HC-One Limited

Brooklands Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Brooklands Care Home is a purpose built care home providing accommodation for people who require nursing or personal care for up to 63 people. Accommodation consists of single occupancy rooms situated over two floors. There are three separate units within the main facility which provide care for people with needs associated with dementia and physical disabilities. At the time of our inspection 51 people were using the service.

This inspection was carried out by an adult social care inspector on 20 and 21 June 2016. The service was last inspected in January 2014 and was found to be compliant with all of the regulations that we assessed at that time.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

A manager had recently been recruited but had not commenced working within the service at the time of our inspection. A registered manager from another of the registered provider's services had worked in the service three days a week since January 2016. We have called them the 'supporting manager' throughout this report.

During the inspection people who used the service and staff raised concerns regarding staffing levels and we recorded periods were people were not supervised by staff. The assistant operations director confirmed that staffing levels would be assessed and changes made as required. Internal auditing highlighted amongst other things, issues with the recording of when medication had been administered. However, this had been monitored internally and improvements had been made.

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise the signs of potential abuse and knew what actions to take if they suspected abuse had occurred. Accidents and incidents were investigated and action was taken to prevent their future reoccurrence. Staff had been recruited safely and relevant checks were completed before they commenced working within the service.

We completed a tour of the service we found most areas to be clean and in a good state of repair. However, some area's such as two communal toilets required refurbishment. We highlighted this to the supporting manager and assistant operations director who took immediate action to ensure people were cared for in a clean and hygienic environment.

We saw that historical internal auditing had highlighted concerns regarding the safe administration of medicines, although action had been taken and the more recent audits evidenced an improvement in this

area we found some issues persisted, such as not completing medication administration records accurately. The temperatures in both medication rooms exceeded the medicines manufactures advice in relation to appropriate storage. However, portable air conditioning units were purchased during the inspection to rectify this issue.

People were supported by staff who had the skills and experience to carry out their roles effectively. Staff received effective levels of support, supervision and mentorship. People who used the service were supported to make their own decisions about aspects of their daily lives. The supporting manager followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made. People were encouraged to maintain a healthy lifestyle and eat a balanced diet. People's needs were met by a range of healthcare professionals.

People who used the service told us they were supported by kind, caring and attentive staff who knew them well and understood their preferences for how care and support should be delivered. People were treated with dignity and respect throughout our inspection. It was clear staff were aware of people's preferences for how care and support should be provided. Staff understood their responsibility to ensure people's private and sensitive information was treated confidentially.

People or those acting on their behalf were involved with the planning and on-going assessments of their care when possible. We saw records confirming that reviews took place periodically. There was a complaints policy in place at the time of our inspection which was displayed at the entrance of the service. This helped to ensure people could raise concerns about the service or the individual care and support as required.

The supporting manager understood the requirements to report accidents, incidents and other notifiable incidents to the CQC. Audits and checks were completed; however, the consistency of the audits required improvement. We saw evidence to confirm when shortfalls were identified action was taken to improve the service. The supporting manager and regional operations director took immediate action to rectify the issues we highlighted during the inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. People had to wait for care and support and staffing levels were not calculated taking into account the current needs of the people who used the service.

It was not clear if people always received their medicines as prescribed due to gaps in medication administration records. Medicines were stored at temperatures that exceeded the manufactures guidance.

People were protected from abuse and avoidable harm. When accidents or incidents took place they were investigated and action was taken to prevent future reoccurrence.

Parts of the service posed an infection control and safety risk and/or required maintenance.

Staff had been recruited safely.

Is the service effective?

Good

The service was effective. Staff received one to one support and supervision in line with the registered provider's policies and procedures.

People or their appointed representative provided consent before care treatment and support was provided.

People received a healthy and balanced diet. When nutritional concerns were highlighted, healthcare professionals such as dieticians were contacted for their advice and support.

Is the service caring?

Good

The service was caring. People who lived at the service were treated with dignity and respect by staff.

We observed staff listening to people and providing personalised care that met their individual needs.

People were involved in making decisions about their care and treatment and their preferences were recorded in their care

plans.

Is the service responsive?

Good

The service was responsive. People were encouraged to express their views about the care and support they received. When suggestions were made they were listened to and implemented when possible.

The registered provider had a complaints policy in place which was displayed within the service.

People were involved in the initial assessment of their needs and the on-going planning of their care.

