

John Brooks

Brooklodge

Inspection report

Walcott Road
Bacton
Norwich
Norfolk
NR12 0HB

Tel: 01692650383

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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?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 5 June 2017 and was unannounced.

Brooklodge provides residential care for up to 3 older people. The provider's representative and registered manager live on site. At the time of this inspection there were 3 people living in the home. Accommodation is over a single story and all those that use the service have their own rooms. A number of communal areas and gardens are available to those living at Brooklodge.

At our last inspection carried out in December 2014, the service was rated as good. At this inspection, carried out in June 2017, the service is again rated as good. However, in order to further improve the service delivered and in order to sustain those improvements, we have made recommendations. These recommendations relate to the management of medicines, adherence to the MCA and care planning.

There was a registered manager in post. 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.

The staff members that the provider employed had all undergone checks to reduce the risk of employing people not suitable to work with those who used the service. Staff had received training, told us they felt supported and there were enough of them to meet people's needs in a prompt and person centred manner.

Staff worked well together and, as there were so few of them, communicated effectively to achieve a shared aim. The culture of the home was based on building relationships and meeting people's needs in a person centred and individualistic manner. Staff demonstrated respect, compassion and humour when engaging with those that used the service. People's dignity and privacy was maintained and they received support to make choices.

The risks to those that used the service had been identified and managed although not consistently or robustly recorded. However, staff knew those that used the service exceptionally well and mitigated the risks in the support they provided. Staff had received training in safeguarding vulnerable adults.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service understood how to support people to make choices and involved others in making best interests decisions. However, the service lacked records in relation to MCA assessments and best interests decisions.

People received dedicated and individual care that met their personal preferences, likes and dislikes. Staff knew people exceptionally well and delivered care and support that was based on relationship development and getting to know people as individuals. People, and their relatives, were involved in the

planning of their care.

Nutritional needs were met and people received enough to eat and drink. The service referred people to healthcare professionals as required.

There were little planned activities going on in the service however those that used it, and their relatives, told us the stimulation they received and family orientated environment met their needs.

The provider and registered manager had a good oversight of the service as they delivered the majority of the care and support. Formal feedback was not sought and no audits took place on the service. However, due to the continuity of care and regular interventions, they were both in a position to identify issues and rectify them. Those we spoke with talked of a responsive approach to issues or concerns.

All those we spoke with told us they would recommend the service due to its small size, dedicated care and support and family feel.

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.

Risks had been identified and managed and steps taken to reduce the risk of harm to people.

There were enough staff to meet people's needs in a prompt and person centred manner.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff understood the need for consent when delivering care and supported people to make decisions.

People had confidence in the staff's ability to provide the care and support needed by those that used the service.

Healthcare needs were met and the food provision catered for people's individual needs.

Is the service caring?

Good ●

The service was caring.

People spoke of a home that had a familiar and warm feeling to it where people were treated as part of the family.

People had been involved in the planning of their care and staff knew those that used the service exceptionally well.

Dignity and privacy was maintained and independence encouraged.

Is the service responsive?

Good ●

The service was responsive.

People received individualised attention, care and support that

met their own personal needs.

People had no reason to complain but felt confident that, should they need to, the service would respond quickly and appropriately.

<p>Is the service well-led?</p> <p>The service was not consistently well-led.</p> <p>People received a person centred, individual service however records were incomplete or absent.</p> <p>The culture of the service was warm, family-orientated and attentive.</p> <p>The provider and registered manager had a full overview of the service.</p>	<p>Requires Improvement ●</p>
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Brooklodge

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 5 June 2017 and was unannounced. One inspector carried out the inspection.

Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report. We also looked at statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. In addition, we contacted the local authority safeguarding team and the local authority quality assurance team for their views on the service.

During our inspection we spoke with one person who used the service. We also spoke with the provider's representative, the registered manager and the domestic assistant. We observed care and support being provided to the people who used the service and lunch being served. Following our inspection, five relatives of those that used the service provided us with verbal feedback.

