Care Quality Commission

Mr Patrick Joseph Gilligan and Mrs Carol Josephine Gilligan

Brooklands House Rest Home

Inspection report

3 Woodville Terrace, Lytham St. Annes, Lancashire
FY8 5QB
Tel: 01253 736393

Date of inspection visit: 27 October 2014
Date of publication: 31/03/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

This unannounced inspection took place on 27 October 2014.

Brooklands House Rest Home is run by Mr. Patrick Joseph Gilligan and Mrs. Carol Josephine Gilligan. There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected this service on 09 May 2013 and the home was found to be meeting all of the essential standards that we assessed.

Brooklands House Rest Home is a large detached residential home situated in a residential area of Lytham

Summary of findings

overlooking parkland. The home is situated on three floors accessed by a passenger lift and stairs. There are outdoor seating areas to the front and rear of the home. The sea front is within easy walking distance and public transport links are nearby. The home can cater for up to 30 people.

During this inspection we found the service had a locked front door, and people's capacity to leave the building without asking the staff for help, had not been fully assessed in order to determine if their freedom to leave the building was not unfairly restricted.

This was a breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010. In order to ensure the service complies with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, a registered person must ensure suitable arrangements are in place for obtaining, and acting in accordance with, the consent of people in relation to the care and treatment provided for them.

We found that more robust quality assurance and, where appropriate, governance systems were needed as audits and periodic checks on systems operated within the home were not frequently being made. The service provider did not have a system in place to analyse incidents and accidents such as falls and hospital admissions. Establishing such a system would assist the service provider to understand why incidents took place, and then put measures in place to minimise or eliminate the risks associated with providing care and support.

This was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010. The registered person must protect people against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to identify, assess and manage risks relating to the health, welfare and safety, and the analysis of incidents that resulted in, or had the potential to result in harm.

This was a breach of Regulation 18 HSCA 2008 (Registration) Regulations 2009. We found that the service provider had not notified the Commission of a recent hospital admission where a resident had undergone treatment from healthcare staff. The registered person must notify the Commission without delay of all relevant incidents such as hospital admissions and incidents where residents require treatment from a healthcare professional.

You can see what action we told the provider to take at the back of the full report.

People were supported to understand what keeping safe meant and were encouraged to raise any concerns they may have about this. Staff at the service understood that people's safety had to be balanced with people's right to make choices and to take risks. However, people's freedom to leave the home was potentially restricted. Staff recognised the important role that safeguarding people from abuse had in enabling people to live a positive life. The care and support offered to people at the home was personalised and put the person at the centre in identifying their needs and choices.

People received their medicines as prescribed, because they were stored, administered and disposed of safely, in line with current and relevant regulations and guidance.

Staff were provided with effective support and training. People told us they had enough to eat and drink throughout the day, and at night if required.

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?

Requires Improvement

This service was not always safe.

Staffing levels are not always monitored to ensure enough staff are on duty at all times.

Rotas did not always reflect that enough staff were on duty when taking into account the assessed needs of the people living at the home.

People were supported to understand what keeping safe meant and were encouraged to raise any concerns they had. Staff at the service understood that people's safety had to be balanced with people's right to make choices and to take risks.

Staff recognised the important role that safeguarding people from abuse had in enabling people to live a positive life..

People received their medicines as prescribed, because they were stored, administered and disposed of safely, in line with current and relevant regulations and guidance.

Is the service effective?

Requires Improvement

This service was not always effective.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. Assessments of people's ability to make important decisions had not been carried out.

Staff were provided with effective support and training.

People told us they had enough to eat and drink throughout the day, and at night if required.

Is the service caring?

Good

This service was caring.

Care was provided with kindness and compassion.

People could make choices about how they wanted to be supported and staff listened to what they had to say. People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Is the service responsive?

Good

This service was responsive.

Summary of findings

People had their needs assessed and staff knew how to support people in a caring and sensitive manner.

The care records showed how they wanted to be supported and people told us they could choose how this support was provided.

