Alexandra Specialist Care Limited

Brooklands Nursing and Care Home

Inspection report

Rounday
Blackpool
Lancashire
FY4 4LY

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13 June 2016
15 June 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 13 & 15 June 2016 and was an unannounced inspection.

Brooklands nursing and care home is located in a residential area in the South Shore area of Blackpool. It is a purpose built home that provides residential and nursing care for up to eight people with acquired brain injury. There is a passenger lift for ease of access and the home is fully wheelchair accessible. There is a conservatory, garden and patio and a parking area to the rear of the building. At the time of the inspection there were seven people lived at the home.

At the last inspection in May 2014, the service was meeting the requirements of the regulations that were inspected at that time.

There was a registered manager in place. 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.

People had limited communication and all except one person had no verbal communication. Although people were unable to answer questions, we spent time talking with them and observing staff interactions. We communicated where possible through non-verbal communication and gestures and electronic communications. People indicated they felt safe living at Brooklands and liked living there.

Risks to people had been minimised because the registered provider had procedures in place to protect them from abuse and unsafe care. Staff had all received safeguarding training and knew what to do if they saw or suspected abuse.

We looked at how the home was being staffed. We saw there were enough staff to provide safe care and to provide one to one care for those people who required this. People we spoke with indicated there were enough staff to support them indoors and to go on trips and activities. Care records confirmed this.

We saw staff were familiar with people's care needs, likes, dislikes and wishes. People indicated staff were friendly, caring and respectful. We saw staff supported them to remain as independent as they could be and encouraged them to make choices.
Recruitment and selection was carried out safely with appropriate checks made before new staff started working in the home. This reduced the risk of employing unsuitable people.

Staff managed medicines safely. Medicines were given as prescribed and stored and disposed of correctly. We saw people received their medicines when they needed them.

Staff had received training in care and in specialist skills which enabled them to provide safe care and

support to people. People received nutrition by a percutaneous endoscopic gastrostomy (PEG) because they were either unable to swallow or to eat enough and needed long term artificial feeding. Staff ensured people received adequate nutrition safely.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). This enabled staff to work within the law to support people who may lack capacity to make their own decisions.

There was a transparent and open culture that encouraged people to indicate how they wanted to spend time. Relatives felt theirs and their family member's needs and wishes were listened to and acted on. They said staff were easy to talk to and encouraged them to raise questions at any time.

There were procedures in place to monitor the quality of the service. The registered manager sought people's views in a variety of ways and dealt with any issues of quality quickly and appropriately.

The home was comfortable, clean and hygienic with good infection control practices when we visited. There were no unpleasant odours. Relatives said they were pleased with the standard of hygiene and good infection control in the home.

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.

Staffing levels were sufficient to support people safely. Recruitment procedures were safe.

There were suitable procedures in place to protect people from the risk of abuse.

Medicines were managed appropriately. They were given as prescribed and stored and disposed of correctly.

Is the service effective?

Good

The service was effective.

Procedures were in place to assess peoples' mental capacity, where there were concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

People's nutritional needs were met appropriately.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

Is the service caring?

Good

The service was caring.

Staff knew and understood people's history, likes, dislikes, needs and wishes. They took into account people's individual needs when supporting them.

People we spoke with indicated staff were kind and caring. Relatives told us they were pleased staff supported their family member's so well.

We observed staff interacting with people in a caring and patient way ensuring they respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. There was a variety of activities arranged to interest people and encourage interaction.

Care plans were personalised, involved people and, their relatives and were regularly reviewed. Staff were welcoming to people's friends and relatives.

People indicated and relatives told us they knew how to complain if they ever needed to.

Is the service well-led?

Good

The service was well led.

Staff observed and encouraged people to express their views using alternative methods of communication. Relatives told us staff were approachable and easy to talk with.

A range of quality assurance audits were in place to monitor the health, safety and welfare of people who lived at the home. Any issues found on audits were quickly acted upon.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Brooklands Nursing and Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 & 23 May 2016 and was unannounced. The inspection team consisted of an adult social care inspector.

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

We also reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We spoke with a range of people about the service. They included the registered manager, six members of nursing and care staff on duty. We observed staff interactions and interacted with all seven people who lived at the home and two relatives.

People living at the home were unable to verbally communicate so could not comment directly on their care and experience of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of three people and their medicine records. We looked at the previous four weeks

of staff rotas, recruitment and staff training records and records relating to the management of the home.

