

Brooklyn Care Homes Limited

# Brooklyn Care Homes Limited

## Inspection report

Lodge Farm  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected the service on 6 January 2016. The inspection was announced. Brooklyn Care Homes Limited is owned and managed by Brooklyn Care Homes Limited. It is situated in the village of Upton in Nottinghamshire and offers accommodation for up to six adults with learning disabilities in two separate bungalows with two people living in the retreat and four people in the lodge. On the day of our inspection six people were using the service.

The service had a registered manager in place at the time of our inspection. 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 is run.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm.

People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and staff knew how to act if people did not have the capacity to make decisions.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People lived in a service where staff listened to them. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting. People were supported to enjoy a social life.

People were involved in giving their views on how the service was run and there were systems in place to monitor and improve the quality of the service provided.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

### Is the service caring?

Good ●

The service was caring.

People lived in a service where staff listened to them and cared for them in a way they preferred. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting.

Staff respected people's rights to privacy and treated them with dignity.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support. People were supported to have a social life and to follow their interests.

People were supported to raise issues and staff knew what to do if issues arose.

**Is the service well-led?**

**Good** ●

The service was well led.

People were involved in giving their views on how the service was run.

The management team were approachable and there were systems in place to monitor and improve the quality of the service.

# Brooklyn Care Homes Limited

## **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.

We inspected the service on 6 January 2016. The inspection was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the visit we spoke with two people who used the service. Some people who used the service had limited verbal communication and some were out so we also relied on observations and spoke with the relative of one person to get their views. We also spoke with a health and social care professional who had recent involvement with one person who used the service.

We spoke with two members of support staff, the deputy manager and the registered manager. We looked at the care records of two people who used the service, medicines records of three people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

# Is the service safe?

## Our findings

People were protected from abuse and avoidable harm. Two people we spoke with told us they felt safe and the relative we spoke with also felt their relation was safe in the service. One person told us, "They (staff) keep me safe." We saw from a recent survey completed by people who used the service that all of the four people completing the survey had said they felt safe.

People were supported by staff who recognised the signs of potential abuse and how to protect people from harm. Staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm and to escalate concerns to the registered manager or to external organisations such as the local authority. Staff were confident that any concerns they raised with the registered manager would be dealt with straight away. One member of staff told us, "We know them (people who used the service) so well we would know if something was wrong." They described an example where they had known immediately something was wrong with a person and had acted to find out what the problem was.

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Risks to individuals were assessed and staff had access to information about how to manage the risks. For example two people were at risk if they went out into the community and there was information in their care plans guiding staff on how to minimise the risk. One person was at risk should there be an emergency in the service, such as a fire and there was information in the person's care plan guiding staff in what to do to protect this person if there was a fire.

People were living in a safe, well maintained environment and were protected from the risk of fire. We saw there were systems in place to assess the safety of the service such as fire risk and the risks of legionella. Staff had been trained in relation to health and safety and how to respond if there was a fire in the service. Staff told us this training had been "brilliant" with practical hands on experience of putting out a fire.

People received the care and support they needed in a timely way. One person we spoke with told us there was always a member of staff available if they needed support. The relative we spoke with also felt there were enough staff working in the service to give their relation the care and support they needed. On the day of our visit we observed there were a number of staff available to meet the requests and needs of people. Staff were readily available to support people when they needed or requested it and staff were also available to escort people in the community.

The registered manager told us that all but one person had one-to-one staffing and that when more staff were needed for example for social time away from the service, staffing levels were increased. Staff we spoke with said they felt there were enough staff to meet the needs of people who used the service.

People had been assessed as not being safe to administer their own medicines and so relied on staff to do this for them. Both people we spoke with told us that staff gave them their medicines when they were supposed to. The relative we spoke with told us they were happy with the way staff managed their relation's medicines.

We found the medicines systems were organised and that people were receiving their medicines when they should. Staff were following safe protocols for example completing stock checks of medicines to ensure they had been given when they should. Staff had received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer medicines.

