

# Westlake Care Brookland House

## Inspection report

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### 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?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

The inspection took place on the 10 and 11 November 2015 and was unannounced.

Brookland House provides accommodation and support for up to three people. On the day of the inspection two people were living at the home. Brookland House provides care for people with a learning disability who may also have associated needs in relation to conditions such as Autism.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Since the last inspection in November 2014, some improvements had been made to the quality of the service. We saw parts of the home had been decorated and renewed and this provided a safer and more comfortable environment for people who lived there. The recruitment process had been improved to include more robust checks of agency staff, and temporary staff. This helped further ensure people were supported by staff who were safe and fit to work in the service.

# Summary of findings

At this inspection we found systems for recording and reporting incidents and accidents did not keep people safe. The process for documenting incidents and the auditing of this information by management did not allow for analysing and learning from incidents and did not ensure correct reporting procedures were followed.

Staff told us there were always enough staff to meet people's daily needs such as washing and dressing. Staff rotas confirmed staffing levels as agreed between the Local Authority and the service were in place. However, all the staff we spoke to expressed concern about the high use of agency staff and frequent changes in the staff team. Staff told us people needed support from staff who knew them well and who worked with them on a regular basis. They said without this consistency episodes of difficult behaviour would often increase, which was potentially unsafe. Staff said people would often choose not to go out or do an activity with staff they were unfamiliar with, which meant their needs may not always be met.

We saw people enjoying activities in the home and staff said they tried to take people out each day. However, staff said it was not always possible to take people out due to inconsistencies in the staff team. Daily activity records did not provide a clear picture about how activities were planned or analysed to help ensure they continued to meet people's needs.

People's health needs were monitored closely and support was provided when people needed to attend routine or emergency health checks. However, some of the information in people's health records did not provide sufficient detail about the support people needed to attend health appointments. The absence of this information could mean people would not receive the appropriate help when being supported by staff who did not know them well.

Staff said they were well supported by the registered manager and colleagues. However, there was no formalised induction programme for new staff employed by the service and therefore no evidence to demonstrate how the registered manager had assessed new staff to be competent to work unsupervised in the home.

It was apparent from speaking to the registered manager that he cared, and was passionate about the people who lived at Brookland House. Regular checks were

completed to ensure the on-going quality of the service. Since the last inspection changes had been made to the management structure, which had resulted in clearer and more formalised roles and responsibilities for the staff team.

People were treated with respect and staff were compassionate and caring. Staff were friendly, patient and discreet when providing support to people. We saw many positive interactions where staff supported and enhanced people's well-being. Relatives told us the staff were kind and thoughtful. Comments included, "The staff are caring, I am happy with the care and support provided and as far as I can see, [...] is happy too. Staff said they felt all the staff team had people's best interests at heart.

People had their medicines managed safely, and received their medicines in a way they chose and preferred. Staff told us they undertook training and understood the importance of safe administration of medicines.

People were supported to maintain a healthy and balanced diet and any needs associated with their diet and health were understood by the staff supporting them.

CQC monitors the operation of the Deprivation of Liberty Safeguards, (DoLS) which applies to care homes. We spoke to the registered manager and staff about their understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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. The registered manager and staff recognised the need to support and encourage people to make decisions and choices whenever possible. We saw relevant applications had been made to the local authority when the service had assessed they could be depriving a person of their liberty.

People's relatives and friends were able to visit at any time. Staff recognised the importance of people's relationships with their family and promoted and supported these contacts when appropriate.

We saw that staff regularly checked with people to see if they were happy with the care and support being

# Summary of findings

provided. We heard staff saying, “Are you ok?” and “Are you happy”? Staff were familiar with people’s changes in mood and behaviour, which could indicate people were unhappy or needed reassurance. A formalised complaints system was in place and the organisation responded appropriately to any complaints or concerns raised about the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# 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?

Some aspects of the service were not safe.

People were not protected by the home's accident and incident procedures. The systems for recording and reporting incidents did not ensure people were safeguarded from abuse or unsafe practice.

People were not always supported by staff who they were familiar with or who knew them well.

People were protected by safe and appropriate systems for handling and administering medicines.

People were protected by safe recruitment practices.

The environment was clean and hygienic.

Requires improvement



### Is the service effective?

Some aspects of the service were not effective.