We also spoke with health care professionals, Blackpool Clinical Commissioning Group (CCG), the Community brain injury service, the commissioning department at the local authority and other professionals involved with the home. We also contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Good

Is the service safe?

Our findings

People who lived at Brooklands had little or no verbal communication and limited alternative ways of communicating. Where possible we sought their views. We also spoke with relatives and observed how staff interacted with them. Two people indicated they felt safe at Brooklands and were satisfied with the care. Relatives felt confident their family members were being looked after. One relative said, "[I know [family member is safe, even on days I don't visit. The staff are fab." People were supported to safely spend time in communal areas of the home and their bedrooms as they wanted. They were also frequently supported to access the local community.

There were procedures in place to protect people from abuse and unsafe care. There had been no safeguarding alerts raised about the service in the previous twelve months. Staff had all received safeguarding training. We asked staff how they would deal with unsafe care or a suspicion of abuse. They told us they would report this straight away and also make sure the person was safe. From this we could see they had the necessary knowledge to reduce the risk for people from abuse and discrimination.

Risk assessments were in place to provide guidance to staff and reduce risks to people's safety. There was a structured process in place regarding the risk management of people. The risk assessments we saw provided instructions for staff members when delivering their support. Staff spoken with told us the risk assessments were clear and informative.

We looked at how the home was being staffed. We did this to make sure there were enough staff to support people throughout the day and night. People able to use recognised communication indicated there were enough staff. Relatives told us they were pleased with staffing levels. Staff said there were enough of them to support people well. A member of staff told us, "We always have the time to support people in a safe respectful way without rushing them." Another member of staff said, "We have enough staff to support people really well. I felt like it was my birthday when I came here. I am able to spend time with the residents."

We checked staff rotas and observed throughout the inspection whether there were enough staff to provide safe care. We saw there were sufficient staff to provide people with personal care and activities in and out of the home. Staff and people's relatives told us agency staff were rarely used. On the few occasions agency nurses were used, they were supported throughout the shift by extra experienced care staff.

Staff spoken with were familiar with the individual needs and communication of people and were aware of how to support them. People's methods of communication, gestures and responses were documented so staff were aware of their needs.

People told us the home was comfortable, clean and hygienic, tidy and fresh smelling. There were no infection control issues and staff were aware of the need for vigilance in regards to cross infection. We observed good use of personal protection equipment. Staff had been trained and were knowledgeable about infection control.

The home, facilities and equipment were well maintained. There was a rolling programme of redecoration and improvements. This included a recently built conservatory to extend the communal space in the home. Bedrooms were spacious and personalised according to each person's likes and dislikes. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. Legionella checks had been carried out and equipment had been serviced and maintained as required. We checked a sample of water temperatures. These were delivering water at a safe temperature in line with health and safety guidelines.

A fire safety policy and procedure was in place, which clearly outlined action to be taken in the event of a fire. A fire safety risk assessment had been carried out so the risk of fire was reduced as far as possible. Staff had taken part in fire drills so they understood what to do to keep people and themselves safe.

Staff told us that they had documentation for any accidents or near misses. They had not needed to use this. However if a situation occurred they would evaluate how this had been managed and what lessons had been learnt.

We saw medicines were managed safely. They were ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed medicines being given. Medicines were given safely and recorded after each person received their medicines.

When required medicines were given as people needed these. Several people were able to indicate when they needed pain relief. Others relied on staff vigilance and pain assessment tools. These tools assisted staff to accurately record observations and identified distress cues in people with severely limited communication. Staff were exceptionally observant and understood people's facial expressions and other non-verbal communication. This vigilance reduced the risk of people being uncomfortable or in pain.

Audits were in place to monitor medicine procedures and to check people had received their medicines as prescribed. Medicines training was provided and updated regularly. This provided staff with up to date knowledge and skills, particularly where there were complex medicine regimes. Competency checks had been completed on each member of staff who administered medicines to ensure they administered medicines safely.

We looked at the recruitment and selection procedures for the home. We looked at four staff files. The application forms were completed and any gaps and discrepancies in employment histories followed up. This meant the management team knew the employment details for each prospective member of staff.

A Disclosure and Barring Service (DBS) Check had been received for each member of staff before they commenced employment with the organisation. This allowed the employer to check the criminal records of potential employees to assist in assessing their suitability to work with vulnerable adults. References had also been received before new staff were allowed to start work.

