

Parkcare Homes (No.2) Limited

Brooke House

Inspection report

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Date of inspection visit:

05 September 2018

06 September 2018

Date of publication:

15 October 2018

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

Brooke House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Brooke House provides care and support for younger adults with learning disabilities and autistic spectrum disorder.

The service has eight rooms in the main house with an attached flat which can house one additional person. The house is laid out over two floors with shared living space and a kitchen on the ground floor. At the time of the inspection there were four people living in the home and one person living in the flat.

At our last inspection 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 living at Brooke House were safe from abuse or neglect. Allegations and incidents were reported and investigated appropriately. Steps were taken to ensure only appropriate staff were recruited and there were enough staff to support people's needs.

The service was clean and well maintained. People were taught about food hygiene to support them in safely managing their own food and cooking.

People's risks were assessed and support plans were put in place to minimise risks to people while giving them as much freedom as possible. Medicines were managed safely and people could manage their own medication if appropriate.

People were supported by staff who were trained and skilled. Care and support plans were personalised and detailed to meet people's needs and preferences. People's independence and individuality was respected and celebrated by staff.

Staff used different methods to communicate with people and wrote care plans in ways people could understand. People's care and support plans aimed to develop skills and independence to help them meet their goals.

Staff had a good rapport with people and treated people with kindness and respect. Staff knew people well and understood how to support them, their preferences and personal histories.

People and staff spoke highly of the deputy manager and of the quality improvement lead. At the time of the inspection the registered manager had left the previous week. There were good support arrangements in place while the provider recruited a new manager. There were good processes in place to check the quality

of the service and there was a clear plan of improvement in place.

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 ●

Brooke House

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 inspection took place on 5 and 6 September 2018 and was unannounced.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that helps gather information about the service and helps to inform the inspection. We reviewed information we held about the home including previous inspection reports and statutory notifications. A notification is information about an important event which the service is required to send us by law. We also reviewed information contained within the provider's website.

The inspection was carried out by two inspectors. During the inspection we observed people's interactions with staff. We spoke with two members of staff, the deputy manager, the Quality Improvement Lead, the Peripatetic (interim) Manager and the Director of Operations. We spoke with three people living at Brooke House. We gained feedback from three people's relatives.

We reviewed records related to two people including their plans of care and risk assessments. We reviewed other records, including two medication administration records, two staff recruitment files, audits and quality assurance documents, team meeting minutes, policies and procedures, activity plans and meal plans.

Is the service safe?

Our findings

People living at Brooke House were safe from the risk of abuse or neglect. People appeared relaxed around staff and we observed people speaking to staff when they had worries or concerns.

People's risks were assessed and well understood by the staff involved in their care. People were supported to manage their risks in the least restrictive way possible and understand how to keep themselves safe.

Staff knew about signs of neglect or abuse and how to report this should they need to. Staff told us they were happy to report any issues or incidents and felt confident these would be acted upon. Incidents and allegations were recorded and investigated appropriately. The service was working to improve the way they shared learning from incidents and the way this was documented to better improve quality of care.

Some people living at Brooke House displayed behaviours which challenged, these behaviours presented as making allegations against staff. This was well managed by staff with all allegations recorded and a 24 hour 'cooling off' period used to allow people to withdraw false allegations and for this to be discussed with them. Any allegations not withdrawn were fully investigated with appropriate actions taken where necessary.

People received the medicines they needed in a safe way. Records were completed to ensure medicines were taken as prescribed. Medicines were stored and disposed of safely.

People were supported to manage their own medicines where possible. People were asked whether they wanted to manage their own medicines and if they did, staff worked with people towards this goal. Staff undertook risk assessments and capacity assessments to check if people were safe and ready to do this. One person was very private about personal care and being able to manage their own medicated cream meant their independence and privacy was respected.

There were clear protocols for medicines which were taken "as required", explaining when and how the medicines should be taken. No-one was prescribed "as required" medication for behaviours which challenged, the deputy manager explained that people were supported without medications wherever possible, which is in line with best practice guidance.