People who used the service were supported to take part in a range of recreational activities in the home and the community which were organised in line with people's preferences. Family members and friends continued to play an important role and people spent time with them. Visitors could join people in activities in the home.

Is the service well-led?

Requires Improvement

This service was not always well-led.

The registered person did not always protect people against the risks of inappropriate or unsafe care and treatment, by means of an effective quality monitoring system .

The provider had not notified the Commission of a significant event affecting the health and welfare of a person living at the home. The registered person must notify the Commission without delay of all relevant incidents such as hospital admissions and incidents where residents require treatment from a healthcare professional.

A robust and more frequent medicines audit system should be in place in order to protect the best interests of the people living at the home.

Brooklands House Rest Home

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 checked 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 unannounced inspection was carried out by the lead adult social care inspector for the service.

We spoke with a range of people about the service, such as the registered manager, five staff members, nine people who used the service and three visiting family members. Prior to this inspection we contacted the contracts unit at the local authority in order to ascertain if there were any issues from their perspective. We spent time looking at records, which included the care records of four people, four of the staff training records and a number of management and audit records relating to the running of the home.

Requires Improvement

Is the service safe?

Our findings

People who lived at the home said they felt safe. One person told us they felt well cared for and looked after. This made them feel safe. Another said, "I am well treated here and feel very safe."

We looked at how medicines were stored and administered. We saw people's medicines needs were checked and confirmed upon admission to the service. The registered manager explained that where new medicines had been prescribed for someone, the details of these were appropriately recorded in their file and on the Medicines Administration Record (MAR). We checked and saw evidence to support this. She added, that if there was any confusion over a person's medicines needs, there was a procedure in place for staff to discuss this issue with the person's GP. We saw records to support this information.

We looked at the systems in place for medicines prescribed as 'when required' and found that the service did not have individualised care management plans. The registered manager explained how she and the staff would assess if someone needed PRN medicine, and agreed that having specific written guidelines would help to ensure consistency in the use of medicines.

The records showed that only trained staff administered medicines. This was confirmed by talking with staff members. The registered manager explained that there was a system in place to ensure staff were competent in this area. She explained that once training had been completed, staff members were observed when administering medicines to ensure they were competent undertaking the task. We saw records to support this practice.

Medicines were safely kept and we saw appropriate arrangements for storing, recording and monitoring controlled drugs (medicines liable to misuse). Storing medicines safely helped to prevent mishandling and misuse. We spoke with people about the management of their medicines. They told us they were happy for staff to administer their medicines and had no concerns. One person told us they had considered self-administering some of their own medicines, but had decided to let the home look after it. The registered manager explained that if people wanted to look after their own medicines, written assessments of safe self-administration would be completed, to help ensure people were appropriately supported.

Staff were able to describe what constituted abuse and the action they would take to escalate concerns. Training records confirmed staff had received training on safeguarding vulnerable adults. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people who used the service were protected from potential harm or abuse. The service had procedures in place for dealing with allegations of abuse. Since the last inspection, the registered manager had not raised any safeguarding alerts with the local authority.

However, staff at the local hospital had raised a safeguarding alert after a person who lived at the home was admitted into hospital following a fall. We found evidence to show that discussions had taken place regarding this matter with both the local authority and family of the person.

This was a breach of Regulation 18 HSCA 2008 (Registration) Regulations 2009. We found that the service provider had not notified the Commission of a significant event affecting the health and welfare of a person living at the home. The registered person must notify the Commission without delay of all relevant incidents such as hospital admissions and incidents where residents require treatment from a healthcare professional.

The registered manager explained that as a result of this safeguarding matter, the home would pay greater attention to people when they experienced falls in the home as the safeguarding alert raised questions about how quickly the home had responded to a person's healthcare needs after they had fallen. The person had been admitted to hospital a number of weeks after the fall and was found to have a broken hip.