We spoke with three members of staff; who confirmed they were unable to commence work before appropriate checks had been made. The organisation checked when recruiting nurses that they were registered with the nursing and midwifery council (NMC). These checks were repeated regularly to ensure the nurse was still registered with the NMC and therefore able to practice as a registered nurse.

Good

Is the service effective?

Our findings

We spoke with staff about arrangements in place for meal preparation and choice of meals. They told us all people who lived at Brooklands were currently peg fed and unable to eat. A percutaneous endoscopic gastrostomy (PEG) is used when people are unable to swallow or eat enough and need long term artificial feeding. This means they are given artificial nutrition directly via a tube into the stomach. The feed contains all the calories and other essential nourishment such as vitamins and minerals the person needs.

All staff had been trained to carry out this procedure. This included theoretical knowledge and training, frequent observation followed by carrying out the task under supervision until they were fully competent. All staff were observed and monitored carrying out PEG feeds on a regular basis to ensure competence. We observed staff preparing and carrying out this procedure. They carried this out safely and efficiently.

We spoke with people who indicated staff were competent at providing their nutrition. Relatives told us they saw how careful staff were when giving people their nutrition and how they made sure people had the level of nutrition that was suitable for them.

Staff used a nutritional risk assessment as part of their nutritional screening to identify those people who were at risk of obesity or malnutrition. People`s weights were monitored frequently to check they received adequate nutrition and maintained a healthy weight.

Specialist dietary, mobility and equipment needs had been discussed with people and their relatives and recorded in care plans. People indicated their healthcare needs were well met by staff. Relatives told us their family members had regular health checks. They said staff quickly responded to any changing needs and informed them of any concerns at the earliest opportunity. People indicated they were referred to relevant health professionals where needed. Care records seen confirmed this. One relative said, "They always let us know of any concerns or health issues. We are fully involved."

Relatives told us their family member's needs were being exceptionally well met by the staff team. They said they were involved in how their care was provided. A relative said, "We are just so grateful [family member] ended up here. The difference is unbelievable." Another relative commented "Nothing is too much trouble and our questions are always answered with kindness and understanding."

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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We spoke with the staff to check their understanding of MCA and DoLS. They knew how to determine people's capacity to make particular decisions and ensure decisions were in people's best interests. MCA and DoLS procedures were in place to assess people's mental capacity and to support those who lacked capacity to manage risk. Relevant staff had been trained to understand when an application should be made. Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training in these areas.

We looked at records to see that people had consented to their care where they had mental capacity. People indicated they could make and were encouraged to make decisions and choices. We saw staff had the skills and patience to assist people in communicating using alternative methods of communication. We saw where possible staff asked people for their consent to care. People who could communicate formally indicated they were encouraged to make choices and decisions. They said staff did not restrict the things they were able, and wanted, to do.

We looked at the care and support provided to people who may not have had the mental capacity to make decisions. We saw staff were working within the law to support people who may lack mental capacity to make their own decisions. We saw evidence they had ensured best interest decisions were carried out where people lacked mental capacity to make a particular decision. These involved all interested parties in the process to protect the rights of people who lived at the home. Staff were proactive in the way they provided care in the person's best interests and where possible with family involvement. Where they knew the views the person had before they acquired their brain injury, they took this into account with any decisions.

Relatives told us they were confident staff were well trained and knew how to care for people. Staff told us they were provided with comprehensive induction training when they started working for the organisation. They were then supernumerary and shadowed experienced staff for a period of time to assist them to develop skills and knowledge. Staff were taught how to provide people with suction and to carry out PEG feeds and then supervised until they were signed off as competent. From then senior staff randomly carried out competency checks on all staff.

The staff we spoke with told us they had good access to training and were encouraged to develop their skills and knowledge. We saw from the training matrix staff were up to date with their training. Staff had completed national qualifications in care. They had also completed other training including; Mental Capacity Act and Deprivation of Liberty training, pressure relief, safeguarding vulnerable adults, communication, PEG feeds, suction training, infection control, epilepsy and diabetes. This enabled the management team to monitor staff had completed required training. A member of staff told us, "We have frequent training and it is interesting and very useful." Another member of staff said, "I found the alternative communication training really good."

Staff received regular supervision and appraisal. This is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. Staff told us they could also speak with the registered manager at any time if they had any ideas, worries or concerns. They also had formal staff meetings. One member of staff said, "I love it here, we get great support. I have learnt so much."

