

Methodist Homes

Brooklands House

Inspection report

Eccleshall Road
Stafford
ST16 1PD

Date of inspection visit:
03 July 2019

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24 July 2019

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Brooklands House provides personal care to people aged 55 and over. People using the service lived in self-contained apartments in purpose built accommodation, set in private grounds on the outskirts of Stafford town centre. The accommodation is arranged over three floors and offers 55 apartments, with communal lounges, garden areas, a restaurant and activities room. The building also has staff facilities, including an on-site office and a staff room.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection, five people living at Brooklands House were receiving a regulated activity.

People's experience of using this service and what we found

The provider had systems to monitor the quality of the service. However, improvements were needed to ensure audits of medicines and care records were consistently effective and any shortfalls identified acted on promptly.

Risks associated with people's care and support were managed safely. When needed, people received support to take their medicines as prescribed. However, some improvements were needed to ensure staff always had clear guidance on how to support people.

People were protected from the risk of harm by staff who understood their responsibilities to identify and report any signs of potential abuse and any concerns were referred to the local safeguarding team for investigation when needed.

There were sufficient staff to meet people's needs. The provider followed safe recruitment procedures and staff were trained and supported to meet people's changing needs. Staff felt supported and valued by the provider.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service underpinned this practice.

People were supported by kind and caring staff who respected their privacy and dignity and promoted their wellbeing. Staff listened to people and encouraged them to maintain their independence. Where required, people were supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access other health services when needed.

People and their relatives were complimentary about the service. They knew how to raise concerns and complaints and there were systems in place to capture people's views on how the service could be improved.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 05/07/2018 and this is the first inspection.

Why we inspected

This was a planned first inspection of the service.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received, we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Brooklands House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection, supported by an assistant inspector.

Service and service type

This service provides personal care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The registered manager did not work at the service on a daily basis. Day to day management of the service was carried out by a 'housing with care' manager. We have referred to them as the 'service manager' in the body of the report.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that people had given their agreement to speak with us and to ensure staff and the registered manager would be available.

Inspection activity started on 1 July 2019 and ended on 3 July 2019. We visited the office location on 3 July 2019.

What we did before the inspection

We reviewed information we had received about the service, which included feedback from the public and the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager, a senior care worker, a care worker and the administrator/activities co-ordinator.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

We found people were safe and protected from avoidable harm.

Using medicines safely

- People who received support with medicines told us they received their medicines when needed and we saw suitable systems were in place to ensure people managed their own medicines whenever possible to maintain their independence.
- Staff were knowledgeable about people's medicines and were trained and deemed competent before they administered medicines. Competence checks were repeated at regular intervals and staff received further training when needed.
- Whilst we found that staff had recorded the administration of people's medicines accurately, some people's medicines records did not follow the provider's medicines policy. For example, when people required their medicines on an as required basis there was no clear guidance on what the medicine was for, including the intervals between doses, or detailed information on the medicines included in multi-compartment monitored dosage systems. However, this had been identified in a recent external audit and an action plan was in place to address this. We have referred to this in the Well Led section of this report.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm.
- Staff had received safeguarding training and were aware of the signs to look for that might mean a person was at risk of abuse. They knew how to report their concerns and were confident the service manager would take action.
- The provider had effective safeguarding systems, policies and procedures, which followed local safeguarding arrangements.

Assessing risk, safety monitoring and management

- People and their relatives had no concerns about their safety. They told us the staff understood their needs and supported them to be safe when providing care. One person said, "The staff keep an eye on you".
- Staff we spoke with could tell us about people's needs and explained how they supported them to be safe. This matched what was recorded in people's risk assessments and care plans.
- People's care records were kept under review to ensure they continued to be supported in a safe way.

Staffing and recruitment

- There were sufficient staff and people received consistent care from staff they knew well.
- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. These checks assist employers in making safer recruitment decisions.

Preventing and controlling infection

- Staff understand their responsibilities to follow infection control procedures to keep people safe from the risk of infection.
- Staff had received training and spot checks were carried out to ensure they followed safe practice.

