TKSD Care Homes & Training Ltd

The Brookland

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

Summary of findings

Overall summary

The Brookland is registered to provide accommodation and personal care for one person with a learning disability. The person who used the service needed support to develop and maintain life skills and be safe in the community.

At the last inspection in August 2015, the service was rated Good. At this inspection we found the service remained Good.

The service had 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 registered manager was also the provider of the service.

The registered manager and staff understood their role in keeping people safe and their responsibilities in reporting any concerns. Risks to the person and the environment continued to be identified and plans were in place to give staff the guidance required to minimise risks. The person's medicines continued to be managed safely and in the way they preferred. However, medicine refresher trainings needed to take place annually. We have made a recommendation about this.

There continued to be enough staff to meet the person's needs. Staff were recruited safely and had the training and support they needed to fulfil their role. They told us the registered manager, who is also the provider, was accessible and open to new ideas. There was a complaints procedure in place. The person, staff and relatives told us they knew who to speak to if they had any concerns and they were confident they would be addressed promptly.

The person continued to be supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff treated the person with dignity and respect. The person's privacy was protected and promoted by staff. The person was supported to maintain relationships with their family. There were a wide variety of activities, in and out of the service.

The person continued to be supported to have food they enjoyed, which supported them to stay healthy. The person was involved in menu planning and they told us if they did not like what was on the menu they were able to choose something different. The person was supported to attend regular health care appointments as required.

The person continued to be involved in planning their care. Their care plan gave staff information about their life and what was important to them. Care plans detailed what the person could do for themselves and the best way to encourage them. Staff knew the person well and supported them in line with their care plans

and preferences.

The registered manager continued to audit the quality of the service. The person, staff and relatives were asked their views on the service through surveys and meetings.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

The Brookland

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 checked 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 2 October 2017 and was announced. We gave short notice to give the providers the opportunity to prepare people for our visit, so that it lessened the disruption our presence may have caused. The inspection was carried out by two inspectors.

Before our inspection we looked at records that were sent to us by the registered manager. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During our inspection we spent time talking with the person and making observations of their interactions with staff. On the day of the inspection we spoke with the registered manager/ provider and one support worker. We also spoke with another support worker and one relative on the telephone. We looked at one care plan and the associated risk assessments and guidance. We looked at a range of other records including two staff recruitment files, the staff induction records, training and supervision records, medicines records and quality assurance surveys and audits.

Good

Is the service safe?

Our findings

The person who used the service told us they felt safe at the service. They said, "I feel safe here, staff are always here even at night. I feel safe when staff wait for me outside my bathroom in case I become unwell when I am in the shower." A relative told us, "We were worried when our daughter first moved to the service but she is settled now. When she visits us she wants to return home and this reassures us that she is happy and safe in her home."

Staff continued to understand their role and responsibilities in relation to safeguarding people. Staff told us they had received training on safeguarding and we saw the certificate in the training records. Staff were able to tell us about the different types of abuse they may come across and knew who they would speak to about any concerns. One staff member said, "If I had concerns about people's safety and well-being I would speak to the manager. I can also contact the local authority." Staff had received training and had access to the provider's safeguarding policy. A relative told us, "We have not had any cause for concerns but if we had we know we can speak to the manager who will deal with it straight away." The home had up to date safeguarding and whistleblowing policies in place that had been reviewed.

Staff and the manager continued to identify the risks relating to the person's care needs. These were assessed and plans were put in place to manage and minimise the harm to the person. Risk assessments gave staff step by step guidance about how to support them. An example we saw was a risk assessment on accessing the community which gave staff clear guidance on how to communicate with the person to reduce their anxiety when supporting them to go out. Staff had a good understanding of the person's needs and followed the plans in place.

Risks to the environment were assessed and managed. Checks on the safety of the home were carried out, with gas and electrical certificates available. Regular checks were carried out on the fire and smoke alarms to make sure they were working properly. Water temperatures were monitored to ensure the person was not at risk of scalding. There was one accident recorded in the accident and incident records.

At the inspection in August 2015 we had found appropriate levels of staffing had been maintained at the home, with one staff member on 24 hour shift. At this inspection we saw this continued to be the case. Throughout the day the person's needs were responded to quickly and staff were present in communal areas at all times. Staff spent time having meaningful conversations with the person.

Staff continued to be recruited safely. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with people. Disclosure and Barring Service (DBS) criminal records checks had been completed.