Good

Is the service caring?

Our findings

People able to communicate with us using alternative communication indicated staff were supportive and helpful. One person said, "Good." A relative told us, "Everyone is so caring. The care of the patients is exceptional." Another relative said, "Just keep up the excellent care that is always provided." Other comments included "The staff are brilliant, fab and really care." and "All the staff are so pleasant and helpful. They so obviously care and enjoy their job. We cannot fault them."

We observed staff to be caring and attentive in the ways they supported people. We saw staff interacted frequently with the people in their care. Although almost all people who lived at Brooklands were unable to answer questions directly, we spent time with them and observed staff interactions. We saw two people had a low level of response to stimuli and communication. Although staff received little feedback, they were excellent in the way they carried on conversations with and interacted with each person. They talked about daily events and informed people of the care they were carrying out and planned activities, regardless of their apparent level of cognition. Staff told us no one knew whether each person was aware of what was going on around them and they all had the right to be treated in a way that respected them.

Staff responded to any non-verbal gestures and requests for assistance promptly. We saw staff explaining what they were going to do before attempting any tasks or activities. They involved people in decisions about activities and the time the individual received personal care.

Staff knew and responded to each person's diverse cultural, gender and spiritual needs and treated people with respect and patience. They understood people's way of communicating and observed carefully for any signs of distress or discomfort and acted on this. We saw staff were friendly and respectful and there was a close bond between residents and staff. One member of staff said, "I couldn't work anywhere else after this. Everyone has such high standards."

People were treated with kindness and compassion and cared for in a way that promoted their dignity. We saw staff treated everyone with respect and dignity. They talked with people in a respectful, polite manner. They knocked on bedroom and bathroom doors to check if they could enter and respected their privacy. A relative told us, "All the staff here treat people with respect and protect their privacy."

People looked cared for, dressed according to their wishes and well groomed. Staff were knowledgeable about people's history, likes, dislikes, needs and wishes. They regularly went out on activities of their choice in the local community.

We saw Independent Mental Capacity Advocates (IMCA's) had been involved where people had been assessed in relation to DoLS applications. Information was available to people about how to get support from independent advocates so people had a 'voice', particularly where there was no family involved.

Staff were able to support people and their relatives with end of life care, so they could remain in the home. Staff had end of life information on people's preferences in place. We saw people's wishes were clear and

staff were aware of these. We were told of a recent bereavement of a person who had lived in the home. They told us how they supported the person through to the end of life. We saw how the person's family had praised the care and support given to their family member since they had moved into Brooklands. They commented, "You [the staff team] can be so proud of yourselves for the exemplary level of care you gave to [family member] and give to all your patients. They went on to express their gratitude for the excellent care given to their family member saying, "We are so pleased that you made [family member's] life as normal as possible, having proper baths and frequent trips out." They added this was so different from the previous care home."

Staff told us how it was important all the people who lived at Brooklands were supported through the loss. They explained they supported people to grieve as they preferred. They also continued to talk about the person who had died checking this was not distressing people. Staff praised the support the registered manager gave everyone, residents and staff during this time. They explained she considered the effect of the death on everyone. She and the owners had not moved anyone else into the home to allow everyone to start to come to terms with the loss.

Good

Is the service responsive?

Our findings

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. The atmosphere in the home was relaxed and friendly. Interaction was frequent and friendly and people were encouraged to enjoy activities. A relative told us, "There is nowhere else like it. Absolutely great service."

Staff encouraged people to retain as much independence and make as many choices as possible. People were treated as individuals and assisted to follow the routines they chose. People were supported to get dressed and out on activities, whenever possible. Several people had not been out of bed since their brain injury until being at Brooklands. The family of one person said, "It has been wonderful to see [family member] going out again doing ordinary things with staff support."

Staff recognised the importance of social contact, companionship and activities, particularly where people were unable to move by themselves. They continually observed people's non-verbal reactions and interacted with people, unless they indicated they wanted to be quiet or alone.

We saw there was a frequent range of stimulating activities provided. These included music, visiting the zoo, sea life, shopping, local park, theatre and concerts. Watching sport, was particularly well liked. Football was the favourite as several of the people who lived at Brooklands were football fans. Where possible staff were matched to service user in their interests and activities so they could share their knowledge and enthusiasm.

