

Yunicorn Limited Brooklands

Inspection report

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Ratings

Overall rating for this service

Good 

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 

Overall summary

Brooklands provides accommodation and personal care for people with a learning disability, for nine people. On the day of our inspection there were seven people living at the home.

The inspection took place on the 9 December 2015 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 and their relatives said they were happy about the care people living at the home received. They told us staff were caring and promoted people’s independence. We saw people were able to maintain important relationships with family and friends. People had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. Staff knew the people who lived at the home well and were able to support

Summary of findings

them to eat and drink. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. People and relatives told us they had access to health professionals as soon as they were needed.

People felt involved in decisions about their care. Where support was identified as being needed, best interest decisions were made, involving family and health care professionals. However, we found that some people may have been deprived of their liberty unlawfully. The registered manager and the provider did not have systems in place to ensure applications were made to the Local Authority to check that people were only deprived in a least restrictive, best interest and lawful way. The registered manager had booked on training to support her with this process and had sought advice. The registered manager and the provider needed to ensure any decisions to restrict somebody's liberty were made by people who had suitable authority to do so.

Relatives said they felt included in planning for the care their relative received and were always kept up to date with any concerns. People living at the home saw their friends and relatives as they wanted. People and their

relatives knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns. Staff and the registered manager knew people well and were aware if people were unhappy. The registered manager had arrangements in place to ensure people were listened to and action taken if required.

Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. They were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. Staff had up to date knowledge and training to support people. We saw staff treated people with dignity and respect whilst supporting their needs. They knew people well, and were focussed on each person as an individual.

The registered manager promoted an inclusive approach to providing care for people living at the home. Staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service. The provider and registered manager had systems in place to monitor how the service was provided, to ensure people received quality care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

People were supported by sufficient staff who understood how to meet their individual care needs safely. People received their medicines in a safe way.

Good



Is the service effective?

The service was not consistently effective

Some people had not benefitted from support by the local authority to ensure they were not deprived of their liberty unlawfully. People's needs were met by staff who were well trained. People enjoyed meals and were supported to maintain a healthy, balanced diet. People were confident staff had contacted health care professionals when they needed to.

Requires improvement



Is the service caring?

The service was caring.

People living at the home and their relatives thought the staff were caring and treated them with dignity and respect. People were supported to maintain important relationships.

Good



Is the service responsive?

The service was responsive

People and relatives felt listened to. They were able to raise any concerns or comments with staff, or the registered manager and they were confident these would be resolved satisfactorily. People were supported to make everyday choices and to have interesting things to do that they enjoyed.

Good



Is the service well-led?

The service is well-led

People and their families benefited from a management team that monitored the quality of care provided, and had an open and inclusive culture.

Good



Brooklands

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 9 December 2015 and was unannounced. The inspection team consisted of one inspector.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such

as an accident or a serious injury. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who lived at the home, and four relatives and family friends. We looked at how staff supported people throughout the day.

We spoke with the registered manager, the provider and three staff. We also spoke with a social worker who regularly supported people living at the home. We looked at four records about people's care. We also looked at three staff files, staff rosters, complaint files, and minutes of meetings with staff. We looked at quality checks on aspects of the service which the registered manager and provider completed.

Is the service safe?

Our findings

People said they felt safe. One person said, “I feel safe and well looked after.” Another person said, “I feel safe with staff, they help me.” Some people we spoke with were not able to communicate verbally and were not able to tell us if they felt safe. We saw through people’s communication with staff that they were confident and secure. For example we saw people were relaxed and smiled a lot when staff communicated with them. We also saw that people were confident to communicate with staff using different methods, such as hand gestures and body language. Staff were able to understand what the person wanted. We saw one member of staff - used photographs to communicate with one person; they smiled a lot whilst the member of staff spent time with them. One member of staff said, “We know people so well, we know if there is a problem.” They also said they involved family and friends as much as possible to support them to care for people.

Relatives we spoke with said their family member was safe. One relative told us about staff, “They do everything they should, [family member] is always happy there.” Another relative said, “I am happy to have found a safe place for [family member], it has taken years to have peace of mind.” A social worker told us that staff maintained stability and supported people in a safe way.

We spoke with staff about what actions they would take to ensure people were protected from abuse. They said they would report any concerns to the registered manager and take further action if needed. One member of staff told us, “We know people so well, we would be aware if there was anything upsetting anyone.” All staff we spoke with said they were confident they would know if a person was distressed or worried about anything. The registered manager was aware of their responsibilities and explained how they would report any concerns to the correct authority in a timely way. Staff explained what action they would take and were aware that incidents of potential abuse or neglect should be reported to the local authority. There were procedures in place to support staff to appropriately report any concerns about people’s safety.