A written induction programme was not in place to evidence how staff had been assessed as competent to work in the home and meet people's needs.

People were supported by staff who had opportunities for regular training and who felt well supported by management and their colleagues.

People's rights were protected. Staff and management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have capacity to make decisions for themselves had their legal rights protected.

People were supported to have their dietary needs met.

Requires improvement



### Is the service caring?

The service was caring.

People were treated with respect by staff who were caring and compassionate.

Staff supported people in a way that promoted their dignity and privacy.

People were supported to enjoy visits from family and friends without any unnecessary restrictions.

Good



### Is the service responsive?

Some aspects of the service were not responsive.

People were not always supported to partake in activities of their choice due to inconsistencies in staffing. Systems were not in place to ensure these activities remained appropriate and met their needs.

Requires improvement



# Summary of findings

Support plans did not in all cases provide sufficient detail for staff to ensure care was provided in a way people needed and preferred.

People's support arrangements were regularly reviewed and updated.

People were supported to maintain and develop relationships with people who mattered to them.

Complaints and concerns were listened to, taken seriously and addressed.

## Is the service well-led?

Some aspects of the service were not well-led.

People did not always receive a high quality service as systems for overseeing and analysing incidents and accidents were not sufficient and did not ensure their safety.

Opportunities were available for staff and relatives to give their views on the quality and running of the service.

A range of audits were undertaken to assist in maintaining and assessing the quality of the service.

**Requires improvement**



# Brookland 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.

The inspection took place on the 10 and 11 November 2015 and was unannounced. The inspection was carried out by one inspector.

We were unable to talk with people due to their individual communication needs. Although people were able to communicate their needs to people who knew and understood them, they had limited verbal communication and were therefore unable to tell us about their experiences of living at Brookland House. We spent time in the communal parts of the home, such as the sitting room, dining room and kitchen to see people as they went about their daily routines. We also observed the care being provided and interactions between people and the staff team. We also assessed the safety and cleanliness of the environment.

Prior to the inspection we spoke to a representative from the local authority learning disability team in Cornwall who purchased the care for people currently living at Brookland House. They provided us with information about recent reviews of people's care as well as their views about the service.

During the inspection we met all of the people who lived in the home. We spoke with seven staff, the registered manager and the registered provider who are also the owners of the service. Following the inspection we spoke to one relative and two professionals from the learning disability services in Cornwall and Plymouth.

We looked at all the records relating to people's care. These included support plans, health files, daily monitoring forms and incident reports. We reviewed three staff recruitment files. This included the recruited records for permanent and agency staff. We also looked at staff training records and records associated with the running of the service including quality audit, medicines records and minutes of staff and management meetings.

# Is the service safe?

## Our findings

The systems for recording and reporting incidents did not ensure people were safeguarded from abuse or unsafe practice. Although the registered manager and staff had undertaken training in the safeguarding of adults, the recording and reporting of incidents did not reflect this training and guidance. Staff had recorded when an incident, such as an episode of difficult behaviour had occurred. However, these records did not in all cases provide sufficient detail about the incident and had not been checked by management to ensure the action taken was appropriate and safe. For example, staff had recorded in one incident form that a physical assault had occurred. The form did not include any detail about the outcome of this incident or if consideration had been given to reporting the incident to the local authority safeguarding team for investigation. Another incident form stated staff had “removed” a person during an incident. There was no evidence that the registered manager had reviewed this information to establish if the action taken was appropriate, legal and safe. We spoke to the registered manager about both of these reports but they were not familiar with the incidents and were unable to provide us with any further information.

Systems were not in place to protect people and to keep them safe. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels had been organised so that people had two staff to support them at all times inside and outside the home. These staffing levels had been agreed between the service and the local authority that purchased the care provided. Staff told us these agreed staffing levels were always in place. However, staff said there was often a high use of agency staff, which meant there were times when people were supported by people who did not work in the home on a regular basis. Staff said there were times when two or three of the four staff on duty were agency staff. We asked staff if people were safe. Comments included, “There are always enough staff, but the high use of agency staff can mean people’s behaviour escalates, [...] needs clear messages, mixed messages can result in difficult behaviours” and “Staff need to really know people or it could be unsafe, particularly doing activities outside”. Staff said although people’s daily needs, such as washing,

dressing and eating were met, there were some limitations on their opportunities due to the regular changes in the staff team. Comments included, “They will often choose not to go out with staff they are not familiar with.[...] has to be very clear about what is happening, or they will withdraw”, and “Agency staff are sometimes a bit nervous to take people out, people do go out, but could be doing so much more”. They said this had at times resulted in people staying in the house, which could also increase incidents of difficult behaviour, which could be unsafe.

