

Brooklands Care Limited

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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

About the service:

- ☐ Brooklands is a care home, people in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided. Both were looked at during this inspection.
- ☐ The service provides accommodation and care for up to five adults with learning disabilities. At the time of inspection there were five people living at the service.

People's experience of using this service:

- ☐ People received safe and effective care from staff who understood how to recognise and report issues of concern and potential abuse.
- ☐ The provider had effective systems in place to maintain staff's skills and knowledge through training and development.
- ☐ Systems were in place to monitor the quality of the service provision and to make any necessary improvements when shortfalls were identified.
- ☐ People's care plans were detailed and contained good information for staff to help them meet people's needs.
- ☐ The service applied the principles and values that underpin Registering the Right support and other best practice guidance. This ensures that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and / or autism to live meaning full lives that include control over their own lives, choice and independence.
- ☐ Peoples independence was promoted. Each person was respected as an individual and their aspirations and wishes followed. Staff helped people to gain independence at the pace that suited them, and consistently looked for opportunities for people to take in the activities they wanted to.

Rating at last inspection:

- ☐ At our last inspection we rated the service good (report published 13th September 2016).
- ☐ At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from the inspection and ongoing monitoring that demonstrated serious risks or concerns.

Why we inspected

- ☐ This was a planned inspection based on the rating at the last inspection.
- ☐ The service remained good in all five domains.

Follow up:

- ☐ We will continue to monitor intelligence we receive about the service until we return to inspect as per our re-inspection programme.
- ☐ If any concerning information is received, we may inspect sooner.

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.
The service remains safe

Is the service effective?

Good ●

The service was effective
The service remains effective

Is the service caring?

Good ●

The service was caring.
The service remains caring

Is the service responsive?

Good ●

The service was responsive
The service remains effective

Is the service well-led?

Good ●

The service was well led.
The service remains well led.

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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 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.

Inspection team:

The inspection team was made up of two inspectors.

Service and service type:

Brooklands is a care home for people with learning disabilities or autistic disorder.

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:

We gave the service 48 hours' notice of the inspection visit because it is small, and we needed to be sure that they would be in. The inspection took place on 15th April 2019.

What we did:

- ☐ Before the inspection we reviewed the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.
- ☐ We reviewed information that we held on the service such as notifications, these are events that happen in the service that the registered provider is required to tell us about.
- ☐ We considered the last inspection report and information that had been sent to us by other agencies, this included commissioners who had a contract in place with the registered provider.
- ☐ During our inspection we undertook a tour of the premises along with the registered manager.
- ☐ We looked at three care plans of people living in the service and three staff recruitment records.

- Records in relation to the management of the home were looked at these included, quality assurance audits, staff training, safeguarding, complaints, accidents and incident information as well as maintenance and safety checks.
- During the inspection we spoke to three people, three staff members and the registered manager.
- After the inspection we spoke with three relatives.
- We asked the registered manager to forward some policy documents and the staff training matrix. This information was provided the day after the inspection.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ The provider demonstrated they had systems and processes in place to protect people from abuse.
- ☐ People benefitted from processes in place for investigating any safeguarding incidents. People could be assured where a safeguarding incident had occurred, it was reported to the local authority.
- ☐ A relative told us, "I feel confident that the manager and staff inform me of incidents that occur, no matter how minor they are I am always informed, if I have any concerns I speak to the manager or staff on duty."
- ☐ People said they felt safe in the home, one person said, "I like it here, it is lovely and safe."
- ☐ People benefitted from staff who had completed training to enable them to recognise and act to protect people from abuse.
- ☐ Staff told us that they felt confident to report any abusive practise to the manager and felt confident that the manager would respond quickly.

Assessing risk, safety monitoring and management

- ☐ People were safe because risk was assessed and managed. Staff knew about the risks to the people at the service and out in the community.
- ☐ Fire drills were held so that people and staff knew how to evacuate the building in the event of a fire, one person had a hearing impairment and had equipment in place to ensure they were aware of the fire alarm activation.
- ☐ There was a fire safety and evacuation board that the manager updated on our arrival in the service, this ensured in the event of a fire people would be evacuated and accounted for.
- ☐ Environmental safety checks were completed to ensure the safety of utilities such as gas, electric, water and fire safety equipment.
- ☐ People benefitted from maintenance routines in the service and improvements had been made to their environment such as a new kitchen had been installed and alterations to the lounge roof. Both the outside and inside of the premises were well maintained and safe.
- ☐ The risk to people living at the service was managed by risk assessments. Each person had several detailed, personalised risk assessments in place. These were updated when anything changed and were reviewed monthly. One person's risk assessment contained information about how risk factors changed when they were away from the service and had information for staff on how to minimise the risks.
- ☐ One person had a monitoring system in their bedroom to monitor a medical condition. This monitoring system enabled the person to spend time in their room undisturbed when required but also enabled staff to respond when necessary, a staff member said, "this ensures the persons privacy and dignity is respected."