We observed staff receiving information about people who lived at the home during handover. Staff said they were aware of any current concerns about each person’s health and wellbeing. They told us this contributed to the safe care of people. The registered manager worked along staff

and reviewed risk assessments with the support from the staff team. Staff told us immediate concerns were always discussed and they would take action straight away. People had their needs assessed and risks identified. Staff said they followed plans to reduce these identified risks, and they were regularly reviewed. For example we saw there were epilepsy management plans in place and staff were trained and aware of what they needed to do to support people.

People said there were enough staff on duty to support their needs. One person told us, “There is always someone about.” People’s relatives told us there sufficient staff on duty to keep people safe. One relative said, “Staff are always attentive, there always seems to be someone about.” Another relative told us about a trip to hospital their family member had. They told us how staff went with their family member and the registered manager stayed with them until they returned home. The relative said that this greatly reduced the anxiety their family member would have felt in a strange environment.

We saw and staff told us there were enough staff on duty to meet the needs of people living at the home. One staff member said, “We are a small group of staff and we all work well together like a family really. We will always come into support people if we are needed.” Staff we spoke with said they lived very locally and were dedicated to supporting the people living at the home. The registered manager told us staffing levels were determined by what the people at the home wanted to do. For example, there were planned activities people enjoyed attending and staffing levels were scheduled around these events.

Staff we spoke with said new members of staff did not work alone until they had completed the main part of their induction training. They spent time being introduced to people and shadowed experienced staff. This was to give people time to get to know them and for them to know about the people living at the home. Staff told us the appropriate pre-employment checks had been completed. These checks helped the registered manager make sure that suitable people were employed and people who lived at the home were not placed at risk through recruitment processes.

We looked at how people were supported with their medicines. People told us they had their medicines when they needed them. Relatives told us they were confident their family members received their medicines as

Is the service safe?

prescribed. One relative told us how their family member regularly had their medicines reviewed by their GP to ensure their medical condition was effectively managed. All medicines checked showed people received their medicines as prescribed by their doctor. Staff were trained and assessed to be able to administer medicines. The registered manager ensured that there were always two

staff to administer people's medicines; she regularly supported staff with their administration to observe how they used safe practice. Staff we spoke with felt this was effective because it reduced the likelihood of mistakes being made. We saw suitable storage of medicines. There were suitable disposal arrangements for medicines in place.

Is the service effective?

Our findings

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.

We looked at how the MCA was being implemented. We saw the registered manager had not completed a question specific assessment of people's capacity when it was needed. However, we saw that the best interest decision process had been followed for people living at the home. For example, there was a best interest decision for one person about recommended action by a health professional. This decision process involved the person's family and health professionals and social worker to ensure the decision was made in their best interest. We spoke with the social worker and they confirmed that the legal process had been followed. Staff explained they understood the importance of people agreeing to the support they provided. We saw they encouraged people to make their own choices and to be as independent as possible. All staff had an understanding of the MCA.

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.

Staff we spoke with understood about the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. Staff told us that two people living at the home lacked capacity to make certain decisions and they were supported with all aspects of their care. For example, staff confirmed these two people would not be able to leave the home, did not have capacity to make the decision about leaving the home and were receiving full support with all aspects of their care. We discussed this with the registered manager and although they had some knowledge about DoLS they had not submitted any applications to the local authority. They had identified their own learning and were aware these

applications needed to be completed. They had arranged further training to support their understanding and ensure they complied with the legislation, prior to our visit. The registered manager agreed that these people would need to have an application to the local authority in line with the DoLS and they would ensure this was completed.

People said staff knew how to support them. Relatives told us staff knew how to meet their family member's needs. One relative said about staff, "They really know how to help." We saw people were supported by staff who knew their needs well. Staff we spoke with said the registered manager supported them to keep their training up to date. Staff were able to explain how their training increased their knowledge of how to support people. For example, one member of staff told us that the specialist training in positive behavioural support had given them new ideas on how to support people living at the home. Staff said and we saw they were supported to achieve their job related qualifications.