The home was clean and tidy and well maintained. The provider completed checks to ensure fire alarm systems and equipment were working and people had personal evacuation plans in place to support people safely should there be a fire. Chemical cleaning products were kept safely locked away.

Staff used gloves and other personal protective equipment to protect people from infection and encouraged people to wash their hands regularly. People were supported to do training in food hygiene to support them to safely manage and prepare their food.

There were sufficient numbers of staff in place to safely support people and to give people the freedoms they wanted. Staffing levels were managed flexibly and were based on people's needs. Staff recruitment was

safe. There was a lack of clarity in documentation of employment history of staff, however the recruiting manager took steps to ensure only appropriate staff were employed. Staff had an induction and their first shifts were spent shadowing to ensure they got to know the people they were working with and could learn from other, more experienced staff.

Is the service effective?

Our findings

People living at Brooke House received care and support which helped them to live their lives how they wanted and achieve their goals. One person told us, "I'm going to live in my own flat". They told us that they were looking forward to moving and being close to their family.

People's support plans were based on best practice principles and people's individual needs and wishes. The service used the least restrictive options to support people and did not use medications to manage behaviours which challenge.

The service worked with other professionals to plan people's care and support. People had access to other health services, such as the GP, optician and dentist. People had 'hospital passports' which could be taken should they attend any appointments or be admitted. This outlined their physical health and communication needs and gave useful information for other healthcare professionals.

People's needs were assessed appropriately. People's goals were used to create their support plans. Plans were written in a way people could understand, including easy read versions and other languages where needed. People we spoke to told us about their goals and spoke with staff about how they were going to meet them. People were excited about the next steps in their life, such as getting paid employment.

Staff supported people to learn to cook and learn other life skills. People were helped to do meal plans and their own shopping. Staff helped people to plan balanced meals and encouraged healthy eating. People could cook and eat when they wanted and had storage for their own food.

Staff had the relevant experience and skills to support people. Staff told us that previously there were not many opportunities for development, however this had improved and a number of staff were going to complete National Vocational Qualifications relevant to their role. Staff told us that they had access to good training and felt they had the knowledge to deliver their role.

People could bring their own furniture and belongings to personalise their bedroom. The provider worked with people to choose the colour of the walls and the wallpaper. There was a garden which people could use and there was sufficient space for people to socialise and have time alone should they wish to. The service was undertaking a programme of redecoration to continue to improve the environment.

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's capacity to consent was assessed appropriately. Staff gave people choice in all aspects of their care and asked what help they wanted with tasks. Where complex or important decisions needed to be made,

people had access to advocates to help them make decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). One person had an authorisation in place. The provider was following the necessary requirements, and as the case was complex, they had gained expert guidance and support.

Is the service caring?

Our findings

People living at Brooke House were treated with respect and dignity. Staff spoke passionately and animatedly about the people they supported and what they enjoyed about working with people. People in the home appeared comfortable speaking and interacting with staff. Staff spoke with people in a familiar way.

Staff took the time to get to know people's personal histories, likes and dislikes. Staff were respectful of people's privacy and confidentiality. One member of staff said, "This is their home, we are guests in their home." One person preferred their privacy and independence for personal care and this was respected by staff.

Staff helped people get to know them. This included a board with information about staff in the same format as they used to write care plans, which included their likes and dislikes, personal history and emotional needs. This helped people to get to know staff and normalised the care planning process.

People's individuality and potential was recognised by staff. People were encouraged and supported to keep working towards their goals despite setbacks. Staff re-assured people when they were anxious and understood their emotional needs.

People were supported to express their views and have choice and freedom in all aspects of their lives. Staff told us about the people's hobbies and interests and said that people were able to do what they wanted and they were there to support them.

People managed their own money where they were able to. Staff recognised that making what they perceived to be unwise choices did not mean the person lacked capacity. Staff supported people in a sensitive way and worked with them to patiently to explain and support where needed. During the inspection one person was anxious about money and was displaying behaviours which challenged. Staff took the time to understand the cause of their anxiety and worked with them to understand how they could take control of their money. On the second day of inspection the person was speaking positively about how they felt better and thanked staff.

