Brooklyn Care Homes Limited

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Inspection report

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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

Brooklyn Care Homes Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides accommodation and personal and nursing care for up to six adults living with autism, learning disabilities and mental health needs. The accommodation is provided across two separate bungalows. There were six people using the service at the time of our inspection.

At our last comprehensive inspection in January 2016 we rated the service as 'Good.' At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were cared for safely, by adequate numbers of staff who had been checked to ensure they were suitable to work at the service. In addition, staff were knowledgeable on how to take action to keep people safe. People were protected from the risks associated with medicine and infections and the provider had taken steps to ensure lessons were learnt when things went wrong.

People received effective care as their needs were assessed and staff had the skills and knowledge to meet people's needs. People had access to a healthy and varied diet and any equipment needed to meet their needs. Other professionals were involved in people's care as appropriate and people had access to relevant healthcare services. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People felt happy with the staff that cared for them and the service was caring. People received personalised and responsive care because they were involved in their care planning. People were asked their views and could make complaints. When appropriate, end of life care planning was discussed and planned for.

The service was well-led, open and transparent and focussed on good outcomes for people. Systems were operated effectively to ensure the quality and safety of services. People were involved in the service and the service worked in partnership with other agencies.

Further information is in the detailed findings below.

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 remains 'Good'	**Good**
Is the service effective? The service remains 'Good'	**Good**
Is the service caring? The service remains 'Good'	**Good**
Is the service responsive? The service remains 'Good'	**Good**
Is the service well-led? The service remains 'Good'	**Good**

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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 comprehensive inspection took place on 6 and 9 November 2018. The first day was unannounced; on the second day we made telephone calls to relatives and staff. The inspection was completed by one inspector.

Before the inspection we looked at all of the key information we held about the service, this included whether any statutory notifications had been submitted. Notifications are changes, events or incidents that providers must tell us about.

As part of the inspection process we also used information the provider sent us in the Provider Information Return (PIR). This 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.

During the inspection we spoke with two members of care staff; in addition, we spoke with the registered manager and the provider. We spoke with two people who used the service and spoke on the telephone with two relatives. Not everyone who used the service was able to tell us about the care they received; to help us understand people's experience of care we spent some time with people in the main living areas of the service.

We spoke with the local authority and health commissioning teams and Healthwatch Nottinghamshire, who are an independent organisation that represents people using health and social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the

local authority or by a health clinical commissioning group.

We looked at the relevant parts of three people's care records. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

One person we spoke with told us they felt safe living at the service. Records showed staff regularly asked people during reviews of their care whether they felt safe; the records we reviewed showed people had given positive responses to being asked if they felt safe. Relatives shared this view, one told us, "Yes the care is definitely safe; it's brilliant." Other steps had been taken to ensure people were protected from abuse. For example, people's finances were audited and checked on regularly. Staff had been trained and were knowledgeable in how to identify potential abuse and how to report it; staffs' knowledge in this area had been checked by the registered manager. Recruitment processes included checks on staff to help the provider recruit staff who were suitable to work with people at the service.

People were supported to understand known and identified risks. For example, one person told us about the risks in a kitchen when they were cooking and what they did to keep safe. Relatives shared the view that known risks were well-managed. One relative told us, "[Person's] safety needs are prioritised." Risk assessments were in place for any health related conditions, such as from the risk of choking and from risks associated with epilepsy. Other risk assessments were in place for environmental risks and equipment.

At our inspection we saw people supported with adequate staffing to meet their assessed needs. This included people who required the assistance of two members of staff. We saw that staffing was planned for each person and took account of any planned activities to ensure people could access the community safely and pursue their interests and hobbies. Staff confirmed staffing was well-planned and included plans for which staff would be drivers on any trips out in a vehicle. Records showed staffing levels were regularly reviewed in reviews of care to ensure people's needs continued to be met.

Relatives felt confident medicines were managed well. One relative told us, "Staff are always on top of [person's] medicines." Staff with responsibility for medicines management had been trained and were knowledgeable on ordering and disposal of medicines. Records we reviewed showed people received their medicines as prescribed and additional information, such as when a medicine had been refused or had been given 'when required' had been recorded. Medicines were stored safely and within the correct temperature range to ensure their efficacy. Records showed medicines were audited to provide assurances they were administered and managed safely.

Staff had been trained and were knowledgeable on infection prevention and control. They told us and we saw they had access to and used gloves and aprons as required. We observed staff practised good hand washing to help prevent and control infection. We saw communal areas and people's bedrooms and bathrooms were clean. Checks were made to ensure areas were cleaned as scheduled. Steps had been taken to help protect people from the risk of infection.