We saw people had choice about the food they ate. Time was taken with each person to ensure they understood what was available. People were encouraged with healthy options. Relatives told us people ate well and had a balanced diet. One relative told us, "(family member) always seems to enjoy their food, and we have eaten lovely food at the parties." Another relative said, "The food is lovely, we always share lunch when we visit." When extra support was needed during the mealtime, we saw that staff did this in a discreet way. They promoted people's independence as much as possible. Staff we spoke with said people were monitored regularly to ensure they maintained a healthy diet with both food and drink. Staff knew how to support people and knew how to manage any associated risks. The registered manager showed us how people's nutritional requirements were met. For example, one person needed to be monitored whilst they ate; we saw staff were aware of this. They were aware which people had special dietary needs and how they needed to meet them.

People said they saw a doctor when they needed one. Relatives told us their family member had access to health care as required. One relative told us that the registered manager and staff always arranged regular health check-ups for people living at the home. They said that they were always involved and kept up to date with any health concerns. One relative said, "We always know if there are any concerns." Staff we spoke with told us how

Is the service effective?

important it was to monitor the health of each person. We saw there was regular input from specific health care professionals. For example an epilepsy specialist

supported and reviewed the epilepsy management plans. This then assisted staff to support people at the home. A social worker told us staff always ensured that follow up GP appointments were always completed.

Is the service caring?

Our findings

People told us and showed us they were happy at the home. One person said, "I am happy here, the staff are lovely." Another person told us, "I get on with everyone really well; we all care about each other." Other people were able to demonstrate through gestures and signs that they were happy at the home and we saw positive interactions with staff. Relatives told us they were happy with their family members care. One relative said about their family member, "It is so good for (family member) there; they have really come out of their shell." Another relative told us, "(family member) is happy all the time, they really enjoy going out with other people living there. I don't have to worry anymore." We saw a relaxed atmosphere at the home and staff told us they enjoyed supporting people who lived there.

We saw people were treated with kindness. The staff were friendly and patient when they provided support for people. The staff took the time to speak with people as they supported them. People's wellbeing was supported by positive interactions such as the use of non-verbal techniques to communicate. We saw a member of care staff while they supported several people to create Christmas cards for their relatives. We saw through their facial expressions and body language the people and the member of staff enjoyed the experience.

Relatives said they were involved in the care planning for their family member. A relative said, "I am always involved with everything." Relatives confirmed staff knew the support people needed and their preferences about their care. One relative told us, "Staff are brilliant with (family member) they really get it right." Another relative said staff were aware that their family member liked to have sometime on their own and they supported this in a safe way. Staff said they included relatives and contacted them

regularly, or spoke with them when they visited. Staff were knowledgeable about the care people required and they were able to describe how different people liked their support to be given. This was confirmed in records we looked at.

We saw staff promote people's independence, and respond to each person with knowledge of them as an individual. For example staff encouraged one person to clear the activity they had been doing and another they supported to walk through to the lounge. We heard staff calling people by the names they preferred. One person showed us their room they had decorated themselves, they were very proud of this achievement. We saw that people's rooms were personalised and people had a choice of different communal rooms to spend time in.

We saw people were treated with dignity and respect. For example, we saw doors were closed whilst people received support with personal care, assistance was offered discreetly and in a kind manner. People had been supported with their appearance where needed and were dressed in clothes which reflected their personalities. One person showed us their collection of Christmas jumpers, they told us they wore one every day over Christmas. Staff told us they were able to communicate using a range of techniques, and knew how people preferred to be communicated with. Information was available in easy read formats such as the complaints procedure.

Relatives and friends said they were able to visit whenever they wanted to support their links with their family member. They told us they were made welcome whenever they visited, they could also call and speak to their family member if they wanted to. One relative told us about taking their family member out and how they were always happy to return back to the home afterwards. They said they felt involved and included in the care for their family member.

Is the service responsive?

Our findings

People told us they made choices in the support they needed. One person said, “I can go out and about when I want, but there is always someone here when I need them.” Another person told us, “I choose what I want to do and when I want to do it.” Relatives said they were included in their family members care. The relatives we spoke with said they were regularly involved in reviews of their family members care and felt it was important to the staff that they were included. We saw that staff gathered as much information as possible about each person living at the home, their interests, and preferences.

We saw staff were familiar with people’s likes and dislikes. For example, we saw the registered manager spent time talking with one person about the work book they were completing. This person told us that the registered manager supported them to practice their writing with new work books. They told us they enjoyed doing this and felt it benefitted them. The social worker we spoke with said staff really knew people well and would know how people living at the home communicated if they were unhappy. They also told us people were very settled at the home and they had seen an improvement to people’s wellbeing.