Medicines continued to be managed in a safe and appropriate manner. The Medicine Administration Records (MAR) were in good order and had been signed to indicate that they had been given. Medicines were stored securely in a locked safe. Temperatures were recorded to ensure the medicines were stored at the right temperature. Systems were in place for the ordering and disposal of any medicines. The person

who used the service told us they received their medicine regularly. There were clear protocols in place for 'as and when required' medicines, such as pain relief. This ensured the person received their medicines correctly. Annual competency was checked by the manager. Medicine refresher had taken place, but was not happening annually. We discussed this with the registered manager and they told us that the local training provider had recommended that the refresher training was only needed every other year.

We recommend that the provider follows the guidance issued by the National Institute for Clinical Excellence (NICE).

There were rotas in place to ensure communal areas and the person's room were cleaned and tidied on a regular basis.

Good

Is the service effective?

Our findings

The person told us they were looked after well by staff. The person was happy and cheerful. They said staff were kind and helped them to go out.

At the previous inspection we had found the service supported staff to access training and update their skills. At this inspection staff told us they continued to have access to training and support to help them support people. Training records showed that staff had completed training courses relevant to their role to effectively support the person they looked after. This included health and safety, first aid awareness, infection control and safeguarding. When staff first started working at the service they had completed an induction programme.

Staff told us they continued to receive regular supervision and an annual appraisal. Records we saw confirmed this and contained good detail about the range of issues and areas discussed. Staff told us, "I have supervision with the manager but I do not have to wait until my supervision to talk to him. I can go to him at any time and he always help." Regular staff meetings were also held so that staff had the opportunity to feedback their views. There were handovers at the end of each shift to make sure staff were informed of any changes or significant events that may have affected people. Staff said that they were listened to by the registered manager and were always given the support or guidance they needed.

The Mental Capacity Act 2005 (MCA 2005) 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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met.

The person who used the service had been assessed as having the capacity to understand and consent to issues such as agreeing staff should support them with their medicines or personal care. When this was the case we saw consent forms had been signed by the individual and witnessed by staff. This consent to care was periodically reviewed. Staff had a good understanding of MCA 2005 and how it affected their roles. Throughout the inspection we saw staff giving the person choices in a way they could understand. They were patient and encouraging.

The person was supported to eat healthily and participate in meal preparation, menu planning and shopping for food. The person was involved in decisions about what they eat and drink. The person said, "I can choose what I want to eat. I can change my mind if I don't like what is on the menu." Meetings took place weekly and there was discussion on what they would like to eat and this was used to plan the menu for the week and shopping lists. Staff knew the person's favourite foods and were aware of their dislikes and

possible allergies.

The person's health care needs were met and their health needs were recorded in detail in their care plans. The person told us they had access to appointments and check-ups with dentists, doctors, consultants and opticians. The person had consented to have their weight recorded on a monthly basis. Staff told us they knew the person and their needs very well and would know if they were unwell. Records showed any health concerns and improvements were shared with other professionals, for example the manager wrote to the consultant neurologist and the doctor to update them on the person's progress following a review and change of their medicines.

Where the person had specific medical conditions, information about this was available within their care plan, to inform and help staff understand their health needs. The person had their epileptic seizures monitored and records showed that these were recorded on a regular basis on a monthly chart. The manager and staff used a comparison chart to monitor the frequency, trends and triggers of the seizures. This was shared with the consultant and helped to monitor and review medicines levels. Staff told us what action they would take if the person needed further attention, care and support.

Good

Is the service caring?

Our findings

The person who used the service and their relative told us staff were kind, caring and treated their family with respect. The person told us, "I like the staff. We get on well with each other. They help me every day." A relative told us, "The staff and manager are great. They have our relative's best interest at heart at all times." Staff told us, "I like working here, I spend a lot of time here and I treat people I work with as I would treat my own family."

We saw the person was relaxed around staff and spent time joking and laughing with staff. Staff had a good understanding of their needs and their particular personalities. A relative told us they were happy with the care and support offered. They told us, "They love it there. It is their home."

During the inspection we saw staff sitting and chatting with the person whilst having tea. Throughout the day staff gave the person attention and interacted with them. We observed the person making decisions, discussing what was important to them, such as their upcoming birthday. Staff understood the person's needs. There were communication guidelines in the person's care and support plan which clearly showed the best way to communicate with them. Staff gave the person time to talk about what they wanted to do and gave them enough time to respond.

The person had opportunities to express their opinions to staff on a regular basis, either at meetings or on a daily basis. Staff included the person in all aspects of the running of the service so that they felt valued and respected.

