responsibilities. There was a system to report any incidents and accidents and these were reviewed to look for any lessons that could be learnt to minimise a reoccurrence.

The risks to people using the service had been assessed and plans put into place to protect them from the risk of harm. The risk assessments available gave staff important information about how to keep people safe.

People were supported by enough regular staff that they were familiar with and knew their needs. Staff we spoke with all told us and we saw that there were enough staff to support people. There was a robust recruitment policy. We looked at two staff records that showed recruitment checks were made. Staff said that they had completed recruitment checks, including a disclosure and barring service(DBS) check, before they started work. A DBS check is a check that enables the provider to review staff member's potential criminal history and assess their suitability for employment.

We found that the systems to administer, store and record medicines were safe. Registered Nurses administer medicines. Where there had been an administration error, appropriate steps had been taken to ensure people were safe and to reassess staff competency to undertake this task. Where people needed 'as required' medicines there were protocols in place so staff knew what action to take before the medicines were administered.

The home was clean and tidy, and staff had completed training about infection control and food hygiene so that people were protected from risk associated with infection.  Staff spoken with knew their role and responsibilities towards keeping a safe clean environment, and were seen to wear personal protective equipment to maintain good standards of hygiene.

Requires Improvement

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We saw that staff had received training on MCA and Deprivation of Liberty Safeguards (DoLS) and understood how to offer people information in a way that they could understand to help them make their own choices and gain people's consent. However, some staff we spoke with were unsure of what the implications of a DoLS was to the way they supported a person, and would benefit from some further training.

We saw that people were consistently supported to make as many choices as they were able to. For example, what they wanted to wear, and what they wanted to eat and drink. We joined an out of house activity with one person and saw that the member of staff offered the person choices so that they had control over their trip. A member of staff said, "We offer people choices all of the time." We also saw that staff sought people's consent before providing any care or support to them. However, for one person who received their medication in food the best interests process had not been followed. While the person was told the medication was there they lacked the capacity to understand this. There had not been any consideration of best interests in relation to covertly administering this medicine. We signposted the registered manager to case law around this matter to enable them follow best practice guidelines.

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. The application procedures for this in care homes are 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 were being met. The registered manager had a system in place to ensure that when people's DoLS expired they could reapply for a new one in a timely way. The registered manager was unaware of their responsibility to maintain records that showed that people were seen regularly by their Relevant Person's Representative(RPR). A RPR is appointed to support a person who is deprived of their liberty under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards.

People's needs were assessed. There was clear person-centred information and care plans for staff to assist them gain a good understanding of, and meet individual's needs. We saw that staff knew people well and the things that they liked and were important to them.

Staff had the knowledge and skills needed to meet the needs of people using the service. Interactions we observed between people and staff demonstrated staff were skilled and knew how to support people.

Staff told us that they felt well supported and that there was a good team spirit and they could seek support from the registered manager or the nurse if they were unsure of anything.
The provider information return (PIR) and staff all told us that they had completed care certificate training.

The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care. Staff told us that they received regular supervision and an annual appraisal of their performance.

We saw that people's nutritional needs were met and their individual dietary needs or preferences were supported. Some people required texture modified food and drink and where this was the case staff were aware of what texture to prepare so that they received a diet that met their needs. We saw that there was enough staff to support people at mealtimes. Food was freshly prepared and a choice of meals was available. Fresh fruit was available to people to ensure they received a healthy diet. A relative told us they often visited at mealtimes and their loved one was always given a meal at the correct texture for them, and they had the opportunity to eat a meal with them, if they wished, so enhancing the social aspects of mealtimes.

People's physical and emotional health needs were well met. Nurses were always available to provide any nursing care required. Relatives we spoke with were all happy with the way staff supported their loved ones and said they were informed and consulted when people were unwell. People were supported to attend appointments with health care professionals to maintain good health. A health care professional said staff followed their professional guidance and sought advice in a timely way.

Good

# Is the service caring?

## Our findings

People received support from staff that were kind, caring and passionate about the people they worked with.  All the staff spoken with told us that they enjoyed working with 'the guys'. We saw that staff engaged with people in an affectionate and warm manner that created a calm and caring environment for people. A relative told us said, "I can't praise them enough, we are lucky that [name of person] is there. "Another relative told us how the staff had taken the time to find out about [name of service user] and the things that were important to them, so that they had settled well into the home. A relative told us, "It's like a family here."
Efforts were made to obtain people's views and involve people in making decisions. All the staff were aware of how people liked to communicate. There were visual aids for people to use to help them express their views and make choices. Relatives told us that they had been consulted with and felt included in planning and making decisions about people's care.

