

Raj & Knoll Limited

Brook Lodge

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

About the service:

Brook Lodge is a care home that provides personal or nursing care to up to 28 adults. There were 21 people living at the service at the time of the inspection.

People's experience of using this service:

People told us they felt safe living at the service. We observed a warm relationship between people and staff, people were chatting, laughing and dancing with staff.

Guidance for staff about keeping people safe was available but it could be improved by being more specific to each person's risks and needs. Checks and audits were completed but the medicines and care plan audits did not identify the shortfalls we found at this inspection.

People were protected from abuse, staff understood how to report any concerns they may have. There were enough staff to meet people's needs, who had been recruited safely and received training and supervision.

Accidents and incidents had been recorded and analysed to identify any pattern or trends. Action had been taken to keep people safe. People were supported to be as active and independent as possible.

People had been assessed to make sure they could meet people's needs. People were involved as much as possible in developing their care plans and reviewing them. People were encouraged to express their views about their care and the service. People's views were respected, and people were supported to make decisions.

People knew how to complain, and any complaints had been resolved to people's satisfaction. People were asked their opinions on the service by attending meetings and completing surveys, suggestions had been acted upon.

We observed people being treated with dignity and respect. People's end of life wishes were recorded and people were supported at the end of their lives to be comfortable.

There was an open and transparent culture within the service, people recognised and greeted the management team warmly. People had built strong relationships with staff and told us they felt like family.

Rating at last inspection:

This is the first inspection since the service registered on 27 June 2018.

Why we inspected:

We inspect all newly registered services within the first year, this was a planned inspection.

Follow up:

We will work with the provider following this report being published to understand how they will make changes to ensure the service improves to the rating of at least Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Brook Lodge

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Brook Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least annually to give key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we reviewed five people's care records and risk assessments. We reviewed a variety of records in respect of the management of the service including medicines management, recruitment, audits and quality assurance, complaints and accident analysis. We spoke with four people using the service, two members of care staff, deputy manager, head cook, operational lead, clinical lead and the registered manager who is also the provider. We observed interactions between people and staff in communal areas.

We reviewed comments from relatives and healthcare professionals that had been left in a CQC comment box. We received feedback from healthcare professionals before the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations were met but there were areas that could be improved.

Assessing risk, safety monitoring and management:

- Potential risks to people's health and welfare had been assessed and there was information in people's care plans about what action to take if people became unwell. However, the information was not specific to that person.
- Some people required assistance of equipment to move around the service. These people used the Sara Steady hoist, this is a hoist where people hold onto the frame and are supported by sitting on a seat. There was guidance in the policies and procedures that people could be moved around the service in the hoist.
- However, there was not specific guidance in people's care plans about how far they could be moved and any additional information about how to keep them comfortable and safe in the hoist. We observed people being moved safely around the service.
- Some people were living with epilepsy, there was guidance for staff about what to do if people became unwell, this was general and covered all types of seizures. However, there was no information about the type of seizures people had, if there were any triggers and how the person displayed signs of a seizure.
- Less experienced staff had not received training about epilepsy and were unable to tell us what signs and symptoms they would be looking for if someone was unwell. Training had been booked for the beginning of June 2019.
- When someone had experienced a seizure, staff had acted appropriately, and the person had received the medical assistance they needed.
- We discussed with the registered manager, how the risk assessments could be more person centred and individualised. They agreed this was an area for improvement.
- Checks had been completed on the environment including legionella and water temperature. These had been recorded and action taken when issues had been identified.
- There was a fire risk assessment completed, staff had taken part in fire drills, and checks had been completed on fire equipment.

Using medicines safely:

- People received their medicines when they needed them, medicines were managed safely, however, records were not consistently accurate.
- When medicine instructions had been hand written, best practice would have been for the instruction to be signed by two staff, to confirm this was correct. This had not been completed consistently, three instructions did not have a second signature. The medicines audit did not include this check, this was an area for improvement.
- Some people were prescribed medicines on an 'as and when' basis such as pain relief. There was guidance for staff about when to give the medicine, how often and what to do if the medicine was not effective.

- Some medicines were prescribed in liquid form and stored in bottles. These medicines are effective for a limited time once opened, staff had recorded the opening date on the bottle, to make sure they were not used past the date they were effective.