Is the service well-led?

Requires Improvement

The service was not well-led. The service is required to have a registered manager in post; at the time of our inspection a manager had recently been recruited but had not started working in the service.

There was a quality assurance system in place which consisted of audits, checks and feedback provided by people who used the service. However, we saw this area required improvement to ensure it was effective.

Staff told us the current management team were approachable and encouraged people and staff to be actively involved in developing the service.

Notifications were submitted to the CQC as required.

Brooklands 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 registered 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 20 and 21June 2016 and was unannounced. The inspection was completed by 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 spoke with the local authority commissioning and safeguarding teams to gain their views on the service. We also looked at the notifications we received from the service and reviewed all the intelligence CQC held to help inform us about the level of risk for this service.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to speak with us. We observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times.

We spoke with five people who used the service and three visiting relatives. We also spoke with the supporting manager, the assistant operations director, the deputy manager, a nurse, a nursing assistant, five members of care staff, a member of the domestic team, the maintenance person, the administrator, the cook and a visiting professional.

We looked at six people's care plans along with the associated risk assessments and their Medication Administration Records (MARs). We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance information, stakeholder surveys, recruitment information, staff training records, policies and procedures and records of maintenance carried out on equipment. We also completed a tour of the premises to check general maintenance as well as cleanliness and infection control practices.

Requires Improvement

Is the service safe?

Our findings

When we asked people if they believed there were appropriate numbers of staff to meet their needs we received mixed responses. One person told us, "Yes I think there is enough staff, they are always roaming about; you don't have to wait to find one." Another person said, "They do come quickly when I need them." Contrastingly other people, commented, "There are always bells going off and I do have to wait a long time for staff to come" and "No, there isn't always enough staff, they do their best, I know they do, but more hands make light work."

We spent time in a communal lounge to observe the care support and interaction provided to people by staff. We recorded a period of up to 10 minutes without any staff entering the room and very little interaction between the people who used the service. A member of staff said, "The staffing levels could improve, they have been ok today so I have had time to play dominos with people and just sit and chat with other people. We always have enough staff to deliver care but not always to do the more meaningful stuff."

Records indicated that people were not always repositioned in line with their assessed needs. When people were at risk of developing pressures sores and required staff to reposition them at set intervals we found evidence that this did not always occur. We raised our concerns regarding staffing levels with the supporting manager and the assistant operations director and asked for the people's current dependency assessments to be provided. This information was not available within the service and we were informed that staffing levels were decided upon from the registered provider's head office. The supporting manager told us, "The staffing levels have not always been where they need to be but that was because there was a culture of staff regularly ringing in sick but we have tackled that." The assistant operations director assured us that the staffing levels within the service would be assessed and changes would be made as required.

At the time of our inspection the 48 people who used the service [due to three people being in hospital] were supported by seven care staff, one nurse, two nursing assistants, two cooks, a maintenance person and two domestic staff.

We completed a tour of the premises and found most areas to clean, tidy and newly decorated. The supporting manager confirmed that a maintenance and refurbishment programme had commenced and that certain areas still required attention. We found bare and exposed plaster work in two toilets, sink units that contained grime and appeared not to have been cleaned effectively, the linoleum floor in one toilet was lifting, a waste pipe from a previous toilet had not been disconnected or removed and the slow close mechanism on a toilet door had broken. We informed the supporting manager and assistant operations director of what we had found, the following day the registered provider's estates director visited the service, assessed the issues and completed a 'works sheet' for each issue to be rectified.

On the first day of our inspection we found PRN (as required) medicine protocols lacked detail and noted that the same generic statements were written to inform staff when they should be administered such as, 'change in behaviour' and 'facial expression'. On the second day we recorded that both medication rooms were exceeding the recommended storage temperatures for medicines. We discussed our concerns with the

supporting manager and the assistant operations director who took action immediately; additional information was added to the PRN protocols and portable air conditioning units were purchased to ensure the temperatures were controlled.

An internal medication audit was completed in January 2016, the overall score was 55%, concerns were recorded with the recording on people's MARs, gaps on MARs, controlled drug practices, issues with topical creams and people were administered medicines at meal times. In March another audit was completed and an overall score of 78% was achieved which showed improvement but concerns relating to controlled drug practices remained, as did, the recording on people's MARs and gaps on MARs. Further auditing was completed in May and during the inspection that evidenced appropriate improvements in this area had been made.