# Is the service effective?

## Our findings

People were supported by staff who were trained to support them safely. The relative we spoke with told us they felt the staff knew what they were doing. They told us, "They (staff) get trained." The healthcare professional we spoke with told us they had delivered some training to staff to help them to understand one person's specific support needs. They said, "Staff were very interactive. They are keen to accept support if they need it." We saw another professional who had delivered training to the staff had given feedback to the registered manager saying they had found staff to be polite, positive and willing to learn. We observed staff supporting people and saw they were confident in what they were doing and had the skills needed to care for people appropriately.

Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely. They told us they felt the training was appropriate in giving them the skills and knowledge they needed to support the people who used the service. We saw records which showed that staff had been given training in various aspects of care delivery such as safe food handling, moving and handling and infection control. Training was also given in relation to the individual needs of people. For example one person had a mental health condition and staff had been given training to ensure they knew how to support the person.

People were supported by staff who were supported to have the skills and knowledge they needed when they first started working in the service. Staff were given an induction when they first started working in the service. The registered manager told us that although all of the staff had been supported to achieve a recognised qualification in health and social care, staff had also completed the eLearning part of the care certificate, which is a nationally recognised induction. Staff we spoke with were knowledgeable about the systems and processes in the service and about aspects of safe care delivery.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. Staff told us they had regular supervision from the registered manager and were given feedback on their performance and we saw records which confirmed this.

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. The application procedures for this in care homes and hospitals 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.

People were supported to make decisions on a day to day basis. We observed people decided how and where they spent their time and made decisions about their care and support. We asked one person who made the decisions about their daily life and they said, "I do."

Staff we spoke with had a good understanding of the MCA and their role in relation to this. We saw that where a person's capacity to make a certain decision was in question, the registered manager had completed an assessment to ascertain if the person had capacity and what decision needed to be made in their best interests. One person had not had the capacity to make decisions about how they would be supported when they reached the end of their life and we saw a best interests meeting had been held with external professionals to ensure the person would receive support which was in their best interests.

The registered manager displayed an understanding of DoLS and had made applications for people where there were indications they may be deprived of their liberty. This meant people were not being restricted without the required authorisation.

People were protected from the use of avoidable restraint. People who sometimes communicated through their behaviour were supported by staff who recognised how to avoid this and to respond in a positive way. There were extensive plans in place informing staff of how people's behaviour should be responded to in all aspects of daily living. The plans gave details of what may trigger the behaviour, how it would manifest and how staff should respond. Staff were given training in relation to responding to behaviour using least restrictive methods and this training was tailored around specific individual people who used the service. The registered manager told us the trainer worked with staff to ensure they could support individuals and if something did not work, they returned to support staff to try something else. Staff we spoke with had a very good understanding of people's behaviour and how best to support them.

People were supported to eat and drink enough. We spoke with people about the food and they told us they had enough to eat and we observed people had access to food when they wanted to eat. We observed one person making their own lunch and helping themselves to snacks. The relative we spoke with told us, "They have plenty of food here."

People's nutritional needs were assessed regularly and there was information in support plans detailing people's nutritional needs. We saw staff had noted when one person's weight had changed and there were risks that this would affect the person's health. They had updated the person's support plan to include healthier eating.

People were supported with their day to day healthcare. We saw people were supported to attend regular appointments to get their health checked. One person was unable to attend appointments and we saw arrangements had been made for home visits to be made.

Staff sought advice from external professionals when people's health and support needs changed. For example staff had involved a physiotherapist for one person when their mobility changed. We saw there was a range of external health professionals involved in people's care, such as occupational therapists and the Speech and Language Team (SALT).

## Is the service caring?

### Our findings

Both people we spoke with told us they were happy living at the service. One person said, "I am happy. I like it here." The relative we spoke with was positive in their comments and said, "I think it's amazing. They are always good with [relation]." The healthcare professional commented positively and told us, "They are very committed to making the placement work." We saw that an external health professional had commented in a recent survey they had found staff to be welcoming and willing to co-operate to ensure the needs of the service user were met. Another health professional had commented that they felt staff were empathetic and felt they seemed very warm.

We observed staff interactions with people and we saw staff were kind and caring to people when they were supporting them. People looked relaxed and comfortable with staff and one person who had recently moved in told us, "Staff are much nicer here." Staff we spoke with told us they enjoyed working in the service and one member of staff said, "It is like a big family." Observations and discussions with staff showed that staff clearly knew people's needs and preferences. We saw in people's care plans that their preferences for how they were supported were recorded, along with their likes, dislikes and what was important to them.