Learning lessons when things go wrong:

- Accidents and incidents were recorded and analysed to identify patterns and trends.
- When accidents had taken place, action was taken, and this had been recorded. Records showed that there had not been any further occurrence.
- When concerns had been identified, these were discussed at handovers and staff meetings to improve the service.
- The operational lead completed 'Safety Crosses', these are charts that are completed each day to show when there have been incidents such as falls, and infections identified. The charts were displayed in the main entrance.

Systems and processes to safeguard people from the risk of abuse:

- The registered manager and staff understood their responsibilities to keep people safe from abuse.
- Staff were aware of how to recognise and report any concerns that they may have. They were confident that action would be taken by the management team.
- The registered manager understood how to report concerns to the local safeguarding authority to keep people safe.

Staffing and recruitment:

- There were enough staff on duty to meet people's needs. People told us there were enough staff and they were supported when needed. During the inspection, we observed staff responding to people quickly, people did not have to wait.
- Staff told us there were enough staff to meet people's needs.
- The registered manager used a dependency tool to calculate the number of staff needed, staff told us staffing numbers were changed if people's needs changed.
- Staff were recruited safely following the provider's policy.
- Checks had been completed to check staff were of good character to work with vulnerable people.

Preventing and controlling infection:

- The service was clean and odour free. There were enough domestic staff to maintain the cleanliness of the service.
- Staff received infection control training and used personal protective equipment, such as gloves and aprons, when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices, delivering care in line with standards, guidance and the law:

- People met with a member of the management team before they moved into the service to make sure that staff were able to meet their needs.
- The pre-admission assessment covered all aspects of their physical, social and cultural needs. There was information about people's protected characteristics under the Equalities Act 2010.
- People's health needs were assessed such as nutritional and skin integrity to keep people as healthy as possible.

Staff support, induction, training, skills and experience:

- Staff received a mixture of online and face to face training. All subjects considered essential by the provider were completed including moving and handling.
- There was a training matrix in place, showing when staff required refresher training to keep up to date.
- Some specific subjects had not been included, such as epilepsy. This training had been booked for staff to commence shortly after the inspection.
- New staff completed an induction, which included working with more experienced staff, to learn people's choices and preferences.
- The management team checked the competency of new staff to support people before they worked independently.
- Staff received regular supervision, to discuss their practice and development.

Supporting people to eat and drink enough to maintain a balanced diet:

- People were supported to eat a balanced diet. People's dietary needs and preferences were met.
- People had access to snacks, fruit and cold drinks in the main communal lounge at all times. We observed people taking fruit and snacks to their rooms, people told us they had different snacks each day.
- People were given a choice of meals each day and the menus were displayed in the main lounge.
- People were involved in choosing the food they wanted on the menu, the head cook told us that a new menu was being implemented that people had chosen.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support:

- Staff monitored people's health, including their weight and referred them to relevant professionals when their health needs changed.
- Staff followed the guidance that health professionals gave such as nutritional supplements when people were losing weight.
- People were supported to attend health appointments such as GP, dentist and optician.

- People were encouraged to live as healthy life as possible. People were supported to be as mobile as possible and be as active as possible, we observed people dancing in the lounge.

Adapting service, design, decoration to meet people's needs:

- The building was purpose built to meet people's needs. Each bedroom had an en-suite wet room, enabling easy access for people with limited mobility.
- The corridors were wide and uncluttered, the lighting turned on as people entered the corridor, so the corridor was always lit when people were mobilising.
- There was a passenger lift available to enable people to access all the floors.
- There was limited outdoor space which had been used for parking. During the inspection, the registered manager told us that a summer house and furniture had been ordered to use in the space. People told us they were looking forward to this and spending time outside in the summer.
- People's rooms were personalised to reflect people's choices and preferences.

Ensuring consent to care and treatment in line with law and guidance:

- 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 capacity to take particular decisions any made on their behalf should be in their best interest and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Some people had DoLS authorisations in place, the conditions on the DoLS were being met.
- Staff supported people to make decisions about their care and how to spend their time.
- Staff respected the decisions that people made about their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- We observed people being treated with dignity and respect. Staff knew people's and choices and preferences and supported people in these.
- People felt comfortable asking staff for support when they needed it. We observed staff encouraging one person to stand, they let the person take their time and reassured them when they were anxious.
- People were supported to maintain relationships that were important to them and visitors were welcome at any time.
- People were able to move around the service and were supported when required. People had choices about how they wanted to spend their time. We observed people going back to their rooms when they wanted.
- Staff had built up trusting relationships with people and had attended family events such as birthday parties. Staff and people told us that they felt it was like being part of a family.