Staffing arrangements were not sufficient to meet people’s needs and keep them safe. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection in November 2014, improvements had been made to the safety and cleanliness of the environment. The laundry room had been moved from upstairs to a more suitable location on the ground floor of the house. The new laundry provided staff with more space to store and launder soiled linen as well as appropriate hand washing and cleaning facilities. Flooring had been changed in people’s bedrooms, which staff said had made cleaning easier and generally improved the hygiene and odour throughout the house. Protective clothing such as gloves and aprons were available for staff and all parts of the house we looked at were clean and hygienic.

People were protected by safe and appropriate recruitment practices. We looked at the records of three members of staff, one of whom had recently been employed. We found appropriate checks had been undertaken before people started work. The staff files included evidence that pre-employment checks had been requested, including written references, satisfactory Disclosure and Barring Service clearance (DBS). Health screening and evidence of identity had also been obtained as part of the recruitment process. We saw the registered manager requested information to confirm these checks had also been completed by agencies providing temporary staff to the home. The registered manager showed us a file containing a profile of all agency staff, which included dates of when recruitment checks had been completed by the agency as well as information about their skills and training. The registered manager said agency staff were not able to work in the home until this information had been received.

Staff recognised people’s rights to make choices and take everyday risks. Assessments had been carried out to

## Is the service safe?

identify any risks to the person and to staff supporting them. This included environmental risks as well as risks associated with their support needs and lifestyle choices. Assessments included information about any action needed to minimise the risk of any harm to the individual or others, whilst also promoting and recognising the person's rights and independence where possible. For example, one person had guidelines in place associated with the risks when travelling in the car. Information was available for staff about how to keep the person comfortable and calm when travelling as well as plans to keep them and others safe if an incident occurred. Another person had a plan in place to minimise the risks when having a bath. The plan detailed for staff how to prepare the bath as well as the supervision required, which would keep the person safe, whilst also respecting the person's wish for privacy when attending to personal care tasks. Staff said "We prepare the bath to make sure the water temperature is safe and make sure we are close at all times, [...] likes to have time to themselves".

People's needs had been considered in the event of an emergency such as a fire. People had personal evacuation plans in place, which helped ensure their individual needs were known to staff and other services in the event of an emergency. A fire safety policy and procedure was in place, which clearly outlined the action that should be taken in the event of a fire. We saw regular checks had been undertaken of fire safety equipment and first aid boxes. Check lists confirmed that water temperatures were checked regularly and shower heads cleaned to reduce the risks associated with Legionella. Certificates were also available to evidence regular checks and maintenance of electrical equipment.

Staff told us they undertook training and understood the importance of safe administration of medicines. A staff member talked us through the process of ordering

medicines and the checks completed when they arrived in the service. Medicines were administered in a safe and caring way. Medicines were stored and disposed of safely and kept securely. There were refrigerators for medicines needing cold storage and the temperatures of the refrigerators and the room temperature were monitored to make sure medicines were stored in the recommended way.

Medicine records were well completed, and clear guidelines were available for staff about medicines, which were only to be given when needed (PRN). For example, one person had risks associated with over exposure to the sun. These risks were documented as well as guidelines for staff about how and when prescribed sun cream needed to be administered. Health records provided staff with information about how people who could not verbally communicate may present symptoms of being in pain or discomfort. This enabled staff to understand when PRN medicines such as laxatives or pain killers could be required.

Each person's medicines file had a photograph of the individual and information about the medicines prescribed. Medicines administration records (MARS) were in place and had been completed as required. To reduce the risk of errors two staff were responsible for administering medicines, one signed the MAR sheet to confirm the medicines had been given and the other completed a second witness signature.

Staff told us they undertook training and understood the importance of safe administration of medicines. Staff said "We only administer medicine if we have undertaken the required training, there is always enough staff on duty who are able to do this". Information about the staff authorised to administer medicines were listed at the front of people's health files and MAR sheets.