We viewed the care records for all three of the people who used the service and the medicines records for two. We also looked at records in relation to the management of the home. These included the recruitment files for three staff members, staff training records and risk assessments.

Is the service safe?

Our findings

All of the people we spoke with had no concerns in relation to the service's ability to keep people safe. The person we spoke with who used the service told us, "They [staff] keep an eye on me to make sure I'm safe." Two relatives we spoke with told us they had no worries knowing their family member lived at Brooklodge. One said, "I think [family member] is safe. I don't worry about anything."

Risks to people who used the service, although not robustly recorded, had been identified, assessed, reviewed and managed effectively. Two relatives told us that staff were adept at managing the complex and regularly changing needs of their family member. For example, one of these relatives explained how the service managed their family member's variable appetite and the potential for the person to lose weight. They told us staff involved healthcare professionals as required and offered variety in relation to the food offered in order to encourage eating and maintain weight.

The service had identified the risks around the number of animals that lived at the home and these had been managed. For example, we saw that they were kept out of the areas where food was prepared, that the dogs were house trained and that some animals remained outside. Hot water had been set to a safe temperature to avoid injury and the risks around one person's personal belongings had been identified. Staff had received training in safeguarding vulnerable adults and understood their responsibility to help protect people from the risk of abuse.

The risks relating to the premises had been assessed and managed. This included in the event of a fire breaking out. People who used the service had personal evacuation plans in place and fire fighting equipment was checked and serviced on a regular basis. Fire drills also took place.

There were enough staff to meet people's needs in an individual manner. The provider's representative and the registered manager lived on site and were available for the majority of time. Only one other care assistant was employed and this was for one afternoon a week although they worked flexibly as needed. A domestic assistant worked three days a week. Between them they ensured that people had the assistance they required. This was confirmed by all those we spoke with. All had been recruited following background checks which had included a Disclosure and Barring Service (DBS) check and the receipt of references. A DBS check helps employers make safer recruitment decisions and reduces the risk of employing those not suitable to work in the service.

Medicines had been administered as prescribed and safely although the processes in place did not fully support this. We saw that only the registered manager administered medicines for the majority of the time and this reduced the risk of misadministration and aided continuity. Other staff had also been trained to administer medicines should this be required.

The medicine administration record (MAR) charts we viewed were basic. They recorded who the medicines were for, the type of medicine, the dose and when medicines had been administered. No further details were available. However, due to its size and the fact only the registered manager administered people's

medicines, people received individual support in relation to their medicines as staff knew their needs so well.

Due to the lack of formal processes in place, tracing any medicine administration errors would be difficult. However, the registered manager told us that no medicines errors had ever occurred within the service and we saw that the risk was low simply due to the few medicines stored and administered.

We recommend that the service considers current guidance on managing people's medicines in a care home to mitigate future risk.

Is the service effective?

Our findings

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 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.

Staff had received training in the MCA. Through discussion, the registered manager demonstrated that they understood the importance of gaining consent when providing care and support. They were able to explain that the MCA was there to support people to make decisions surrounding this. The registered manager also explained that, should someone lack the capacity to make a particular decision, they would involve relevant others in making decisions in a person's best interests.

The service had made no applications in regards to DoLS and the registered manager did not have full knowledge of this process and circumstances where these may be required. During our inspection, we saw no examples of the service using overly restrictive practices. However, the service needed to consider what their actions would be, in relation to the MCA, if a person who used the service should wish to leave the home unaccompanied. The service also needed to consider formalising mental capacity assessments and best interests decisions by making more robust records in relation to this.

We recommend that the service considers the resources and guidance available on the MCA DoLS and reviews their practice accordingly..

People told us that the staff had the skills and knowledge to provide care and support to those that used the service. One relative we spoke with told us, "[Staff member's name] has a way of encouraging [family member]." Another relative explained how good two members of staff were in relation to providing care for their family member. Records showed that staff had received training and they told us they felt supported.

