

Parkcare Homes (No.2) Limited

Brooke House

Inspection report

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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



Overall summary

We carried out this inspection on 10 and 13 November 2015. The inspection was unannounced. Brooke House provides accommodation and support for up to nine people with a learning disability or who have autism spectrum disorder. There were nine people living at the home when we carried out the inspection.

The home 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.

People felt safe living at Brooke House and people were very much at the heart of the service. People were supported to take informed risks. Risk assessments had been completed for the environment and safety checks were conducted regularly of gas and electrical equipment. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse.

Summary of findings

People were supported to receive their medicines safely from suitably trained staff. There were enough staff to meet people's needs. People were involved in the recruitment process and relevant checks were conducted before staff started working at Brooke House to make sure staff were of good character and had the necessary skills. Staff received regular supervision and appraisals where they could discuss their training and development needs.

Staff sought consent from people before providing care or support. Decisions were taken in the best interests of people.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy. Staff knew what was important to people

and encouraged them to be as independent as possible. People were supported and encouraged to make choices and had access to a range of activities tailored to their specific interests.

Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs. 'Residents meetings' and surveys encouraged people to provide feedback, which was used to improve the service.

People liked living at the home and felt it was well-led. There was an open and transparent culture with people able to access the community as part of their daily activities. There were appropriate management arrangements in place. Staff and people told us they were encouraged to talk to the registered manager about any concerns. Regular audits of the service were carried out to assess and monitor the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe living at the home and staff knew how to identify, prevent and report abuse.

There were enough staff to meet people's needs and people were involved in recruiting staff to the home.

Risks were managed appropriately and medicines were managed safely

Good



Is the service effective?

The service was effective.

Staff received appropriate training, supervision and appraisal. People were supported to access health professionals and treatments.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Good



Is the service caring?

The service was caring.

People and their families felt staff treated them with kindness and compassion.

People decisions were respected and were encouraged to remain as independent as possible. Their dignity and privacy was protected at all times.

Good



Is the service responsive?

The service was responsive.

People received personalised care from staff who understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and were reviewed regularly.

People had access to a range of activities, and could choose where and how they spend their day.

The registered manager sought feedback from people and made changes as a result. An effective complaints procedure was in place.

Good



Is the service well-led?

The service was well led.

People and staff spoke highly of the registered manager, who was approachable and supportive.

There was an open and transparent culture in the home. There was a whistle blowing policy in place and staff knew how to report concerns.

There were systems in place to monitor the quality and safety of the service provided.

Good



Brooke 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.

This inspection took place on 10 & 13 November 2015 and was unannounced. The inspection was carried out by one inspector, and a specialist advisor in the care of people with learning disabilities.

Before the inspection, we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people living at the home, and two family members. We also spoke with the registered manager and six staff members. We looked at care plans and associated records for four people, three recruitment files, accidents and incidents records, policies and procedures, minutes of staff meetings and quality assurance records. We observed how staff interacted with people whilst supporting them with a range of activities in the home. Following the inspection we also spoke to seven health professionals.

We last inspected Brooke House on 16 August 2013, where no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe living at Brooke house. One person said, “I feel safe, because the people around me are not going to do anything nasty, I feel very secure.”

There were enough staff to meet the needs of people and to keep them safe. We observed that staff were available to support people whenever they needed assistance. The registered manager kept the staffing levels under review and staffing was adjusted to meet people’s needs. People and staff told us they felt the number of staff was sufficient to look after people’s routine needs and support people individually to access community activities.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed in the home. Staff records included an application form and a record of their interview, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people use care and support services. Staff confirmed this process was followed before they started working at the home. A staff member told us that when they were interviewed people living at the home were involved in the process. The home could then check if the applicant was suitable to work with the people they would be supporting. A staff member said, “When I had my interview, I had a person living at the home in my interview with me, asking me questions, and it was amazing I really enjoyed it.”

People living at the home wanted to get involved in a recruitment drive, to employ more staff. One person living at the home came up an idea of holding a recruitment day in the centre of town. The registered manager told us that people living at the home really got involved and enjoyed going up to people and telling them why they should work at Brooke house and gave out leaflets and applications forms. The registered manager said, “It worked really well and the home recruited some really good staff from the day.” A family member said, “They really enjoyed the recruitment day and it made them feel really valued.”

A safeguarding policy was available and staff were required to read this and complete safeguarding training as part of

their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, “It’s good to know where to go with safeguarding as I want to protect people.”