We saw that accidents and incidents that occurred within the service were investigated and appropriate action was taken to prevent their re-occurrence. The supporting manager told us, "The system we use to record incidents requires me to review the incident and document the action that's been taken, it will then be sent to my line manager to ensure the appropriate action has been taken. This helped to ensure that the service learnt from individual events that took place and used their knowledge to protect the people who used the service from avoidable harm.

Staff confirmed they were aware of their responsibilities to report abuse of episodes of poor care that they witnessed or became aware of. One member of staff said, "I would report anything, I wouldn't ever let anything like that happen in our home, no way." Another member of staff said, "Anything we report to the manager [supporting manager] gets looked at straight away, she doesn't let things go." This helped to ensure people were protected from abuse and avoidable harm.

Staff had been recruited safely. Records showed prospective staff were only offered a role within the service after a number of checks were undertaken. Interviews took place where prospective staff's work history and gaps in employment were explored. References were requested and a DBS [Disclosure and Barring Service] check was completed to ensure they had not been deemed unsuitable to work with vulnerable adults. We saw staff retention was high and the majority of staff had worked in the service for a number of years.

The registered provider had a business continuity plan in place which covered a range of events such as fires, floods, staffing shortages and the loss of essential services. The assistant operations director commented, "The plan was put into action last week, a workman cut the electricity cable so we had no power, we lost it at 11.30am in the morning and didn't get it back until 7.30pm that night." They went on to say, "We pulled staff in from our other homes in the local area and bought fish and chips for everyone, it was a frantic day for me but they all enjoyed it."

Good

Is the service effective?

Our findings

People who used the service felt they were supported by staff who had the skills and experience to carry out their roles effectively. We were told, "All the staff are very knowledgeable; they all know what they are doing", "(Name of a member of staff) is absolutely amazing, she will run this place one day, she is that good" and "I think the staff are excellent and I appreciate everything they do for me."

People confirmed they were offered choices at each meal and that they enjoyed the meals that were provided. One person said, "The food is lovely, there is always a choice and we have a little glass of sherry, I really enjoy that." Other comments included, "Yes it's really good, the cook knows what I like and will always do me anything I want if I don't like what's on the menu" and "You can't knock the food."

Staff completed a range of training to enable them to meet people's assessed needs effectively. Such as safeguarding vulnerable adults, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), dementia care and open hearts, infection control and fire awareness.

A member of staff we spoke with said, "I'm brand new; I only started three days ago. I had a really good induction, I've worked in care for years and it was the best one I have had." Another member of staff told us, "We do lots of training, some classroom based and some on the computer, I prefer the computer training but some things have to be practical like safe people handling."

Records we saw confirmed staff had received support and supervision in line with the registered provider's policy. The policy stated that all staff would have two supervisions each year. However, through the registered provider's quality assurance questionnaires, completed in February 2016 44% of staff had stated they did not feel they received regular support from their line manager. One member of staff told us, "How could we (feel supported)? We didn't have a manager. (Name of the supporting manager) is brilliant we all like her and she has worked really hard so things are getting better." The supporting manager explained, "We are behind on where we want to be for annual appraisals but everyone will have one in the year it's just they might not be as spread out as I would have liked, but they will all get done."

Throughout the inspection we witnessed staff gaining people's consent before care and support was provided. People's ability to provide consent was assessed and recorded in their care plan. People had signed to show their agreement with the content of their care plans. Best interest meetings were held when people lacked the capacity to make informed decisions themselves, which were attended by a range of healthcare professionals and other relevant people who had an interest in the person's care.

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 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. At the time of our inspection three people had a DoLS authorisation in place and the supporting manager confirmed a further 42 applications were awaiting approval from the relevant authority. This helped to provide assurance that people were supported effectively in line with relevant legislation.

The service had worked to develop a dementia friendly atmosphere; memory boxes were located just outside people's rooms and contained photographs or types of memorabilia that was meaningful to the person and could be used to help them find their room. Doors were painted in different colours and toilet seats had contrasting colours so they could be seen easily.

People were supported to eat a varied and balanced diet. A four weekly rolling menu was in place and people were offered a choice of meals on a daily basis. The cook explained, "I always try and do a bit extra of everything so if people change their mind or see someone else's meal and think, I fancy that, then it's there for them" and went on to say, "I have lists of who needs a special diet, who needs extra calories and who needs soft textured food." People's food and fluid intake was recorded when required and records confirmed that dieticians and speech and language therapists were contacted for their advice and guidance as required.