People we spoke with told us they got to make choices for example about when and where they ate, how they spent their time and what activities they did. We observed people's choices were respected on the day of our visit. We saw one person who decided they wanted their lunch and they went on to pick what they wanted from the fridge and prepared their lunch. We saw that people chose where and how they spent their time. One person had complex needs around how they spent their time. We saw this was captured in great detail in the person's care plan to ensure their choice was respected and they were given the support they needed.

We saw that activities and food menus were chosen by the people who used the service and records showed that people were encouraged to speak up if they wanted any changes to be made. The relative we spoke with told us they felt their relation was supported to make choices. We saw that people had bedrooms which were personalised to their tastes. We saw in care records that information was recorded to ensure staff knew what choices people were able to make themselves and what they would need support with.

We saw that people and their significant others had been supported to develop a plan for when they reached the end of their life. These were written in an easy read format which people could understand and we saw the plans took into account all aspects of the support people wished to have.

The registered manager told us that two people were currently using an independent advocate to support them with decision making, and that an Independent Mental Capacity Advocate (IMCA) had been involved with a third person in the past. This meant that people had access to advocacy services when they needed it. Advocates are trained professionals who support, enable and empower people to speak up.

People were supported to be independent. For example, we observed one person who prepared their own lunch and they said this was what they usually did. This person also took responsibility for cleaning their

own bedroom and proudly showed us when they had done this on the day of our visit. Staff told us people were supported to get involved in other chores such as doing their own laundry. We saw people's levels of independence and what they could do for themselves, and what they would need support with, was detailed in their care plans.

People were supported to have their privacy and were treated with dignity. One person we spoke with told us they felt staff were respectful. We observed people were treated as individuals and staff were respectful of people's preferred needs. Staff were mindful not to have discussions about people in front of other people and they spoke to people with respect. The relative we spoke with told us they felt their relation was treated with respect. We saw a relative had commented in a recent survey, 'My [relation] I believe has been respected and their views have been listened to.'

Staff told us they were given training in privacy and dignity values. The registered manager was a dignity champion and told us as part of this role she carried out observations of staff to ensure they were working to the values. Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and they told us that personal care was always done by the staff of the same gender as the person who used the service to ensure people felt comfortable.

## Is the service responsive?

### Our findings

People and their relatives were involved in planning and making choices about their care and support. The registered manager told us that people were invited to attend meetings to review their care and support. We saw that where people were able, they had been involved in writing some aspects of their care plan and had signed these. The relative we spoke with told us that they felt they were involved in their relation's care and support and that staff kept them updated about any changes. We saw in people's care plans that staff had recorded people's preferences and how they would like to spend their day. This included their hopes and dreams for the future and how these would be achieved.

People were supported by staff who were given extensive information about their support needs. We saw that people's care plans contained information about people's physical and mental health needs and guided staff in how to support them. For example one person had epilepsy and we saw there was a clear detailed flow chart for staff to follow if the person had a seizure. This informed staff how to respond to any eventuality of the seizure such as what to do if the seizure lasted for more than what was considered normal for that person.

We saw the registered manager completed a full review of each person's care and support every month and care plans were adjusted to meet people's changing support needs. The reviews included all aspects of the person's care and support and what had happened in relation to the person's physical and mental health during the previous month.

People were supported to develop their education and work skills. One person we spoke with told us staff had supported them to look for a voluntary placement in a shop and they had completed an application form and were waiting to see if they had been successful. Two other people had voluntary positions in shops and were using this to gain experience so they could apply for paid work in the future. The registered manager told us that staff had supported the two people to look for jobs but had been advised that they needed to gain some experience first and this is why they had been supported to get voluntary positions.

People were supported to follow their interests and take part in social activities. One person told us about the activities they enjoyed and said that staff supported them with this. They told us they enjoyed, "Dolls, drawing and painting." This person had very complex needs and required a specialised approach from staff. We saw staff were managing this individual care regime well and were supporting the person to follow their interests. This person was also supported to have regular music therapy. We saw people were supported to access the community with one person regularly attending day services and people being supported to go to places they wanted to visit such as Blackpool and Skegness. On the day of our visit one person was at day services and two had gone out to a local theme park for the day.