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and had been assessed as competent; New staff were trained by observing and shadowing senior staff members administering medication and then were observed at least three times to check for understanding and safe administration. Medicine audits were carried out by a pharmacist once a year. The senior regional manager carried out medicine audits every two – three months as well as regular spot checks by the registered manager.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Risk assessments covered support for people when they went out in the community, participated in social activities and leisure interests. Risk assessments were reviewed yearly or when needed. A staff member said, “We give people advice, so if they go out on their own and don’t feel comfortable, we tell them to ring us up and we will pick them up.”

People were involved in running of the home; one person assists with the fire tests each week and keeps their own file to record their findings in. They are pleased to be part of this, and they were keen to show us how they assisted in testing the fire alarms at the home. People had individual evacuation plans in case of an emergency. The first language of one person was not English, so their individual evacuation plan and fire procedure was written in their own language. There were plans in place to deal with foreseeable emergencies. The home had a major incident contingency plan in place for the loss of services due to severe weather and loss of power to the home, as well as other foreseeable incidents. Staff were aware of what action to take in the event of a fire and fire safety equipment was maintained appropriately. Safety checks of gas and electrical equipment were conducted regularly.

Is the service effective?

Our findings

People told us, they liked living at the home and were able to make their own decisions. One person told us, “I like to be able to cook what I want.” Another person said, “If I had a health problem, I would definitely talk to a member of staff.” Another person told us the best thing about living at the home was, “I can choose what I want to do.” A family member said, “The keyworker is very nice and takes them out shopping quite a lot.”

One person said, “I get support to get my shopping.” People met with their keyworker each week to plan their meals for the week ahead. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person’s care and liaising with family members. People choose what they would like to eat and were supported by staff to write a shopping list for the ingredients. People were supported by staff to the shops to buy food, and could choose which shop to visit. When food was purchased each person living at the home was provided with their own locked cupboard to store their food, as well as a section in the fridge and freezer. People could then choose their own mealtimes and were assisted to prepare and cook it. The registered manager told us when they first arrived meals were at set times with set menus, and they didn’t feel that was appropriate, as we all choose to eat at different times when we are hungry and we all like different foods. The staff were recalcitrant at first and didn’t know how this would work, but staff told us, “They couldn’t see it any other way now, it just feels right.”

Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the range and quality of the training and told us they were supported to complete any additional training they requested. One staff member said, “Training is really good, and I am happy as I am completing my level diploma level 3 in Health and Social Care.” Staff were up to date with all the provider’s essential training, which was refreshed regularly. Training was a mixture of on line training and face to face training. In addition staff were completing training linked to the Qualification and Credit Framework (QCF) in autism and learning difficulties. This was to further increase their skills and knowledge in how to support people with their care needs.

New staff to Brooke house completed a comprehensive induction programme before they were permitted to work

unsupervised. People living at the home were involved in showing people around the home. New staff had started working towards the care certificate through Southampton City Council. This is awarded to staff new to care work who complete a learning programme designed to enable them to provide safe and compassionate care.

Staff had one-to-one sessions of supervisions every month; supervisions provided opportunities for them to discuss their performance, development and training needs. As well as a yearly appraisal. One staff member said, “I have a supervision every month and am able to get my views across.” Another staff member said, “I have supervisions every month, really good. I can tell them how I am feeling and what I am struggling with.” The registered manager told us that after every appraisal is updated on to our computer system it pulls it all together to produce a learning outcome to work towards and review.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people had been assessed as lacking capacity, best interest decisions about their care had been made and documented, following consultation with family members and other professionals, where relevant.

Where people found it difficult to manage their money independently, the registered manager had systems in place to support people appropriately and to protect them from financial abuse. This included money which was held, and spent, by people living in the home. This involved a best interest decision for one person for finance, following consultation with family members and health professionals. This was clearly documented with clear guidelines to make sure this was managed safely and in the person’s best interest.

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 are called the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently

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subject to a DoLS the registered manager was able to explain about the process they would need to follow and how they would seek authorisation to restrict a person's freedoms for the purpose of care and treatment.

Records showed people accessed a range of health care services which included doctors, dentists, podiatrist, social workers, community nurses and the speech and language therapist. When we spoke to health professionals we received a mixed response concerning one person living at the home with very complex needs. One health professional informed us that the home didn't follow recommendations and that risk assessments and care plans were not updated, causing the person to be at risk. Another health professional informed us that the person wasn't at risk and the home were supporting them well but paper work could be strengthened. Other health professionals informed us that they felt people were supported well and people liked living at the home. When we spoke to the home staff were aware of the concerns raised and were working with the person to improve their outcomes. We saw copies of assessments and that plans had been updated and reviewed, and the home were waiting for a meeting to be arranged between all parties to improve and strengthen the support the person receives.