# Is the service effective?

## Our findings

At the last inspection in November 2014, concerns were raised about standards of some parts of the environment. The registered provider and owner of the service started to address some of these environmental issues during the inspection. This raised further concerns due to the impact unplanned maintenance work could potentially have on people in the home. During this inspection we saw improvements had been made to the environment. This included, re-decoration throughout most of the house, which had created a more homely and welcoming environment for people. New windows had also been fitted throughout the property, which further ensured people were safe and warm. The registered manager said a maintenance plan was now in place, which would ensure any changes to the environment were completed in a planned way with minimal disruption to people in the home.

The registered manager said new staff completed a structured induction programme, prior to working unsupervised in the home. We saw a policy, which stated staff would undertake a formalised training package within the first six weeks of employment. We spoke to staff about their training and induction when they first started working in the home. All the staff, including agency staff said they had felt well supported and the induction prepared them for their role. Comments included, “I had plenty of opportunity to shadow staff and had good support from the manager and team”. We saw an induction file for agency staff, with a list of areas of tasks they would need to complete before starting work. However, there was no written induction programme for staff employed by the service and therefore no evidence to demonstrate how the registered manager had assessed new staff to be competent to work unsupervised in the home.

Although staff undertook regular training, a high use of agency staff meant that people were often supported by people who were not always familiar with people’s needs and daily routines. Staff said although the registered manager tried to ensure the same agency staff worked in the home, they did not always work on a regular basis, which meant regular changes in the staff team. Comments from staff included, “People need staff who really know

them well and understand their behaviours, communication and daily routines”, and “People’s needs may not be fully met if staff don’t work regularly in the home”.

We saw staff using their skills and knowledge to support people in a way they preferred and needed. Most of the staff were familiar with people’s particular communication methods and were able to respond promptly to their needs and requests. We saw most staff were able to recognise changes in people’s mood and behaviour, and used this knowledge and understanding to quickly diffuse situations before they escalated. For example, staff recognised when one person had started to get bored of an activity, which could at times result in disruptive and difficult behaviour. Staff who worked with this person regularly understood when the person’s vocal sounds became negative and were able to re-direct them and offer an alternative activity. However, staff who worked regularly in the home said episodes of difficult behaviour did increase when people were being supported by staff who did not work regularly in the home. Comments included, “People need consistency and staff who really understand their behaviour”.

We looked at the records for staff training, which showed all staff had a training programme in place. The registered manager held a spreadsheet on the computer, which recorded when training had been completed and when a refresher or updated course was required. A staff member said she had recently taken on the responsibility for training and had been looking closely at this information to ensure training was relevant and up to date. Staff said training consisted of a mix of computerised learning and face- to- face workshops with a specialist training organisation. Two new members of staff told us they were registered to complete the new care certificate. The Care Certificate is a new national set of standards for all staff new to care. Although all the staff said they had plenty of opportunities for training some said they felt certain areas of training needed to be more thorough to reflect the complexity of the people they supported. Staff also told us training events were at times held in the service and this was at times disruptive for the people in the home and did not create a good atmosphere for learning.

Staff said they felt well supported by the registered manager and their colleagues. Comments included, “We

## Is the service effective?

have regular supervision with the manager and have the opportunity to discuss issues about our work and training” Staff records provided evidence of formalised supervision for staff and annual appraisals of their role in the service.

We spoke to the registered manager and staff about their understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager had undertaken MCA training and was aware of the process to follow if it was assessed people could be deprived of their liberty and freedom. We saw relevant applications had been made to the local authority when the service had assessed they could be depriving a person of their liberty, however, at the time of the inspection the service was still waiting for feedback in relation to these applications.

The registered manager and staff recognised the need to support and encourage people to make decisions and choices whenever possible. Support plans included information about people’s capacity in relation to different areas of their care and lifestyle and highlighted when people were able to make decisions for themselves or if best interest discussions would be needed to support them. For example, one person’s support plan stated they were able to make simple everyday decisions, such as what they wanted to wear, if they wanted a shower or a bath, and that these decisions needed to be encouraged and supported. However, the plan also stated that the person did not have the capacity to understand the consequences of not attending health appointments and how they needed to be supported in this area of care. Records confirmed when best interest discussions had taken place in relation to supporting people with complex healthcare decisions.