During our visit, we spent time in all areas of the home. This helped us to observe the daily routines and gain an insight into how people's care and support was managed. We found that at peak time such as in the morning whilst people were supported to get up and have their breakfast, the staff team were very busy. We spoke to some to the staff and they explained that from time to time, especially in the morning, they were very busy. One staff member

Requires Improvement

Is the service safe?

said, “there are times when we could do with an extra pair of hands for just a few hours. This would really help us make sure that everyone was seen to without having to rush.”

We spoke with staff members about staffing levels at the home. One staff member told us, “I like to spend time with the residents. They like to talk to us and there is usually time to do this, and to help them with their activities and interests.” People told us they felt safe when being supported. One person told us, “They come and check on me at night. I feel really safe. Staff are very patient, and if I had concerns or worries I would not hesitate to raise my concerns, and I know that the manager and staff would listen, and do something about my problems.”

The registered manager explained that during these times of day, she frequently supported the staff team in assisting people with their breakfast and administering medicines. The staff confirmed this. We asked the registered manager if any extra staff were available when it was her day off, or when she was on holiday. She said there wasn’t, but she said she would be happy to discuss the staffing levels with the staff team, in order to determine if extra staff were required at peak times and when the she was not on duty. We asked the registered manager how the staffing levels were devised. She explained that she considered the needs of the resident group and the activities they were to take part in on that day, and set the rota accordingly. The service did not use a staffing tool based on service user dependency levels. People at the home said that they thought there were enough staff on most of the night. However, one person said that the home could do with “another pair of hands in the morning and night to help people get up and go to bed.” Rotas did not always reflect that enough staff were on duty when taking into account the assessed needs of the people living at the home.

We recommend the service seek advice and guidance from a reputable source in relation to staffing levels to ensure that the individual and changing needs of the people using the service can be met at all times.

Requires Improvement

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards.. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

During this inspection we noted that the front door of the home had an electronic keypad system fitted. We asked the registered manager and staff about this, and they explained that the system could be operated either by a code, or by an electronic fob. Some people living at the home said they knew the code for the door, and one said that they had a fob. Others said that they did not know the code for the door. We asked the registered manager if there was anyone living at the home who from time to tried to leave the home, and if they did, would they be at risk due to a lack of capacity regarding health and safety concerns around road safety. She said that there wasn't anyone currently who would be described as this. We explained that the use of the electronic door locking system could be a potential restriction to the deprivation of liberty of individuals living at the home. As a result of this discussion, the registered manager explained that she would make an application to the Local Authority for a mental capacity assessment to ensure they complied with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their own care.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as the registered person could not demonstrate that they were obtaining and acting in accordance with the consent of the person or a person lawfully able to consent for them, in relation to their care.

Staff told us they had received regular supervision sessions and they were able to raise issues within this forum, including discussions about their personal development and any additional training they felt they needed. We found evidence of staff supervisions being recorded consistently.

Staff confirmed they had access to a structured training and development programme. One staff member told us, "The training is very good. I have all the training I need to do a good job and look after our residents properly." The staff member then went on to tell us, "The training helps me to give each person the care and support they need."

Staff training records showed staff had received training in areas such as safeguarding vulnerable adults, food safety, moving and handling, health and safety, medicines, infection control, fire training, mental capacity and customer care.

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. They told us they were informed daily about meals for the day and choices available to them. One person said, "I had a full breakfast this morning and it was really good. The chef is good here." People said the food was well presented, that it always looked, tasted and smelled appetising.

We saw people were provided with the choice of where they wished to eat their meal. Some chose to eat in the dining room, others in the lounge or their own room. The people we spoke with after lunch all said they had enjoyed their meal. We observed lunch being served in a relaxed and unhurried manner. Tables were set with linen tablecloths. People were given the choice of what they wanted to eat or drink.

We saw staff members were attentive to the needs of people who required assistance. We spoke with the staff member responsible for the preparation of meals on the day of our visit. They confirmed they had information about special diets and personal preferences. They told us this information was updated if somebody's dietary needs changed. Staff at the home explained they worked very closely with people and their relatives to understand people's likes and dislikes. The records showed that care plans contained detailed information about people's food and drink preferences, and also assessments relating to people's nutritional requirements.