The home held information about the people's health needs, their medication, information as to their likes and dislikes and communication needs. In addition each person living at the home had an hospital passport, which would go to the person should they need to access emergency or planned medical treatment, to assist care staff in the provision of the person's care and support. However we noticed on our first day some people's passports needed more information, and this was completed and updated straight away to reflect current needs.

People had their own bedrooms and free use of a lounge, dining room and kitchen and garden. This gave them the option of where they wanted to spend their time. Brooke house was in the process of redecoration; all the carpets in the bedrooms have been replaced and the rooms redecorated. The home used this opportunity to ask people if they would like to swap rooms, and some people took up this opportunity and staff supported them to complete this. New doors are being planned next month, throughout the home as well as a new front door.

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person said, "I like the staff here, they are very friendly." Another person said, "All of the staff are very nice people." A family member told us, "All the staff are good, very caring and dedicated." Another family member said, "Staff are caring and know them well."

Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. Staff told us that privacy and dignity was always adhered to. One staff member said, "I will always knock on their bedroom door, if they say come in, I will go in. If someone says need my own time, I will respect that and not go in."

Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. They also demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were, showing how they have taken the time to get to know people in their care. Staff showed respect for people by addressing them using their chosen name, maintaining eye contact and ensuring they spoke to people at their level.

Staff understood the importance of promoting and maintaining people's independence. The registered

manager told us one person has moved onto to their own flat with supported living, while two other people are waiting for accommodation to come up. The home had also supported three people to gain paid employment. All people living at the home have their own front door key and lock for their bedroom door.

People living at the home, liked to get involved in charity events and fundraising and really enjoyed discussing ideas and putting them into practice. Recent events included 'the great British bake off' for red nose day. For children in need people wanted to do an ice bucket challenge and get staff involved, and people could choose how much they wanted to get involved or not take any part at all. This was something that they had chosen to do and staff support them to do this.

At Christmas people had decided to make some soup, mince pies and pigs in blankets, and buy some toiletries. People were then going to hand to the homeless in Southampton, to show people were thinking about them at this time of year.

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view them. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard. One staff member said, "The persons key worker session is always carried out in private, with no one else around, and we always tell the right people only who need to know."

Is the service responsive?

Our findings

People received personalised care from staff who supported people to make choices. One person said, that they liked their room and the best thing about living here was “The freedom to stay out as long as I like.” Also that, “They could have a friend come over to see them.”

Care plans included detailed information and guidance for staff about how resident’s care and support needs should be met. They contained information about people’s medical and physical needs. People’s support plans had aims which were broken down into short, medium and long term. An example of one person’s short term aim was to attend a day centre in the week, which they were achieving. A longer term aim might be to gain paid employment, or to have their own apartment.

Staff members told us, care plans were based on the individual person. They said, “These were very helpful in understanding how to help the person, to support their needs.” Care plans were very personalised and easy to follow, and showed how people should be supported to make choices. They included information about what the person could do and what they requires support to achieve. For example, care plans informed staff about which personal toiletries people liked to use and when they would need to buy them. A health professional told us, “The care plans are very person centred and they really involve the person with their care plan.”

People could choose their own key worker and care plans were reviewed by keyworkers monthly. Weekly meetings were held with people and their key workers to talk about if they were happy with the care provided, any complaints and what they wanted to achieve. At the end of the monthly review for people support plans it had a comment for people to add their views. A copy was given to the person to keep. One staff member who worked as a keyworker told us, “I talk to them about activities, college work, finances and holidays.”

People were supported to participate in a range of social and leisure activities in line with their personal interests. These included drama club, day centres, football, swimming, and cycling. A staff member told us that if it is a nice day we might go into the new forest. A recent holiday had been arranged in Weymouth at a caravan park, staff were available at Brook House in case anyone chose to

come home. It was the first time one person had ever been away on holiday and staff told us they really enjoyed it. People told the registered manager that they would like to go to Spain next time, so they are in the process of sorting out people’s passports. Staff told us if a person wanted to go to a day centre, we will go with them to start with. Then when they feel comfortable they can go on their own, they will let us know.

People were supported with group activities. For example, one group activity involved a disco in August 2015 at a local venue, which staff supported people with. People really enjoyed this and it has now become a regular item. One person is the DJ, which they told us they really enjoyed. People were involved in booking the venue, choosing the food, making decorations and posters. Discos and parties posters were always discussed with people to ensure they are happy before the final version. At Christmas people were planning a community disco and were involved in selling tickets and inviting people to attend.

One staff member told us, we have one person who is very religious and we take them to church every Sunday. One staff member said, “Always try to promote it, it’s important to express your beliefs.” We spoke with their health professional who confirmed that religion is very important to the person and staff have been very proactive at finding a suitable church to meet their religious needs.