People were involved in identifying how things could improve if they had gone wrong. For example, an incident report showed staff had reviewed what had gone wrong with the person and they had identified how things could be done differently; in this case the person identified they could talk to staff about how they felt. All accidents and incidents were reviewed and analysed to see if anything could be done differently

to make improvements for people.

Good

Is the service effective?

Our findings

People's health care needs and choices were assessed and their rights upheld and promoted. For example, people's choices were promoted in any discussion of their care. We saw the involvement of other health professionals for assessments and reviews of people's health conditions such as epilepsy and if people were at risk from choking. Records showed any treatment options were discussed with people. Staff were knowledgeable on people's different health care needs and what they did to ensure these were met. Where people had specific cultural needs, relatives told us these were understood and met by staff. These steps helped to ensure people received effective outcomes.

Staff told us and records confirmed they had the skills and knowledge to care for people and their competence was checked. Training covered areas such as, autism, diabetes, epilepsy, health and safety, infection prevention and control and food hygiene. One staff member told us, "Yes we are always on training; we get support in supervision too, we go through everything with a fine toothcomb and it's good to refresh."

One person told us they enjoyed their food and liked to try different foods. They told us they had been involved in writing the shopping list for the day's shopping needs. Records showed people had been asked what they liked to eat and these choices had been incorporated into the menu plans. Later we heard staff discuss what was for dinner that evening with a person, they replied, "Yes I like that." Care plans and risk assessments were in place where people required their food to be of a modified texture. In addition, care plans identified where people used any specific adaptions to help maintain their independence with meals, such as plate guards. Plate guards stop food sliding off the plate. People's weights were monitored to ensure any actions needed to help people maintain a healthy weight could be taken. Menu plans demonstrated well balanced and healthy choices were available for people.

We saw people received support with their health choices, including sexual health choices from a range of other health and social care professionals. Health action plans were kept up to date for each person. Health action plans identify what things help keep a person in good health. We saw people had attended appointments with opticians, dentists, speech and language therapists and specialist epilepsy health care professionals as needed. The service worked with other organisations to ensure people received effective care, support and treatment.

People's accommodation had been adapted to meet their needs. For example, people's bedrooms were personalised; we saw one person who enjoyed films had a collection of films to watch. Another person had art and craft materials available. We saw equipment had been provided such as shower chairs and toilet riser seats when people needed these. In addition, adaptions had been made to window coverings to ensure they were safe.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (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; we found that they were. The registered manager had a system in place to ensure DoLS were kept under review and people's care remained as least restrictive as possible. Where decisions were needed, records showed these had been made in line with the MCA and in a person's best interests and advocates involved when appropriate. Where people required any physical intervention to help keep them safe records showed this was done with a least restrictive approach.

Good

Is the service caring?

Our findings

One person told us they liked the staff who supported them; they told us how they had helped to plan a birthday surprise for a member of staff. We saw people enjoyed laughing and joking with staff. At another time we saw a person have some individual time with the registered manager. We were told this happened regularly and having a regular time to talk to the registered manager helped this person's overall well-being.

Relatives told us they felt the service was caring. One relative told us, "The staff go above and beyond; I cannot praise them enough." They went on to say that their family member was always happy to return to the service after visits home and they felt this was an indicator the person was happy with the caring environment at the service. Records showed the registered manager had asked people whether they liked the staff; we saw mostly positive answers. Where there were any issues raised the registered manager told us how these were discussed to see if any changes were needed. In addition, where people may not always reliably express how they felt, the registered manager used a recognised assessment tool to monitor any indications for depression. These were examples of a caring service.

Staff told us, and records confirmed people's privacy and dignity was respected. Staff gave us examples of how they provided support to ensure people remained safe whilst at the same time balancing this with respecting people's privacy and dignity. Care plans reflected how people were supported to have time on their own when they needed this.

One person told us how they were working towards more independence; they had clear goals and understood how staff were supporting them to achieve these. They told us they had recently developed their shopping skills and were now confident in planning shopping lists, going shopping and paying. Care plans supported people's independence and promoted what people could achieve for themselves.

Records showed people's care plans reflected their involvement and promoted their rights and choices in all areas of their care. Relatives shared the view their family members were involved in their care. One relative told us, "Staff encourage personal choices and when [person] does things for themselves, staff support them to do so." People's active involvement in any appointments, such as heath appointments was also promoted. We saw this was supported by providing easy to read information on any health-related conditions people needed to know about.

Good

Is the service responsive?