We saw people had their holistic health and social care needs met by a number of health care professionals including GPs, community nurses, social workers and chiropodists. Professional visits along with any advice given was recorded in people's daily notes.

Good

Is the service caring?

Our findings

People told us they were supported by kind and attentive staff that were responsive to their needs. Comments included, "They are so caring, they can't do enough for us", "[Name of member of staff] is an angel, I've never met anyone as compassionate and supportive as she is, she has been wonderful to me" and "The staff truly are wonderful, every one of them."

A relative commented, "I have met pretty much all of the staff, except the night staff and are I get on well with all of them, they are always friendly and kind, sometimes I'll hear them when I'm in (name of person who used the service) room, they don't know anyone is there and the care they give doesn't change." Another relative said, "The staff are really caring, they are a good bunch and you can quote me on that."

We spent time observing how care and support was provided to people who used the service. We saw one person being transferred from a wheel chair to a reclining chair with a hoist. The two staff completed the transfer quickly and competently whilst engaging the person in conversation and providing encouragement throughout the episode of care. During lunch we saw one member of staff supporting someone to eat their meal; the support offered was inclusive and person centred. The staff member's attention remained focused on the individual throughout the episode of care which ensured the experience was positive and meaningful for the person who used the service.

People's care plans contained a 'remembering together' booklet which could be completed by people, with the support of their families or by staff as a meaningful activity. The booklets were used to record where people grew up, went to school, their occupations and specific events in the lives. It also captured information about important people in their lives and any other meaningful information. The booklets were used to develop aspects of people's care plans and ensure staff knew the people they were supporting.

People were provided with information and explanations about the care and treatment they required in a way that met their individual needs. Information regarding Independent Mental Capacity Advocates as well as other advocacy services was displayed within the main entrance to the service. This helped to ensure people understood how they could access support when required.

The supporting manager told us, "We are implementing a resident of the day scheme shortly which we believe will have a really big impact on how people feel important and empowered." The scheme enables a different person each today to ask any member of staff to complete a specific task, such as asking the cook to prepare something for them individually, the activities co-ordinator to arrange a particular activity or speaking to the nurse about an aspect of their health. The day focuses on the individual and encourages them to have their say in how the home is run.

The service had encouraged individual staff to become champions in a number of areas. We spoke with a 'dignity champion' who explained their role was to promote best practice and challenge any care they thought could have been delivered in a more dignified, respectful and person centred way. The supporting manager told us, "The dignity champions are really important, we have two and they are on the floor and

can see things and just encourage other staff to do things a little differently."

People who used the service were supported to maintain their levels of independence and were treated with dignity and respect by staff. One member of staff said, "I treat people how I would want my family to be treated if they lived here." Another member of staff told us, "I always close doors when I'm giving care, I cover people with towels, ask questions discreetly, I guess I do lots of things without thinking about it."

Staff were aware of their responsibility to ensure information was treated confidentially. Care plans and other private information was stored appropriately. A member of staff said, "What happens at work stays at work." The supporting manager told us, "We have a social media policy; the staff know they can't post anything about work and understand they cannot share information about our clients."

Good

Is the service responsive?

Our findings

People we spoke to confirmed they knew care plans had been developed to meet their needs and that they were involved in their formulation. One person said, "Me and my partner answered a load of questions and then I signed it off. I'm so much better than I was so they must be doing something right." Another person said, "I have signed my care plans." A relative commented, "I have power of attorney for [name of person who used the service] so I attend all the meetings, am always kept up to date and I'm involved in all the decisions about his care."

People and their relatives told us they knew how to raise concerns and make complaints. One person said, "I would complain if I needed to but everything has been ok." A visiting relative told us, "I had a serious issue with the actions of one member of staff, I complained and it was taken seriously and action was taken; I was happy with the outcome."

We saw evidence to confirm people or their appointed representative were involved in the initial planning and on-going management of their care. Pre-admission assessments were completed which captured people's health and social care needs as well as any equipment the service required to provide effective care and support. The supporting manager explained, "When I came it appeared that as long as there was a bed someone would be offered a place here. We have changed that now and look at people's needs and the current needs of our residents to make sure the placement will work before we accept people."