During the inspection process we spoke with three relatives who regularly visited the home, and the feedback from them was positive. Two relatives told us relationships with staff at the home were supportive and any communications regarding a person's health were timely.

Requires Improvement

Is the service effective?

However, we were aware that one family member did not agree that communications regarding their relative's health were timely. The registered manager explained that she had been involved in discussions with the family.

Good

Is the service caring?

Our findings

People told us they had a good relationship with staff, who they described as "Caring, kind, friendly and patient." A family member we spoke with told us, "I have nothing but praise for the staff. Everybody is nice and kind."

Staff spoke fondly and knowledgeably about the people they cared for and supported. They showed a good understanding of the individual choices, wishes and support needs of people within their care. All were respectful of people's needs and described a sensitive and empathetic approach to their role. Staff told us they enjoyed their work because everyone cared about the people residing at the home. One staff member said, "I like working here. It's like a family." Staff showed warmth and compassion in how they spoke with people who stayed at the home.

People were supported to express their views and wishes about all aspects of life in the home. We observed staff enquiring about people's comfort and welfare throughout the visit and responding promptly if they required any assistance. People living at the home said they valued their relationships with the staff team and felt that staff really cared for them.

People said they felt well cared for. One person said, "If you have any concerns they listen to you and take on board what you say. When I ring my bell at night they come very quickly, within minutes. They are very respectful; they don't disturb you if you don't want to be disturbed." Another said "they are very good, very kind. Whatever I ask, they do. They talk to me about how I'm getting on. I can be as private as I want". A relative said, "from what I've seen they treat people with dignity and respect".

We observed that care staff went to assist people with personal care. As they went into the person's room we saw that they shut the door. We spoke with the care staff who said, "when I provide personal care, I ensure the person's door is shut and curtains are closed. I also make sure that people are covered up when we provide personal care."

However, we noted that during the staff handover period, a staff member was seen to be sitting in the lounge area. The staff member made very little attempt to talk to the residents, and when they did, they stood behind a person who was sitting in a chair. This confused the person in the chair, but the staff member did not move, and this left the person even more confused. We raised this with the registered manager who said she would speak to staff about the need to ensure they communicated with people effectively, and the need to ensure they positively interacted with people when given the opportunity, for example when sitting in the lounge area when a staff handover was taking place.

People had been involved in writing their care plans. People's personal history and preferences were listed and their preferred names were noted at the front of each plan. Care workers used people's preferred names in a respectful manner. In one person's care plan we noted they had a preference for a cooked breakfast. We spoke with this person who told us, "I always get what I want here. The food is great, and the staff really know what people like and don't like." Care plans recorded people's end of life care wishes. For example, one person had stated, "I would like to live a normal life as possible. I would like to do as much as I can, but when I can't do those things, I'd like help and support".

We saw that information was available on notice boards and within the reception/entrance area of the home with regards to support from an external advocate. This provided people with the opportunity to access this support, if they needed to.

Good

Is the service responsive?

Our findings

People we spoke with and visiting relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. One person said, “I know who to go to if I have any problems, in fact it could be any member of staff here as they are all so caring. This is a kind home and a good home and the staff reflect that.”

The service had a complaints procedure, which was made available to people they supported and their family members. We saw that the service had received one complaint during the previous 12 month period. This complaint was from a person who had raised concerns about the way their relative was treated. Records relating to this complaint showed that the registered manager had been involved in meetings and discussions regarding this issue, and that these discussions were on-going.

Information sheets and booklets were available to people living at the home which described the home’s philosophy of care and included sections on privacy, confidentiality, dignity and personal choice. Also contained within these were details of how people could raise concerns, comments or complaints about the service. Details were available to show how people could raise issues with external organisations, such as the Care Quality Commission (CQC) and Local Government Ombudsman (LGO).