Learning lessons when things go wrong

- Opportunities to learn from mistakes were identified. Staff gave us an example of how they had made changes to the assessment process to ensure that they obtained full information on people's needs before accepting them into the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

We found people's outcomes were consistently good, and their feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service and kept under review to ensure they continued to receive appropriate care.
- Prompt referrals were made to other professionals to make sure people's ongoing needs were met.

Staff support: induction, training, skills and experience

- People were happy with the care they received and told us the staff understood how to care for them effectively. One person said, "The staff are well trained. They know what they are doing".
- Staff were positive about the training and support they received and told us they were encouraged to develop their knowledge and skills to meet people's needs.
- Staff received an induction and did not work unsupervised until they and the registered manager were confident they could do so.
- Staff knowledge and competence was monitored through an appraisal system which supported them to review their practice and discuss any training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People who received support with their meals told us they had a choice to be supported into the restaurant for their meals, or to have meals prepared by care staff in their apartments.
- People were consulted about their likes and dislikes, including any cultural and ethical preferences.
- Systems were in place to ensure risks associated with poor nutrition, for example swallowing problems, were identified and planned for.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People were supported to manage their health. Where necessary, the service supported people with arranging healthcare appointments.
- People told us and records confirmed the staff worked with other agencies to promote people's health, for example GP's and community nurses.

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- People told us the staff sought their consent and involved them in day to day decisions about their care. One person told us, "Staff respect if I want to stay in bed all day".
- Staff had received training in the MCA, understood their responsibilities and knew what actions they should take to make sure decisions were taken in people's best interests, with the support of relevant people and professionals.
- Care plans showed people had signed to consent to their care and the registered manager ensured information recorded when another person had legal consent to make decisions on their behalf, for example lasting power of attorney authorisations. This showed people's legal rights would be upheld.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

We found people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the staff and told us they were kind and caring. One person said, "The staff are really nice". Another said, "The care staff are very good. They are all nice. I feel very fortunate. They can't do enough for you. I've been here 12 months and I can't say I've met anyone who is unpleasant".
- People had regular care staff and had developed good relationships with them. One person told us, "(Name of carer) is extremely supportive, always there for you. I didn't really want to come to live here but they helped me with settling in".
- We saw people looked comfortable in the company of staff and clearly looked forward to their visits. For example, we observed staff knew people well and chatted with them about their family members and how they liked to spend their time.
- Staff treated people as individuals and recognised people may need additional support in line with their changing needs. One member of staff said, "We don't rush people, we stay longer if needs be and check with the office to let them know we might be late for our next call". Another said, "I take a holistic approach to make sure people's needs are met. I listen to their history".

Supporting people to express their views and be involved in making decisions about their care

- People were involved in planning their care and calls were scheduled at times that suited them.
- Staff ensured people were supported to make decisions by their families when it was appropriate and people could access advocacy services if they wished. An advocate is someone who helps people to make their wishes known.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times. One person told us, "I feel treated with dignity, staff take their time when helping me get dressed. They make me feel like I am not nuisance".
- Staff explained how they ensured people had privacy and felt comfortable with them during personal care. One member of staff said, "I ask people's partners to leave so they have privacy and if needs be, I would shower someone in their nightie if they preferred".
- People were supported to have choice and control over their daily lives and staff promoted people's independence. One person told us, "Staff respect if I want to stay in bed all day but encourage me to get up and washed". Another person said, "They [staff] ask if there is anything they can do to help. They don't take my independence away from me, don't push to do anything. It is important to do what you can for as long as you can".
- Staff told us about how they supported people who had short-term memory loss with aide memoires,

such as calendars to record appointments and recall visits, which promoted their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