We received positive feedback from relatives about the activities. One relative told us, "The people here, they go out, they still have a life, they can enjoy things and the staff make sure they can." Other professionals told us staff increased the quality of life for people with a varied social programme.

We spoke with the registered manager about how they developed care plans when people were admitted to the home. She told us an assessment of people`s needs started with the person and their relative, if appropriate when staff first met people. Care plans and risk assessments were started during visits. They were added to soon after admission and regularly reviewed and updated.

We looked at the care records of three people we chose following our discussions and observations. Each person had an informative personalised care plan and risk assessments in place that gave details of their nursing and care needs, likes and dislikes, hobbies and interests prior to their brain injury and any since admission to hospital. From the care records and talking with people and their relatives it was evident they were involved in care planning.

From this information staff developed care routines and activities. People indicated and records confirmed people got up and went to bed when they liked. For example several people were late rising and late to bed prior to their brain injury. This was continued as a routine unless there was an indication the person no longer wanted to. Staff showed they had a good knowledge of people. They told us who would usually wake

early in summer but wanted to stay in bed in winter. They laughed with the person and involved them in the conversation. One person clearly indicated this was the case. They also talked about the different activities people liked – and disliked, the type of films and music people enjoyed.

We saw relatives were encouraged to visit and made welcome when they came. A relative said, "We are always made welcome. We can pop in anytime. We don't have to ask." Another relative told us, "The staff are so supportive. They are always willing to help and advise. They are also starting a support group for families."

We looked at the complaints policy and saw people who lived at Brooklands and their families had been given information on how to complain. People with recognised communication indicated they knew how to raise a concern or to make a complaint if they were unhappy with something.

Relatives said if they had any concerns or ideas staff listened to them and took action to improve things. One relative said, "I have never had to complain about anything here. If I had any concerns I would do something about it but I have never needed to." Another relative told us, "The manager is really easy to talk to as are the staff. We can suggest any changes or ideas and we are listened to. The registered manager told us they had not received any complaints but worked closely with people and their relatives to ensure they provided the care people wanted.

We spoke with health and social care professionals who told us there were no concerns about the care in the home. They told us staff were very flexible in the way they met the needs of people and there was a person centred approach to care. They also said staff asked for advice if needed and followed this well.

Good

Is the service well-led?

Our findings

People indicated staff were friendly and caring. Relatives told us the registered manager and staff team were friendly, approachable and willing to listen. They said staff encouraged them to ask questions or make suggestions and they and their family members were well supported. A relative said, "I can approach the staff here anytime and they are always willing to listen. Another relative told us, "The manager will make time for you however busy she is. This is a wonderful home."

The registered manager sought the views of people and their families in a variety of ways. She told us she had an 'open door' policy and relatives could talk with her whenever they wanted. Relatives spoken with confirmed this. Although formal residents meetings were not possible, staff sought people's views informally and individually. Where people could not offer opinions staff observed people's reactions to different situations. Relatives were encouraged to talk informally with the registered manager and staff as well as completing questionnaires about their experience of the home.

The registered manager had arranged for a website to be set up and made available only to families. On this staff added photographs of outings, activities and any information relevant to all families. As the website was only accessible to families this remained private to them. She was also starting a family support group where families had the opportunity to get together, to find out relevant information and to support one another.

The home had a clear management structure in place. The registered manager had a clear vision of how to support people and inspired the staff team. Staff we spoke with told us the registered manager was supportive and approachable. They said she was also clear about the care and standards she expected – the highest. Staff told us they were very happy at Brooklands. One member of staff said, "I am proud to work here, people are so well looked after and we get great support." Another member of staff told us, "I have never worked anywhere else where the manager is so supportive and the owners, they genuinely care." Other professionals commented on the excellent management of the home and support of staff. They told us staff were well motivated to provide good care in a friendly and supportive environment.

There were procedures in place to monitor the quality of the service. Audits were completed frequently; at least weekly in all areas and medication was audited daily. Audits included monitoring the home's environment and equipment, infection control, care plan records, medication procedures and maintenance of the building. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward. The registered manager also carried out unannounced visits during the day and night to monitor the care provided.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. Staff worked in partnership with other organisations such as the Brain injury support networks and the local hospice who helped them make sure they were following current practices.

There were frequent staff meetings held to inform, involve and consult staff. Staff told us they were able to suggest ideas or give their opinions on any issues. One member of staff said, "I feel I can ask anything anytime. The manager is good. She gives support and encouragement."