Staff we spoke with told us how well they knew people living at the home and how that supported staff to communicate effectively. People were supported by a small consistent staff team. Staff said they would observe people’s body language or behaviour to know if they were unhappy. People’s care plans contained information about how they would communicate if they were unhappy about something. The care plans we looked at gave clear information for staff to follow. We saw staff had followed the guidance given. The social worker we spoke with said the staff at the home supported people with different needs effectively.

People said they could choose to spend time in their room, the communal areas or wherever they liked. We saw people were able to have breakfast when they wanted to. People told us it was up to the person to decide when they wanted to get up, and what they wanted to do with their day.

People told us they could choose what they wanted to do. One person went out to visit friends which they looked forward to. This person said they went out regularly and

enjoyed social events organised by staff at the home. We also saw people involved in domestic tasks around the home. For example one person was hoovering when we arrived and helping staff with putting out arts and crafts equipment. We saw staff encourage people to do interesting things throughout the day. We saw a mixture of organised activities and pastimes that were specific to the individual. For example, one person told us they really enjoyed their colouring book, and preferred that to making Christmas cards with others at the home. Relatives told us that their family members had interesting things to do with their time that were individual to them. They told us how some people went out regularly to events in the community which their family members always enjoyed. One relative said, “There’s a nice group that go out together regularly, [family member] is always happy.” One relative told us how their family member went to church regularly because it was important to them.

People told us about their Christmas party that was arranged for the following week. They said how much they were looking forward to the event. Relatives told us they attended regular meetings and organised social gatherings. They said that these events were well supported by relatives and friends and they really enjoyed them. One relative told us how the provider had put a stair lift in to support the family member to manage in stairs. They told us that this had been completed in a timely way and had aided their family member to remain at the home they enjoyed living at.

People said they would talk to staff or the registered manager if they had any problems. People said they felt listened to, and the provider regularly asked them if they were okay, and if they had any problems. Relatives told us they were happy to raise any concerns with either the registered manager or staff. People had a copy of the complaints procedure available in formats that they could understand. Some people would be unlikely to be able to make a complaint due to their communication needs and level of understanding. If people were unhappy about something their relative may have to complain on their behalf.

The registered manager regularly used questionnaires to gain feedback from relatives and professionals. All the comments we saw collected were positive.

Is the service well-led?

Our findings

People told us they enjoyed spending time with the registered manager. One person said, “She will come and chat all the time.” Another person told us, “I love it here; the manager really does us proud.” The registered manager told us she spent time working alongside staff with people who lived at the home and knew them well. Relatives told us they were confident with the registered manager and staff at the home. One relative said, “The manager is very caring.” Relatives told us that any ideas they had would be listened to and acted upon where possible. They said that their family members were encouraged to share ideas. For example one relative told us their family member wanted to go to Disneyland and the registered manager was in the process of arranging the visit for next year.

Staff told us that they were like a family at the home. They said the culture of the home was open and inclusive, and centred on each person as an individual. One member of staff told us about the home, “It’s at its best now, the manager has really improved things, and we get it right and really care about the people here.” They said the registered manager was available when they needed to speak to them. The registered manager said staff could speak directly to them at any time when they were on duty or out of hours on the phone. Staff also told us they would raise any concerns with the registered manager. They said they felt listened to by the registered manager and the provider. For example, one member of staff had made suggestions for arts and crafts and the registered manager had sourced the equipment in a timely way. Staff said the registered manager was proactive and would listen if they made suggestions.

Staff told us there were regular staff meetings. These ensured that staff received the information they needed

and were given an opportunity to voice their opinions. Staff we spoke with said they felt these meetings were useful and they felt supported. They were aware of the whistle blowing policy and said they would be confident to use it if they needed to. All the staff we spoke with said they had regular one to one time with the registered manager. They said this was very helpful in their development. The staff we spoke with said they felt valued by the provider and the registered manager. One member of staff we spoke with said, “We work as a team and all support each other.” The social worker said they had a good relationship with the registered manager and they were always willing to listen to advice.

The registered manager completed regular audits to monitor how care was provided. For example the registered manager had an overview of accidents and incidents to ensure that concerns were identified and investigated. The provider regularly visited to monitor how care was provided and how people’s safety was protected. For example, the provider looked at the overall health and safety of the home. We saw the provider looked at an overview of all aspects of care provision, what was going well and what need improving. However both the registered manager and the provider had not acted on completing applications to the local authority to ensure people living at the home did not have their liberty deprived unlawfully. They were aware that these were needed for possibly two people; however they had received conflicting advice from the local authority and the registered manager had booked herself onto advanced training to ensure she understood the requirements. This training was booked for the week following our visit. We saw that other areas identified for improvement had been acted on and were subject to ongoing monitoring.