The person was supported to participate in reviews of their care. Relatives told us they were kept up to date with any issues and were involved in care decisions, as necessary.

The person's privacy and dignity were actively supported and staff were able to give examples of how they achieve this by closing doors, curtains and giving the person privacy when they were in the bathroom. The person's room was personalised and reflected their taste and choice. Their achievement certificates were on display and they showed it to us with pride. The person was also supported to maintain their independence, as far as possible, and were encouraged to participate in the cleaning and tidying of their rooms and the communal areas. Care plans identified areas where the person should be encouraged to do as much as possible for themselves, in relation to personal hygiene.

The person's confidentiality was maintained, staff understood the need for this and records were stored securely.

Good

Is the service responsive?

Our findings

The person told us staff were responsive to their needs. The person said, "They are always here when I need them. They listen to me and I can do what I want."

At the previous inspection we found care records were personalised. At this inspection we found this continued to be the case, with care plans detailing how staff should support the person's individual needs. Care plans contained good detail for staff to follow; such as the action they should take to support the person, whether in the home or out in the community. The care plans gave details of what the person could do and what staff needed to give support with. Care plans recorded the person's preferences and choices.

Staff talked to the person throughout the day about things they were interested in. There was guidance for staff about signs the person may show if they were unwell or upset and how to support them. There were behaviour support plans and risk assessments about the support the person needed when they became distressed. Care plans gave staff an in-depth understanding of the person and staff used this knowledge when supporting her. For example, staff gave the person sufficient time to respond and this allowed the person to fully participate in conversations without becoming frustrated.

Care plans were reviewed regularly, involving the person in this review to ensure they remained up to date and reflected the person's current needs. Daily records were recorded against each care area, detailing matters such as the person's moods, their dietary intake and what activities they had participated in.

The person continued to be supported to participate in a range of activities, including attending college. The person enjoyed their preferred activities and told us they did everything they wanted to do. The person lived active lifestyles and followed their own interests. Meeting records confirmed the person was asked about what activities they wished to plan. The person was also asked what they wanted to do to celebrate their birthday. Staff told us the person often found crowds and noise difficult to cope with, so they arranged for them to go out when it was less busy and before crowds might build up.

The person had the opportunity to provide feedback about the service provided, as there were weekly meetings and quality surveys. The surveys were summarised by the registered manager to ensure the person was satisfied with the service or there was a need to implement improvements or suggestions. A relative told us, "The staff are caring and treat my relative with respect".

Records showed that there had been no complaints in the last year. The person said they knew who to speak to if they had a complaint and would be confident to do so. The complaints procedure was available to the person and was written in a format that they could understand, including the use of pictures. Relatives told us that the registered manager and staff were approachable and said they would listen to them if they had any concerns.

Good

Is the service well-led?

Our findings

People and their relative told us the registered manager was approachable and accessible. A relative said, "The manager is very good, he keeps us informed. He is always available to talk to."

The registered manager had a nursing background and had been in post since setting up as the provider in 2012. They had had a clear vision of the quality of service they required their staff to provide. This was understood and promoted by staff to make sure people received care and support in a dignified, respectful and compassionate way. During the inspection we observed staff supporting people in a respectful and dignified way. Staff were calm and confident.

The registered manager consistently encouraged a culture of openness and transparency as stated in their statement of purpose. Their values included an open door policy where people could access the registered manager at any time.

Staff we spoke with made positive comments about the registered manager and said he was approachable and supportive. One staff said "The manager is very supportive and open to staff views and suggestions." They also told us the staff team at the home worked well together. Staff told us they enjoyed working at the service and found supporting the people who lived there very rewarding. A relative told us they felt the registered manager was very supportive. They said, "He is very nice, kind and approachable."

There were regular team meetings and staff told us they felt valued and listened to. One staff member told us, "We can make suggestions that we think will improve the lives of the people we support."

People's views about the service were sought through meetings, reviews, and survey questionnaires. The registered manager/provider had distributed questionnaires to people who lived at the home and relatives of people. People living at the home had been supported by staff to complete the forms and were very positive about the care they received. Responses from relatives were also positive.

There were effective systems in place to regularly monitor the quality of service, such as checks on the medicines, care plans, health and safety, accidents/incidents and finances. The service carried an internal audit which identified what the service was doing well and where it needed to improve. Environmental risk assessments, individual risk assessments and care plans had been updated.

Providers are required, by law, to display their CQC rating to inform the public on how they are performing. The latest CQC report and rating was displayed in the service. Records were complete and up to date.