The one person we spoke with who used the service told us that the food provided met their needs and was to their liking. They said of the food provision, "I get spoilt." They told us they had choice, that they received plenty to eat and drink and that the menu was varied and catered to their individual needs. They told us their preferences were met and that the service listened to their feedback in relation to what food was prepared.

One relative of a person who used the service told us how flexible the service was in relation to the provision

of food for their family member. They told us that, should their family member choose to eat a late breakfast, then the service adapted the timings of other mealtimes through the day to accommodate. They also told us how the service tried different food and drinks to try and encourage their family member to maintain nutrition and hydration.

During our inspection, we saw lunch being served to a person who used the service. We saw that staff assisted them into a comfortable and upright position prior to eating and that equipment was used to assist independence. We saw that staff encouraged the person to eat and offered intermittent assistance as required. A good amount of fluid was offered to people throughout our inspection.

People received the healthcare intervention they needed and appropriate referrals had been made by the service. The relatives of those that used the service told us they had no concerns in how the service managed their family member's healthcare needs.

Is the service caring?

Our findings

People spoke of a service that had built close and meaningful relationships with those that used the service. Without exception, people told us that staff treated those that lived at Brooklodge like members of their own family. The one person we spoke with who used the service said, "It's like being at home." One relative described the service as, "Family orientated" whilst another said, "Staff treat people like part of their family."

All the people we spoke with were complimentary when describing the approach of the staff. They told us they had time for people, were patient and used humour to engage with people. The person we spoke with who used the service told us staff approach was, "Patient and always as it should be." One relative we spoke with said, "People are looked after from the heart." They went on to say that staff treated their family member, "More like their Grandma than a resident." Another relative told us, "The staff have the patience of saints." Our observations during our inspection confirmed this.

People spoke of the importance of humour within the home. They told us the atmosphere was positive and upbeat. The person we spoke with who used the service said, "There's lots of fun. We have a laugh and a joke." A relative told us they got enjoyment out of seeing their family member smile when staff engaged in humour with them. Another relative commented that, "Everyone seems happy living there."

It was clear staff understood the needs of those that lived in the home and knew them exceptionally well. The registered manager was able to explain the complex needs of one person, and how they met those, their medical history, medicines and family circumstances. They were able to give us the same information for the other two people living at Brooklodge.

People's dignity and privacy was maintained and we saw that this was the case during our inspection. We saw that staff knocked on people's doors and waited for an answer before entering. People had their own rooms and these were personalised to their own tastes. Independence was encouraged and the person we spoke with who used the service told us how important this was to them. They told us that staff 'respected' and 'understood' their need for this. During our inspection we observed staff encouraging another person to mobilise, giving them guidance on how best to do this and providing regular statements of encouragement.

People and their families had been involved in the planning of their care as they wished. The person we spoke with who used the service told us that the staff had taken a lot of time to discuss their needs when they first arrived at the home.

The home was welcoming and encouraged people to have friends and family visit. There were no restrictions on visiting times. The person we spoke with who used the service told us their visitors were, "Always offered a cup of tea." They went on to say that visitors were treated as warmly as those that lived in the service. One relative we spoke with said they, "Got a cup of coffee straight away."

Is the service responsive?

Our findings

The service was especially person centred and people received individual care at a time they needed it. People told us that staff knew people's needs particularly well and met them through understanding and knowledge of people.

The person we spoke with who used the service gave us a number of examples of how the service met their individual needs and in a flexible nature. They told us that when they first lived at the home, the service installed a number of devices within their room in order to meet their needs. This included devices to maintain independence and in order to keep in touch with their family and friends which was very important to them. They also told us how enhancing it was for them to be surrounded by animals within the home. When they first lived at Brooklodge, they told us how welcoming and accommodating the service had been in allowing their own pet dog to visit on a regular basis. They told us how essential this was to their wellbeing.