Our findings

One person told us they enjoyed their time at the service. They told us they liked the pets and had made some cakes for a seasonal celebration; they told us they enjoyed dancing, music and shopping. One relative described their family member as, "A lot more themselves," since living at the service. Records showed people had been supported to attend music therapy when they had an interest in music. Care plans showed people had been asked what new things they would like to try and staff told us how they supported people to work towards any new aims and ambitions. One person told us about how they were working towards living more independently and the steps they were taking to achieve this. Staff we spoke with were knowledgeable about what people enjoyed doing and how they were supported to participate in activities.

We saw a range of different communication methods were used to help people receive personalised and responsive care. For example, we saw an easy read guide was in place for a person to use when they were feeling anxious; it included all the things they could do to help them feel less anxious. Social stories were used to help people understand any changes, for example we saw an easy read social story in place when a person had to change their diet for health reasons. Social stories help people with autism develop understanding and have meaningful communication with people about situations. People's communication needs had been assessed by the registered manager to ensure they received information in a way they could understand it. This meant the provider complied with the Accessible Information Standard. The Accessible Information Standard is a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People were given opportunities to raise any concerns with the registered manager or staff at any time. In addition, we saw at each monthly care plan review people were asked if they were happy with the different aspects of their care. This provided people with the opportunity to make any complaints, raise any concerns or to give positive feedback. No complaints had been received by the registered manager, however there was a policy and procedure in place to ensure any complaints received were investigated and responded to. Relatives told us they were comfortable to discuss any complaints with the registered manager should they have any. One relative told us, "I don't have any concerns as they are on top of everything." Another relative said, "I'm involved and kept informed about things, we have a relationship so any issues can be resolved."

No one was receiving end of life care on the day of our inspection visit, however the registered manager told us how the service and staff would provide this care if it was ever needed. We saw some people had care plans in place that reflected their advanced wishes; these had been developed with the involvement of people's families and advocates where appropriate.

Good

Is the service well-led?

Our findings

The service is required to have a registered manager. 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. The registered manager understood when notifications were required and had submitted these as required. Notifications are changes, events or incidents that providers must tell us about. We also saw the CQC's rating for the service was on display as required.

We saw people knew the registered manager and enjoyed spending time with her. Staff told us the registered manager and the provider were approachable and would sort out any issues. One staff member told us, "Any concerns are responded to well." Relatives shared the view that they could talk to the registered manager and receive a prompt response to any issues raised. One relative told us, "I'd be happy to talk to the registered manager and they would be receptive."

When we spoke with the provider they told us they visited the service most days and people and staff could talk with them about any issues. Staff we spoke with confirmed the provider was approachable and supportive. Relatives shared the view that the service was run in an open and transparent way. One relative told us, "Everything is out in the open and we are able to talk about anything; they never hide anything from me." Another relative told us, "They have an open door."

The service's aims were centred on the needs of people using the service and this was reflected in the provider's statement of purpose, personalised care planning and people's involvement in their care. Staff were trained in areas consistent with the services' aims, for example in equality, diversity and inclusion. Relatives told us they were confident the service could meet the needs of their family members. One relative told us, "I couldn't wish for anything better; staff know [person] and are always looking out for their needs." Staff told us, and records confirmed where other health and social care professionals had been involved in people's care and treatment. The service was focussed on achieving good outcomes for people by the involvement of other appropriate professionals and promotion of a culture that centred on people's needs.

Systems and processes were effective at assessing and monitoring the quality and safety of services. Audits checked on such areas as medicines and people's finances. Care plans were thoroughly checked to ensure they had been reviewed and were up to date and reflected people's current needs. Other management processes monitored any associated health conditions, such as a person's epileptic seizures and analysed these for any trends so appropriate actions could be taken to reduce any risks. Accidents and incidents were recorded and monitored and any lessons learnt to reduce further occurrence were identified. These overall governance arrangements helped to identify any trends, learn from when things went wrong, manage risk and provide assurances on the quality and safety of services for people.

People were involved in the service though discussions with staff on a variety of topics as part of their regular reviews of their care plans. In addition, records of a meeting held with people showed people had

been asked where they wanted to go on holiday and the sorts of places they would enjoy day trips to. People had answered questions about what they liked or didn't like about the service and these had been reviewed by the registered manager.

Staff contributed their views on the service through team meetings and supervision. Records of team meetings showed staff added agenda items so that issues important to them were discussed. In addition, the registered manager reminded staff about policies and procedures in place, for example safeguarding.

Staff told us, and records confirmed other professionals were involved in people's care. We saw where meetings and discussions had involved both health and social care professionals in areas regarding people's care. Advice and information provided by other professionals had been incorporated into people's care plans. For example, from speech and language therapists. The service worked in partnership with other agencies to achieve good outcomes for people.