We found documentary evidence to show that where there had been changes to a person’s care needs, the care plans had been updated to reflect these changes. We found that, appropriate referrals had been made to other health professionals, where there had been concerns about a person’s care and health needs. The records showed that people’s healthcare needs were monitored and discussed with the person as part of the care planning process.

We saw that, staff members were responsive to the needs of the people they supported. Staff spent time with people, providing care and support or engaging in activities, such as reading the paper, socialising, talking about events and organising local trips.

We looked at people’s care records to see if their needs were assessed and consistently met. Care records were written well and contained good detail. Outcomes for people were recorded and actions noted to assist people to achieve their goals. People’s likes and dislikes were recorded clearly within care records. We spoke with a healthcare professional who regularly visited the home and their feedback was that the home consistently focused on providing a positive service for people, which was clearly based on their assessed needs, choices and desires.

There was a calendar of activities displayed in several parts of the home and people had a copy of the timetable in their bedrooms. People told us about recent activities, which have included bingo, skittles and a 'pampering afternoon'. People we spoke with told us they were happy with the activities that were provided. One person told us, “We never have time to get bored. There’s something happening every day and if we want to go out shopping, the staff will take us; we don’t have to wait for family.”

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager at the service at the time of our inspection. All the people who used the service told us they thought all the staff had a commitment to providing a good quality service.

There were systems in place to monitor the quality of care provided, systems such as audits of medicines, care plans, risk assessments and infection control were not completed periodically. The registered manager agreed that a more frequent monthly audit system would improve the internal governance of the service. These audits would assist in monitoring the state and use of the buildings, its fixtures and fittings, equipment, policies, procedures and service user records.

We looked at the medicines audit records. We found that a full medicines audit had taken place in April 2013 and April 2014. We discussed the frequency of these full audits with the registered manager, taking into account the large quantity of medicines that was administered on a daily basis. She agreed that a more frequent periodic medicines audit would be more appropriate, as doing this could help to identify and correct medicines errors in a timely manner.

Staff confirmed they had handover meetings at the start and end of each shift so they were aware of any issues during the previous shift. We saw appropriate records to support this. Staff told us that regular staff meetings took place. We found notes of the last team meeting which had taken place. This had covered areas such as training and development and staff rotas. Within the meeting minutes it was evident that staff were able to talk freely as a number of questions were asked and recorded within the meeting notes. Staff we spoke with told us they felt able to raise issues at staff meetings and found them useful to attend.

We talked to staff about their understanding of the vision and values of the organisation, and it was clear they had a very good understanding. Staff spoke of the need to ensure people's rights were always protected, and this involved knowing their care needs, and treating them with dignity and respect. One staff member said that the culture of the service was very open, and that they could speak to the management team about any issue. They said that they would be listened to, and that their issues would be listened to, and action taken to correct problems if this was required.

Accidents and incidents were recorded. However, we found no evidence to show that they were regularly or routinely analysed. We looked at one accident where the person was found uninjured, on the floor of their room. The fall was not witnessed. The records showed that the person was checked over by a staff member, and was found not to be in pain, with no apparent injury. We asked the registered manager if an investigation had been undertaken so as to determine why this person had fallen, and she explained that none had taken place. She added that "mini" investigations such as this would not be routine. We explained that following an incident such as this, a "mini investigation" would be of benefit to all parties concerned as its findings may well help to understand the incident and potentially eliminate further incidents.

This was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010. The registered person did not always must protect people against the risks of inappropriate or unsafe care and treatment, by means of an the effective quality monitoring operation of systems designed to identify, assess and manage risks relating to the health, welfare and safety., and the analysis of incidents that resulted in, or had the potential to result in harm.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The registered person must notify the Commission without delay of all relevant incidents as specified: Regulation 18 (2)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The registered person must protect people against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to identify, assess and manage risks relating to the health, welfare and safety, and the analysis of incidents that resulted in, or had the potential to result in harm: Regulation 10 1(b), c(I)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **In order to ensure the service complies with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and registered person must ensure suitable arrangements are in place for obtaining, and acting in accordance with, the consent of people in relation to the care and treatment provided for them.**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.