People were supported to maintain a healthy and balanced diet. Information about people’s dietary need and particular likes and dislikes had been recorded as part of their support plan. Staff said they supported people to make choices about their meals by showing them a number of options. For example, a choice of breakfast cereals were put out in the dining room in the morning and people were supported by staff to go into the kitchen to choose snacks and drinks. We saw one person use their particular communication method to request a cup of tea. The staff supporting them understood this request and responded promptly. Staff were familiar with people’s dietary needs associated with any health conditions. For example, one person benefitted from having fish as part of their diet and this could result in less need for prescribed medicines. Staff were familiar with this and ensured fish was part of the person’s weekly menu plan. One staff member had a particularly good knowledge of issues relating to people’s eating needs, and risks associated with swallowing. They said they had spoken to the registered manager and agreed they would share their knowledge with the staff team to help further improve practice within the home.

Each person had a health action plan, which included information about their past and current health needs. A communication booklet had been developed for each person to be used in the event of an admission to hospital. This information had been developed in line with best practice to ensure people’s needs were understood and met within the hospital environment. Records confirmed multi-agency meetings had taken place when it had been considered people could not make an informed decision about their health needs. These meetings helped ensure that decisions about people’s health needs were made in the person’s best interest with their rights and choices taken into account.

We saw people being supported to attend appointments and these had been planned in a way that took into account their particular needs and wishes. For example two members of staff supported a person to attend a routine dental appointment. They were very familiar with the person’s needs and the possible risks and obstacles, which could result in a negative experience for the individual and others. The staff had planned the appointment taking into account these known risks, which included, contacting the surgery before the visit, risk assessing the environment and preparing the individual so

## Is the service effective?

they understand what was happening. The staff said without this planning the person was likely to become distressed and refuse treatment. Although the staff who worked regularly with this person told us they were aware of the risks and planning needed the health records did not reflect this information. Health records for this person in relation to dental visits were brief and stated they 'enjoyed

visits to the dentist'. Staff we spoke to said this would not be sufficient information for new staff or staff who did not work regularly with the individual concerned. The absence of this information was raised with the registered manager at the time of the inspection as there were new and agency staff working in the home. The registered manager said they would update this information.

# Is the service caring?

## Our findings

People were treated with respect and staff were compassionate and caring. Staff were friendly, patient and discreet when providing support to people. We saw many positive interactions where staff supported and enhanced people's well-being. Two staff members supported one person to get ready for a health appointment. The staff were aware of the person's anxiety and provided lots of praise and positive comments, "Well done", and "We can have lunch out after". These interactions clearly pleased the person and helped them feel more relaxed and happy about going out.

Relatives told us the staff were kind and thoughtful. Comments included, "The staff are caring, I am happy with the care and support provided and as far as I can see, [...] is happy too", Staff said they felt all the staff team had people's best interests at heart.

People were supported by staff who promoted and protected their privacy and dignity. Although people had been assessed as requiring high staffing levels consideration had been given to ensuring they had privacy and space when they wanted. For example, staff said one person liked to have privacy in the bathroom when they had a bath. The staff would prepare the bath to ensure it was safe and provided the person with the personal care items they needed. They would then sit outside the bathroom to allow the person the privacy they wanted. Another person enjoyed spending time on their own playing a favourite musical instrument. The staff allowed the person the space and privacy they wanted, whilst observing from a distance to ensure they remained safe and happy.

Staff who had worked in the home on a regular basis had a good understanding of people's daily routines and how they liked and preferred to be supported. For example, staff said one person liked to wear particular clothing and aftershave when they went out. Another person liked to choose when they got up in the morning. We saw these preferences were understood and respected by the staff

team. We saw people's support records had been updated to include more specific details about people's daily routines such as, getting up, meal times and going to bed. The staff said this information was required to ensure consistency of care particularly by agency and new staff.

People living at Brookland House had limited verbal communication. Information in people's care files stated that they needed staff to understand their communication methods and visual prompts to support choice making and independence. A professional assessment in one person's file said they would benefit from pictorial information to plan their day so they understood what was happening and had more control. We saw staff used their knowledge of people's communication methods to encourage independence and choice. For example, one staff member understood when a person tapped their chin to communicate they wanted a drink. They were able to respond promptly to this request and meet the person's needs in a way they wanted. Another staff member said they would show people pictures of 'menus' and 'ice-creams' when they are out to help them choose what they wanted to eat. We saw there were very few visual prompts in the home. A notice board in the hallway had a place for pictures of the staff on duty, however, these had not been added. A professional assessment in one person's file said they would benefit from pictorial information to plan their day so they understood what was happening and had more control. Two of the staff we spoke to said they thought people would benefit from more visual prompts and this was an area that could be developed in the service.