We found people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were happy with how the staff supported them and that their individual needs were met. They told us they felt reassured by the accessibility of care staff. One person said, "For now I can manage with the support I am getting (three calls per day) but I know the time will come when I need more help and I know it will be there". Other people described the wellbeing checks carried out by staff as "uplifting" and told us they improved their emotional wellbeing.
- People's care plans reflected their needs and noted their likes, dislikes and preferences for how they wanted to receive their care. Regular reviews were undertaken to ensure people's care remained relevant.
- There was a community feel at the service and people had opportunities to join in social activities and join clubs that interested them, for example there was an active arts and crafts club and people could share books. One person told us "There is plenty of choice. If you want to socialise you can go to the coffee lounge, there are other residents and relatives there".
- Relatives were welcomed to attend social events which supported people to maintain important relationships.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Although the majority of people using the service had no particular communication needs, one person was unable to read the menu at meal times and their care plan recorded this need and identified that staff would read the menu to them.
- Staff ensured people who had a sensory impairment always had their glasses and hearing aids to promote their wellbeing and minimise the risk of social isolation.

Improving care quality in response to complaints or concerns

- People did not have any concerns or complaints but were confident they would be taken seriously if they did. One person told us, "If I had a concern I am diplomatic enough to go and raise it with the manager but I have not had one yet".
- There was a complaints procedure for logging and tracking any complaints, which showed that any complaints had been responded to promptly.

End of life care and support

- Whilst the service was not supporting anyone at the end of their life, the provider had systems in place for people to record their wishes, which included identifying any cultural or religious preferences.
- Discussions with staff demonstrated they understood the importance of being able to support people to have a comfortable, dignified and pain-free death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

We found the service management and leadership was not always consistent. Leaders and the culture they created did not always support the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The service manager carried out a programme of audits, monitored by the provider's management team. However, we found that improvements were needed to ensure the audits were consistently effective and any shortfalls addressed promptly.
- Monthly medicines audits had not sampled all the records for people supported with medicines. This meant they had failed to identify the concerns we found in relation to the lack of guidance for staff on 'as required' medicines and medicines administered via multi-compartment devices. Although these issues were identified in the provider's external audit on 21 May 2019, an action plan was not put in place until 24 June 2019 and the registered manager could not demonstrate that interim actions had been identified and acted on.
- There was no system to monitor daily records to ensure they were completed accurately and any concerns identified and acted on. We saw that daily records had not been monitored since the end of April 2019. Records we looked at highlighted that staff had recorded missing medicines but had not recorded this as a medicines error. We saw the provider's external audit had identified an action in this area. However, no consideration had been given to the monitoring of daily records to ensure concerns could be promptly identified and acted on.
- Checks of care plans were not always effective. We found that there was no effective care plan in place for a person who had diabetes, to guide staff on how to recognise a deterioration in their condition, for example a hypo-glycaemia. In addition, there was no behaviour plan in place for a person who sometimes displayed behaviour that challenged their safety. We brought this to the attention of the registered manager, who actioned this immediately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us there was a friendly and welcoming atmosphere at the service and our observations confirmed that there was a positive, person-centred culture among the staff. One member of staff said, "I love my job, the residents are the best".
- Staff told us they felt supported by the manager and provider. They told us they had regular team meetings and felt able to give their views on the running of the service.
- The provider was meeting the requirements of registration with us and notifications were sent to us about important events in the service as required. This enables us to check that appropriate has been taken.

- Systems were in place to ensure that Duty of Candour requirements were met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were taken into account. Residents' meetings were held and a relative told us they were well attended and provided a good way to share feedback and views on the service. One person told us: "I have not had any concerns, but some feedback was raised about people using the private footpath to park. This was addressed promptly by the management".
- Systems were also in place to seek the views of people and staff via an annual survey. The results of the staff survey had not yet been collated and the questionnaire was about to be issued to people using the service. We will follow this up at our next inspection to ensure people's concerns are listened to and acted on.

Working in partnership with others; continuous learning and improving care

- The service had developed good working relationships with other professionals including GPs and community nurses to ensure that the people they supported received appropriate and timely health care. This showed a multi-disciplinary approach had been taken to support the care of people receiving the service.
- The provider encouraged staff to develop their skills and knowledge and provided training and support to achieve this. This demonstrated a proactive approach to continuous learning and improving people's experience of care.