One relative we spoke with told us that the dedicated and one to one attention, care and support their family member received had enhanced both theirs and their family member's life. They told us they thought it had prolonged the life of their family member. This relative told us they had absolute confidence in the care the staff provided. They said of the staff and the service, "I can't praise them enough."

Another relative spoke of how well the service managed the changing and complex needs of their family member. They said, "I have no worries about how they are looking after [family member]. Nothing is too much trouble." This relative explained how the service was flexible in meeting their family member's needs. They also told us that the service was adept at managing their family member's changing mental health needs.

We looked at the care records for all three people who lived at the service. Two had basic care plans in place but these gave little information on how to meet people's needs. The third person, although notes had been made on what care and support had been delivered, did not have a care plan in place.

However, people clearly received especially individualised care and support which met their needs. Due to the low number of staff delivering care and their knowledge of people, the risk of those that used the service not receiving appropriate care and support without detailed care plans in place was low. However, we discussed the importance of, and potential risks associated with the lack of, documentation with the registered manager and provider's representative.

We recommend that the service considers current guidance on care planning and updates their practice in this area.

We had mixed views on whether there was enough activities and stimulation for people who used the service. Most felt the level suited people's needs however one relative did raise this as an area for improvement. The person we spoke with who used the service told us they were happy with the social

provision. They told us staff assisted them out into the local community and that they were invited to family events within the home such as parties and barbeques. During our inspection we saw no activities taking place but we saw regular and dedicated interaction between staff and those living in Brooklodge.

All of the people we spoke with told us that they had no reason to raise concerns or a complaint in relation to the service. However, one relative told us that when they had raised issues in the past, the service had been responsive to this and quick to rectify. The relative said of the staff, "They're open."

Is the service well-led?

Our findings

There was a registered manager in post who, along with the provider's representative, lived on site and delivered the majority of the care and support to those that used the service. This meant leadership was consistently visible to the other staff employed and assisted in continuity of care for people. However, the registered manager was not fully aware of their responsibilities in relation to reporting events to CQC. One reportable incident had occurred since our last inspection that we had not been made aware of. When we discussed this with the registered manager, they were not fully aware of the types of incidents they had a responsibility to report.

The service lacked accurate, complete and contemporaneous records in respect of each person who used the service. MAR charts were not always completed fully and care plans lacked detail in relation to the care and support people required. However, the risk to people was mitigated due to the fact the service was small, few staff delivered support resulting in continuity of care and that their knowledge of people was exceptional. The provider, however, needs to consider the impact lack of records may have on the service they deliver and those that use it. This was discussed with them at our inspection.

The atmosphere of the home was positive and family-orientated. Due to so few staff being employed, they worked well together to provide a person centred and consistent service. People received care the moment they needed it and from staff that knew them well. The registered manager led by example and one staff member said of them, "[Registered manager] treats everyone like their Mum." They went on to explain that they felt the care provided at Brooklodge was, "Exceptional" because of this.

No formal assessments of the quality of the service were completed. However, the provider and registered manager had a full overview of the service as they delivered the majority of the care and support to those that used the service. The relatives we spoke with told us that the service engaged comprehensively with them and on a one to one basis. This meant issues were discussed the moment they arose and rectified promptly. All had confidence in how the service was run and managed.

Without exception, all of those we spoke with were complimentary about the service and told us they would recommend it to others. The person we spoke with who used the service told us the individual nature of the service made it appealing to them. They said, "I'm very happy at Brooklodge. They [service] have a duty towards us which they meet. You get the care you need." This person said they would recommend the service, "Without reservation."

The relatives we spoke with agreed. One said the service had been, "A life line to me and [family member]." They went on to say, "I feel blessed to have found it [service]. It's a home, not an institution." Another relative said, "I never get the impression that people don't get the attention they need. It's family-orientated. All of my impressions have been good." A third relative explained, "It's a personal service. [Family member] gets far more attention in this smaller environment."