People's relatives and friends were able to visit at any time. Staff recognised the importance of people's relationships with their family and promoted and supported these contacts when appropriate. We saw people spending time with their relatives during the inspection. People were relaxed and clearly familiar and happy with these visits. Comments from relatives included, "I am always able to visit, sometimes they know I am coming, other times it is unplanned. I am always made to feel welcome".

# Is the service responsive?

## Our findings

People had a weekly activity plan in their files and this information was also displayed on the office wall. However, the information on the plan did not reflect the actual activities people were involved in. For example one plan stated the person went 'snow tubing' and swimming each week, although discussion with staff confirmed they had not partaken in these activities for some time. We saw a professional assessment by the learning disability service for one person, which detailed they would benefit spending time with staff planning their activities using pictures and other communication aids. The assessment statement they needed this information to be clear and structured to help them understand what was expected of them. It was not evident that these suggestions had been followed for this particular person.

Two staff we spoke to expressed concern that people's opportunity for new experiences outside the home were limited by inconsistency in the staff team. Staff said people supported at Brookland House needed to be supported by people who knew them well. Staff said one person would choose not to go out with staff they were not familiar with, and this would at times result in them becoming isolated. Staff also said there were also times when agency staff who did not work in the home regularly, felt nervous about taking people out. We saw from daily records that one person had not been out for nine days prior to the inspection. Staff said this did not surprise them and that they did their best with what they had and the current staffing situation.

We looked at monthly progress reports relating to activities. These reports listed the number of activities people had been involved in but provided no analysis about what people had enjoyed or not enjoyed or any future planning. A professional assessment in one person's file stated that a good analysis was needed of the activities provided to ensure the person's needs were being met.

People's support plans included information about people's health and social care needs. We saw some of these plans had been developed to include more detail about people's daily routines and how they chose and preferred to be supported. However, support plans in relation to people's health needs did not in all cases reflect the complexity of people's needs or the type of support being provided. For example, one person needed very

specific support to attend health appointments. Staff who knew the person well were familiar with this person's needs, but said the absence of written information could result in inconsistency in the way care is delivered particularly if staff were new or if they didn't work in the home on a regular basis.

Care was not planned and delivered in a way that met people's assessed needs and preferences. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were able to tell us about the different activities people enjoyed inside the home. One person loved music and had their own keyboard, which staff said they liked to use each day. We saw this person enjoying this activity. Another person enjoyed particular sensory activities and had certain items they liked to sit and throw. Assessments by the specialist learning disability service had provided information to staff about why the repetitive nature of this activity was particularly positive and rewarding to the person concerned. Staff allowed this person time and space to enjoy this activity.

Relatives said they were happy with the care provided to people at Brookland House. Comments included, "From what I see [...] is treated as an adult and has the opportunity to do lots of different activities" and "The staff manage [...] health and personal care needs well".

People were supported to maintain and develop relationships with people who mattered to them. Staff were aware that one person had a particular connection with a family member when they played music. The staff allowed this person the time and space to enjoy this activity in a way they chose and preferred. One person enjoyed regular trips out with a family member. The staff told us how they would help with these arrangements to ensure it was a positive experience for all concerned. They told us "We go out with [...] and their relative in case they need any support but try to be as discreet as possible so that they can enjoy their time together". Staff said this person had recently enjoyed a really positive day out and their relative had phoned to thank the staff saying it had been their 'best day' together.

Systems were in place to help ensure information about people's needs were regularly reviewed and updated when required. Records confirmed that monthly meetings took place as well to discuss and document the person's

## Is the service responsive?

progress. Records confirmed that the local authority responsible for the funding of people's placement at Brookland House had also completed reviews of people's care and relatives had been invited to partake in these discussions.

We saw that staff regularly checked with people to see if they were happy with the care and support being provided. We heard staff saying, "Are you ok?" and "Are you happy"? Staff were familiar with people's changes in mood and behaviour, which could indicate people were unhappy or

needed reassurance. The registered manager said they also spoke to relatives to check that they were happy with the quality of care being provided and if they had any concerns. A written complaints procedure was available, with clear information about the action the provider would take if a complaint was made about the service. We saw the provider had responded appropriately to a complaint made about the service, and had taken necessary action to ensure the issue was addressed.