People were able to go out independently if they wished, or could choose to go out with staff. A staff member told us, about a person who wanted to be more independent while going to the shops. However the person’s road safety awareness was not adequate, so staff were supporting road safety awareness training. They were watching the person when they went and returned with an aim to reduce the support as the person’s skills improved.

Residents meeting were held every couple of weeks and minutes from a meeting in July 2015 showed people living at the home wanted to put some house rules developed by themselves in place. As well as residents meetings people were involved in the home and a representative from the home was assigned to ‘your voice.’ People could choose to go to these meetings with or without staff support. This involved meeting with the residents, to hear what they want from the home then attending the provider’s head office in Poole to meet other representatives from other homes across the company. From these meetings in Poole one person is chosen to go to London to meet the chief

Is the service responsive?

executive officer (CEO) of the company and have their views listened to, and get to stay in a hotel in London. The registered manager told us that the representative of the home had been to London once to meet the CEO and really liked it.

The home also sought feedback from people the use of a quality assurance survey questionnaire. These were sent out every three to four months to people seeking their views. Results from a recent survey from the beginning of November 2015 had comments showing what people enjoy about living at Brooke house. Some comments included, 'I can do my own cooking again.' Another comment stated, 'I am being independent and cooking for myself'. A third comment included, 'I am happy with my newly decorated bedroom.' One person stated that they would like better hoovers, and these have now been purchased.

A newsletter is produced every quarter in discussion with people living at the home, with people deciding who it should be sent to. We saw copies of these newsletters which showed people were involved in the running of the home, what activities had taken place, and any news people wanted to share.

People were able to raise complaints. All people were given a copy of the complaints procedure and a leaflet they could fill in, anonymously if preferred, where people could complain or pass on ideas. Complaints were also discussed in the key worker monthly meetings. The home has had one formal complaint in the last year, which head office were in the process of investigating and responding to.

Is the service well-led?

Our findings

People told us the home was well run. One person told us, “Manager really nice I get on really well with them.” Another person said, “Manager very nice does her job very well.” A family member said, “The new manager seems good, made lots of changes for the better.” Another family member said, “I’m very happy things have greatly improved lots of changes and they seem a lot happier.” One staff member told us, “Both managers are amazing, honestly amazing, never worked anywhere that people are so driven.” Another staff member said, “Very impressed with the new manager, people and staff are now getting proper support. People living at the home have gained from this, as before they would just spend time in their room.”

There was an open and transparent culture within the home. Staff felt they could raise concerns, make suggestions on improvements and would be listened to. The registered manager told us they had an open door policy and encouraged staff to be open about mistakes. This was reinforced by a staff member telling us they felt comfortable informing management if they were unsure about a medication or if they made a mistake. Policies and procedures were comprehensive covering all aspects of medicines.

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, fire safety, infection control, hand hygiene, health and safety, safeguarding, accidents and incidents. For example, accidents and incidents were audited every month. Every incident was recorded onto an action plan, on the computer, with only the registered manager being able to close it down after lessons had been learnt from it to reduce the risk of reoccurrence.

In addition to the audits, the registered manager conducted a series of spot checks of key areas of work. The senior regional manager also carries out spot checks and reviews and visits once a month at different times. All the people living at the home have their contact details should they wish to raise a concern with the senior regional manager.

The provider also sent out annual surveys to people. The surveys seen showed people with happy with the staff at Brooke house, were able to make choices and were happy with the way the service was managed.

Staff were involved in the running of the home, and were asked for their ideas. A yearly staff on line survey was sent to all staff. A staff member told us, “Things have changed since the new manager has been in place. I feel more comfortable now and have access to a computer and on line. I now feel part and parcel of the family.” Another staff member said, “Manager will listen to my opinion and take things on board.”

Staff meetings were carried out every month and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up and acted upon swiftly. One staff member told us, “Staff meetings are held once a month and if I am unable to go, I will be sent copies of the minutes of the meeting.” The registered manager also held meetings every four – five months with all the staff and people.

Staff also told us that; one staff member would hold a meeting with all the staff working at the home with no management present. These were held every three months and were called ‘your say, your way’. After these meetings a staff member then phoned the senior regional manager with any concerns. Staff told us, “Management very good, I feel the home has turned around, and feel I can talk to them.” Another staff member said, “Management here are brilliant, very professional.”

Policies and procedures were kept on line and accessible to all staff. When policies were updated staff were sent an update and informed that they had to read the update. Staff had to confirm that they had read the updates.

There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate policies in place for all aspects of the service, which were reviewed yearly.