Largely people and their relatives told us they were happy with the care at Brooke House and that they did not have any concerns.

One person's relative we spoke to was distressed that the previous registered manager had left. They were unsure what communication and support they would receive as their relative would sometimes consent for information to be shared, but not always, which caused them anxiety. The deputy manager and quality improvement lead agreed they would create a communication plan to give additional support to them. They also told us that when they had visited the service, the atmosphere was very relaxed and "was so calm I didn't want to leave". They said that staff were "lovely" and "very welcoming".

Is the service responsive?

Our findings

People's social, cultural and physical needs were met. People were supported to be part of the community and to take part in fulfilling activities, like voluntary work and employment, to improve their independence.

One person told us about their volunteering position and how they hoped it would become a paid job and said, "I love it." The staff member working with the person explained the manager fed back very positively about them and said they worked very hard. People could pursue their hobbies and the home was creating an art gallery of photography and paintings by the people living there.

The service offered holidays and day trips and supported people to plan these for everyone living at Brooke House. People told us of a recent trip to a holiday park at Hayling Island which they organised. During our inspection people came and went throughout the day and were able to do activities as they wanted.

Where a person spoke English as a second language, the service had employed a care worker who spoke their native language to aid communication. Staff had supported the person to learn more English and used a combination of verbal and Makaton signs to communicate. Staff supported them to access music from their culture.

Staff had challenged racial discrimination by people in the community and had worked with them to support one person to continue their hobby of photography while respecting people's privacy. The home had also created a "diversity tree" to celebrate diversity within the home and community and to promote respect.

People's care plans were developed with them. Care plans included information about people's needs and preferences and about their personal histories. The provider had developed an equality and human rights form which helped identify people's protected characteristics, such as gender, sexual orientation and race, and how the service could best support them.

People were encouraged to raise any concerns or complaints. The service had a complaints policy with an easy read version. Complaints and feedback were recorded and responded to appropriately. People and families told us they were happy to speak with the deputy manager should there be an issue.

The service had developed plans for people when they approached the end of their life to gain their views ahead of time. This included religious and spiritual preferences, information about family involvement, favourite flowers and colours and anything meaningful and important to the person.

Is the service well-led?

Our findings

Overall the service was well led. There was a positive atmosphere in the home and staff spoke openly with us about the service. The staff and people knew the managers well and it was clear they worked closely with staff and people living at the home.

The registered manager for the service had left the week prior to our inspection. The provider had an interim manager in place with support from the deputy manager and quality improvement lead. There were good support arrangements in place while the service recruited a new manager.

The home had a clear set of values and the management of the service promoted a positive, open culture. Staff spoke very positively about the deputy manager. One staff member told us they felt things were improving and was hopeful this would continue to improve. They told us, "[The deputy manager] is amazing". The member of staff told us the deputy manager had a very good relationship with people built on trust and understanding.

The provider had a good system of quality assurance and improvement in place. Audits were carried out which identified areas for development. All areas requiring improvement were logged together in a single action plan. This showed the managers had been proactive in identifying areas requiring action and had been progressing this work in line with their own targets.

The quality improvement lead worked with the service, staff and people to look at new ways of working. During our inspection we saw them working with one person on a board looking at the sources of their anxieties and strategies for dealing with them. Staff and people valued this role and fed back very positively about the quality lead.

The provider had developed a new meeting agenda template to enable better documentation of shared learning and had set up a group to look at best practice principles and examples and how these could be implemented in practice. People and their families were involved in all aspects of planning their care and their day-to-day lives. The service sought people's views and acted on their feedback.

Managers monitored staff performance and supported them in improving their practice. Staff had annual appraisals and regular supervision. The deputy manager and senior care workers provided hands-on support, guidance and supervision to staff. Staff spoke positively about the senior care workers and felt they had a good level of knowledge and experience to provide support.