A range of care plans and associated risk assessments had been created following the initial assessment. The assistant operations director told us, "Whenever we identify a risk; that could be through the initial assessment or something recognised by staff; a care plan is produced with a risk assessment so staff are clear how it needs to be managed."

Each care plan contained guidance for staff to ensure people received the support they required consistently and in line with their preferences. We noted that each care plan re-enforced the need to involve people in decisions about their care and to promote their independent living skills. The care plan style and layout was under review at the time of our inspection and we noticed some care plans had been written in a person centred way whilst other failed to do so; we mentioned this to the supporting manager and regional operations director who assured us when all care plans had been created in the new style this would be rectified.

A number of reasonable adjustments had been made to the home to enable people to remain as independent as possible. This included, aided entry baths, wet rooms with walk in showers and support rails so that people could use the toilet without assistance. The ground floor had no stairs which enable people who used a wheelchair to move freely through the service.

A complaints and compliments policy was in place at the time of our inspection which included acknowledgement and response times, further information about how complaints would be investigated and how people could escalate their complaint if they felt the response provided by the service was

unsatisfactory. We saw evidence to confirm when complaints were received action was taken in line with the registered provider's policy. A person we spoke with who had complained expressed their gratitude regarding how their complaint had been handled and the actions taken by the supporting manager.

We saw that information regarding how to make a complaint was displayed within the service. We asked if the policy or information was available or displayed in an 'easy read' format which would have made it more accessible to the people who used the service with a learning disability. The supporting manager informed us that it wasn't but said, "I'm sure head office will have something, I will look into it and if they don't I'm sure I will be able to find one and adapt it for the home."

Requires Improvement

Is the service well-led?

Our findings

Staff told us the current management team were approachable and encouraged people and staff to be actively involved in developing the service People who used the service, relatives and staff told us they thought the service was well-led. One person said, "I think it's a lovely place, I have friends, we sit together and have our meals together. I am happy." Another person commented, "I have been asked questions in the past, about the home and what I liked, that sort of thing. I wouldn't want to go anywhere else, I like it here." A visiting relative told us, "Things have improved a lot recently, a few staff have left and the atmosphere has changed. We are really happy with how things are." A member of staff said, "I don't know what we would have done without [name of the supporting manager] she has been brilliant, she has really turned this place around. The team have pulled together and we are all proud to work here again."

At the time of our inspection there was no registered manager in post. A manager had been recruited but had not started working in the service when our inspection occurred. A service that does not have a registered manager in place cannot receive a higher rating than 'requires improvement' in the well-led domain.

A quality assurance system was operated in the service which consisted of audits, checks and questionnaires. Audits were completed periodically of medicines, infection prevention and control, staff training, supervisions and people's care plans. The assistant operations director told us, "As part of our quality assurance we have a twice daily walk around by the manager to make sure any issues are picked up." However, we saw that due to the lack of a permanent manager within the service this practice had not always been completed, the daily walk around sheets we saw were completed sporadically and had not always been effective in identifying areas of required improvement.

The registered provider looked at innovative ways to improve the level of care they provided to people who used the service. The assistant operations director told us, "We have worked with the Nursing and Midwifery Council due to the national issues with nurses (the low numbers of nurses working in the community). Where we require two nurses we now have one nurse and two nursing assistants. The nursing assistants have completed lots of additional training and always have the nurse around to clarify things with" and went on to say, "We find it has freed up the nurses time and has stopped them doing things like administering routine medicines that on the other units the seniors would do."

Suggestions and comments we made to the supporting manager and operations director about improvements including, medication room temperatures; infection control and maintenance issues were assessed and implemented to improve the level of care and safety within the service. The supporting manager told us, "When I came to the service we realised lots of things needed to improve, the team here have worked really hard over the last six months and any suggestions we get about how we can make things better we will take on board." This provided assurance that there was a learning culture within the home and they were open to looking at new ways of working to improve the quality of service provided.

The supporting manager was aware of the requirement to report accidents, incidents and other notifiable

events that occurred within the service. The Care Quality Commission and the local authority safeguarding team had received notifications as required. We were told by the supporting manager that they were supported by the service's management and staff team to carry out their role effectively. They said, "We have all worked really hard, it's not where we want it to be yet but we know that all will continue improving until it's one of the best home's around."