The registered manager and the staff promoted people's independence and supported them to gain the skills and confidence to achieve their goals. For example, people were involved in tasks such as clearing the table and some people were provided with adapted cutlery so that they could eat and drink independently.
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People were treated with dignity and respect by the staff who supported them. Their privacy was maintained and they were encouraged as far as possible to develop and retain their independence. We saw that people were well presented and were wearing clothes of their choice, that reflected their age, gender, the weather and their own individual style.

Good

# Is the service responsive?

## Our findings

The staff team had good knowledge of the needs of people and the things that they liked to do. People who lived at Brookfield's had varying methods of communicating to express their needs. Staff supported them to express their views and choices in ways unique to them and to maximise their involvement in all areas of their lives.

Where people were unable to communicate verbally we saw that staff were aware of people's signs, gestures, facial expressions and body language so they could anticipate their needs and knew what support people needed, and when. Staff used prompts, and pictures to help the person make the choice. We saw staff spending time with one person who had recently moved to the home, looking at and talking about their photo albums of their family, hobbies and outings that they had enjoyed. This meant that staff were taking the time to find out about the person and learn more about the things that were important to them.

We saw that there was an activities board showing photos of activities and holidays people had participated in and these were used to offer some people choices of what they wanted to do. Brookfield's had its own transport that was of a design that enabled people to access the community, and take part in activities out of the house.

The garden was safe and secure and supported people to do some of the things that they enjoyed. For example, some people enjoyed growing things and there were raised beds so that they were accessible to people.

For people using this service attendance at hospitals or medical appointments may be distressing. The staff team and developed 'Hospital Passports' for people. These are person centred documents that contained information about the persons health, their likes and dislikes and preferred methods of communication so that hospital staff were aware of people's needs and were better able to support the person.

Most people using the service were unable to say if they had a complaint. However, staff knew them well and recognised when people were unhappy. A relative told us they knew what to do if they had any complaints about the service, but hadn't got any. There was a complaints procedure available which was in an accessible format for people at the service. There had been no recent complaints about the service, but many compliments from student nurses who had been on placement there.

From August 2016, all providers of NHS care and publicly funded adult social care must follow the Accessible Information Standard (AIS). Services must identify record, flag, share and meet people's information and communication needs. The standard aims to make sure that people who have a disability or sensory loss are given information in a way they can understand to enable them to communicate effectively. The registered manager had provided the information people needed in accessible formats, to include easy read versions of documents and the use of pictures and photographs and technology so that people had access to the information they needed in a way that helped them understand their care and make choices about how they lived their life.

Good

# Is the service well-led?

## Our findings

The provider had robust and effective systems and processes to monitor the quality of the service people received. We saw that these were used to monitor the service being delivered and to drive improvements throughout people's care. Audits were undertaken regularly in all aspects of service delivery. Where shortfalls had been identified a written plan about how the issues would be addressed and who was responsible for completing the actions was available.
The provider produced a monthly newsletter circulated to all their services, one alerting staff to new guidance and medical alerts and another sharing areas for development and celebrating good news stories.

The registered manager led by example, and all staff we spoke with felt the registered manager was a visible, approachable and fair manager. They told us they put the needs of the people who lived at the service first, and worked closely with staff to ensure they felt supported and confident in their roles. One member of staff said, "[Manager's name] is a good manager. "

The registered manager had completed the provider information return(PIR). This showed that the registered manager was aware of the areas the service performed well at and where they planned to make further improvements so that the service could demonstrate continuous improvements for the benefit of people using the service.

The registered manager and staff team also worked to ensure that people were part of the local community, and able to access the same events and venues as other people.  Staff supported people to develop links by accessing local community events.

People's views and opinions were continually sought on a range of subjects such as menus and activities and these were acted upon. The culture in the home reflected the values of Registering the Right Support in that people were supported to develop new skills and strategies to manage their anxiety and to reduce instances of behaviour that may change services to enable them to increase their independence, reduce their need for formal support and enjoy their lives.