Supporting people to express their views and be involved in making decisions about their care:

- People were encouraged to express their views about their care and support.
- People's decisions were respected by staff and these were recorded in the care plan.
- Staff supported people to express their views when they attended healthcare appointments and be involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence:

- People were encouraged to be as independent as possible. Care plans gave staff information about how to support people to maintain this.
- We observed staff knocking on people's doors and waiting to be asked in, people were being encouraged to develop memory boxes for outside their doors to identify their room.
- We observed people moving around the service independently with walking aids.
- People were given equipment such as straws to enable them to drink independently.
- The registered manager had introduced a 'dignity tree' where staff and people were asked to write what dignity meant to them. This information would be used to develop policy and training.
- People's care records were kept securely, and staff understood their role to maintain people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff knew people well including their preferences and choices, likes and dislikes, and these were recorded in their care plans.
- When people had expressed a preference for a male or female carer, this was recorded and respected, one person told us they always have a female carer as they requested.
- Care plans contained information about where and when people liked to eat their breakfast. Some people had made specific requests for breakfast such as two poached eggs and snacks such as hot dogs these were catered for.
- There was information about people's lives before they moved to the service and their families, staff chatted to people about their families.
- People's care plans were reviewed regularly, and any changes were recorded.
- People had access to activities they enjoyed, these were organised by activity staff. People were given the opportunity to choose the activities each day.
- We observed people taking part in group activities including singing, dancing and talking about the past.
- When people did not want to come to the communal areas, the activities staff visited them in their room, to support them with the activities they enjoyed.

Improving care quality in response to complaints or concerns:

- The provider had a complaints process and people told us they would speak to the people in charge if they had a problem.
- There had been three complaints received since the service opened. When people raised a concern, it was recorded, investigated and had been resolved to people's satisfaction.
- People told us they were happy and had nothing to complain about.

End of life care and support:

- People were asked about their end of life wishes and when people were happy to discuss this was recorded.
- The service supported people at the end of their life, staff worked with other professionals such as the GP and district nurses to keep people comfortable.
- Staff made sure there was end of life medicines available as soon as someone was known to be approaching the end of their life.
- The registered manager planned for staff to have end of life training in the future.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- There were checks and audits in place and these had been consistently completed.
- Audits had been completed on all areas of the service including medicines, care plans and infection control. However, the medicines and care plan audits had not identified the areas where shortfalls were found at this inspection. The medicines audit did not check the handwritten instructions and the care plan audit did not review the content of the care plans.
- Records were not consistently accurate for each person.

The provider had failed to assess, monitor and improve the quality of the service and maintain accurate and complete records in respect of each person. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The registered manager did not manage the service on a day to day basis, they attended the service at various times throughout the week to check the service. They were supported by the deputy manager and the operational lead who were based at the service.
- There was an open and transparent culture within the service. People knew the registered manager, deputy manager and operational lead well.
- People greeted the management team with warmth and were chatting and laughing with them. They had built up strong relationships with people and their families, people told us how they felt supported by the staff when they were unwell and when they needed to make decisions.
- The registered manager had informed the Care Quality Commission of events as required, in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People were able to express their views about the service. People were invited to attend regular meetings, where they discussed menus and activities they wanted. People were reminded about how to complain if they had a concern.
- Following a meeting an evaluation of the meeting and an action plan were created. People's suggestions had been actioned including the purchase of a summer house and changes to the menus.
- Staff meetings were held; however, these were combined with the staff from the provider's other services.

There was a risk that staff from Brook Lodge would not be able make suggestions about the service. We discussed this with the registered manager, who said that once the service was full and there were more staff a meeting would be held at the service.

- Quality assurance surveys had been completed by people, relatives and staff. The results had been positive, action plans had been put in place when suggestions had been made.
- The results of the surveys had been converted into charts and these were displayed in the main entrance.

Continuous learning and improving care; working in partnership with others:

- The registered manager attended local forums to keep up to date with changes in health and social care.
- The service worked with other agencies to provide people with joined up care, for example, staff were working with professionals to enable people to return home.
- The service was introducing 'champions', where staff become champions in their areas of interest such as infection control, to keep up to date any changes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality of the service and maintain accurate and complete records in respect of each person.</p>