One person had moved into the service a month prior to our visit and they told us they had been supported to take part in activities they liked. They told us they liked to keep fit and said, "I have been to the gym, Zumba and swimming." This person liked to walk regularly and the service was set in the countryside and they told us staff had helped them to find local ponds where they could feed the ducks. The person was

smiling when they spoke about this and clearly enjoyed the activity. They told us they were looking forward to the summer when the horses and other animals returned to the surrounding fields. Staff told us that the owners of the horses and other animals grazed their animals on the fields owned by the service. They said that in the summer when the animals were brought back, people were supported to help feed the animals and to ride the horses.

Staff told us they felt people were given enough opportunity to socialise. One member of staff told us, "[Person who used the service] is out every day. They go out for meals, shopping and visiting relatives." They told us that two people went to a social club each week and others attended a leisure centre to swim and do dance classes.

People knew what to do if they had any concerns. The people and relative we spoke with told us they would speak to the registered manager if they had a problem or concern. They told us they felt they would be listened to. One person told us, "I would tell [registered manager]. The relative told us, "I would speak with [registered manager] if I had any concerns."

The registered manager told us they had not received any complaints in the last two years and so we were unable to assess how well complaints would be responded to. However staff were aware of how to respond to complaints and the registered manager had systems in place to deal with complaints if they arose and there was a complaints procedure in the service so that people would know how to escalate their concerns if they needed to.

## Is the service well-led?

### Our findings

People we spoke with told us they were happy living in the service and the relative we spoke with also commented positively on the service and said they felt their relation was happy there. One relative told us, "[Relation] is calm and is able to get out more since being there." We saw an external healthcare professional had commented in a recent survey that they felt the management team was knowledgeable.

There was a registered manager in post and people we spoke with knew who the registered manager was and we saw they responded positively to her when she was speaking with them. We observed one person request to see the registered manager and this was actioned immediately. The person wanted to ask some questions about future plans with their social worker and the registered manager took the time to explain what was happening. The relative we spoke with commented positively on the registered manager and told us, "She always pops to see me when I am visiting."

People who used the service, their relations and other visitors were given the opportunity to have a say about the quality of the service. There were meetings held for people who used the service so the provider could capture their views and get their suggestions and choices. We saw the minutes of the last two meetings and saw people had been given the opportunity to have their say. We saw that feedback forms were sent to people who used the service, their relatives and health professionals every six months. The results of these were analysed and shared with people and an action plan was put into place for any areas which needed addressing. For example some relatives had said they were not aware of the complaints procedure and so a copy of this had been sent out to them. We saw on the whole the feedback was positive and people who completed the surveys were happy with the service.

The registered provider oversaw the running of the service and ensured people were happy with the service being delivered. The provider was a regular visitor to the service and people who used the service, and staff told us the provider spent time talking with them and checking on how things were going. One person we spoke with had only lived in the service for a short time but knew the provider's name and said they had met them on several occasions.

People lived in an open and inclusive service. Staff we spoke with told us they felt the service was well run and said that the registered manager and deputy manager worked with staff as a team and were approachable. One member of staff told us, "[Registered manager] is hands on. She would always be available if we wanted a chat." Staff told us they would speak up if they had any concerns or suggestions and felt they would be listened to. One member of staff gave us an example of when they had asked for some changes to the medicines processes and said this had been discussed and the changes made. Staff were also given the opportunity to have a say about the service during regular staff meetings and the opportunity to complete a survey every six months.

We observed staff working well as a team. They were efficient and communicated well with each other. We saw a visiting professional had commented in a recent survey that they felt struck by the strong sense of teamwork and said they got a real sense of team working and professionalism when they visited on a regular

basis.

People could be confident that the quality of the service would be monitored. There were systems in place to monitor the quality and safety of the service. We saw that the registered manager audited accidents and incidents in the service to assess if any action was needed. There were also audits carried out on care records to ensure these were up to date. We saw the registered manager was also implementing audits in relation to medicines and staff recruitment files.

The registered provider also carried out monthly audits in relation to the environment and the safety of the service. We saw these audits covered a wide range of areas of the service including first aid, maintenance, staff recruitment and emergency procedures. There were quarterly audits carried out in relation to accidents, health and safety and food hygiene.