# Is the service well-led?

## Our findings

At our last inspection in November 2014 we found the systems to assess the quality of the service were not always effective. We found hygiene and maintenance of the building required improvement. At this inspection we found improvements in these areas had been made. We saw parts of the home, including the dining area, bathrooms and people's bedrooms had been decorated. Windows and some flooring had been renewed to improve safety and hygiene, and the laundry had been relocated, which was more hygienic and spacious.

At the last inspection in November 2014 we also found that improvements were needed in recruitment and the induction process for new staff. At this inspection we found improvements had been made in the recruitment checks of new staff, however, there was still very limited evidence of a formal induction process to evidence their competency to work in the service. Staff we spoke to said they felt well supported when they first started work, and we saw some tick box forms in staff files to say they had the opportunity to look at policies and procedures and some records relating to the quality of the service. However, these forms had been completed three months after the staff member had started work and did not evidence how the registered manager had assessed their competency to work in the home as part of an induction process.

Although the registered manager undertook a range of quality checks in the home we found some gaps in the monitoring of records could mean people were not protected by the service. The registered manager undertook a monthly audit of how many incidents had taken place but did not in all cases have an overview of what had happened or a system for checking the action taken by staff was appropriate or safe.

Systems were not in place to effectively assess and monitor and improve the quality and safety of the services provided or mitigate risks to people. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It was apparent from speaking to the registered manager that he cared, and was passionate about the people who lived at Brookland House. He said he had worked at the home for many years and had invested a lot of time in providing a safe and caring environment for the people

who lived there. In addition to regular training updates the registered manager also attended the local 'dignity in care forum' and was registered with 'Skills for Care' to receive regular best practice updates. All the staff without exception said they felt well supported by the registered manager and that he was always available to offer support and guidance.

Relatives said they were kept well informed of any important events or significant information. Comments included, "We get a monthly newsletter and we always able to speak to the owners of the home if needed".

Since the last inspection in November 2014 changes had been made to the staffing structure in the home. These changes had included the introduction of a 'designated person' who was responsible for overseeing each shift and important tasks that needed completing. A deputy manager had also been appointed and staff had undertaken other designated roles such as training and medicines management. Staff said these roles were clear and ensured everyone was aware of would take the lead if important decisions needed to be made.

Staff told us they had plenty of opportunities to discuss and question their practice and felt well supported by management and their colleagues. However, all of the staff said they felt frustrated by the inconsistency of staffing and recognised that a high use of agency staff did not always provide consistency of care for the people in the home. All the staff we spoke to said they felt the service had difficulty keeping permanent staff due to the long hours staff were expected to work, and a lack of preparation about people's complex care needs. We spoke to the registered manager and the owners of the service about these issues at the time of the inspection. They said they were in the process of recruiting permanent staff and would take on board these staff comments as part of this process.

As well as seeking feedback from relatives, staff and other agencies the registered manager undertook a range of audits and safety checks to assess and maintain the quality of the service. A health and safety checklist was in place, which included regular checks of equipment, vehicles, and cleanliness of the environment. The registered manager also completed regular audits of people's personal finances, medicines and support records. They said they

## Is the service well-led?

had been aware some of these checks did not take place when they were away from the home and this would now be addressed with the changes in management structure and new designated roles and responsibilities.

The regional manager for the organisation completed an additional monthly quality check of the service and also provided support and supervision for the registered manager. We saw copies of these visits and action plans when any improvements had been identified.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

People who used services and others were not protected against the risks associated with abuse or improper practice because the systems and processes to record and report incidents were not effective and safe.

Regulation 13 (1) (2)(3)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staffing arrangements were not sufficient to ensure people were kept safe and had their needs met.

Regulation 18 (1)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Systems were not in place to ensure people had opportunities that met their needs and preferences.

Support plans did not in all cases include sufficient information to enable staff to deliver safe support that met people's needs and preferences.

Regulation 9 (1) (a)(b)(c) (3)(b)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

## Action we have told the provider to take

Systems for overseeing and analysing incidents and accidents were not sufficient and did not ensure people's safety.

Regulation 17 (1)(2)(a)(b)