Staffing and recruitment

- ☐ Staff employed at the service had been checked by the Disclosure and Barring Service (DBS), this demonstrated that staff had been selected appropriately and the service had carried out these checks to protect people from abuse.
- ☐ There was a robust recruitment policy in effect and followed by the registered manager.
- ☐ We tracked three staff files, all staff files were consistent in the lay out, they were comprehensive and contained, application forms, references, pre-employment checks, supervisions and appraisals.
- ☐ There were enough staff with experience to meet the needs of people in the service.
- ☐ At night the service has one night staff on duty the manager told us that they have an on-call system covering the service at night and over the weekend period in case staff need support, this is split between the registered manager and two deputy managers.
- ☐ Staff told us they felt there were enough staff to meet people's needs and that they are always supported by the management.
- ☐ Staff told us that the provider attended regular staff meetings and attended the service on a regular basis. The manager said, "the provider is in touch with me daily and attends the frequently and supports me with the maintenance of the building."

Using medicines safely

- ☐ People were supported to take their medicine from staff who had completed medication training.
- ☐ Staff managed medicines well, medication records were accurate and complete.
- ☐ During the inspection we spoke to a member of staff from the supplying pharmacist who was carrying out a medication inspection. The service had recently moved away from a monitored dosage systems and now dispenses from the original packaging, the service has been supported by the chemist during this transfer period and no medication issues were identified from the chemist inspection.
- ☐ People benefitted from a medication champion who had taken responsibility for medicines in the service, the chemist said, "Working with a designated person had worked very well and the transfer to medication in original packaging went smoothly."
- ☐ Regular audits were carried out to check that medicines were being managed safely and action taken to address any issues the checks had highlighted.
- ☐ Medicines were stored in a heavy double locked wooden unit in the communal lounge.

Preventing and controlling infection

- ☐ Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection.
- ☐ There was an up to date infection control policy in place.
- ☐ The service was clean and tidy and odour free, the registered manager had effective systems for prevention and control of infection in place.
- ☐ Staff told us they were provided with personal protective equipment (PPE) and had received training when to use PPE.
- ☐ Hand sanitisers were appropriately placed and available for staff and people to use throughout the service and did not make the house appear clinical.

Learning lessons when things go wrong

- ☐ The registered manager had a system in place to check incidents and understood how to use them as a learning opportunity to prevent future occurrences. Risk assessments and care plans were reviewed following incidents to prevent recurrence. The registered manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practise.

- ☐ The registered manager reviewed and analysed information around Incidents, accidents and near misses, to identify any trends and put actions to minimise future risks 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

Good: ☐ 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

- ☐ Assessments were completed to ensure people's needs could be met, before they moved into the home.
- ☐ Care plans were detailed for each identified need people had, staff had a good understanding of each person and how to deliver their care and meet their needs.
- ☐ Care plans were reviewed and audited monthly, this meant staff had up to date information about how to care for the people.
- ☐ People and families were involved in planning care for their relative. Some people needed staff to support them when planning care, a member of staff said, "we have a key worker system in place this means we can focus care on the individual's needs, this works well especially when planning activities."
- ☐ People were supported by staff providing easy read information guides, these include, how to maintain personal hygiene, breast examination, GP information and medical conditions relevant to the person.

Staff support: induction, training, skills and experience

- ☐ Staff were sufficiently qualified, skilled and experienced to meet people's needs, all staff had received induction training prior to commencing employment at the home.
- ☐ Training records were viewed, each member of staff had an individual training record and had completed training in general data protection, safeguarding, infection control and health and safety to name a few. The training matrix showed that all staff had completed mandatory training.
- ☐ There was a range of ongoing training provided to all staff, staff told us they had completed training in equality and diversity.
- ☐ Staff we spoke with were confident in their roles, and felt the training equipped them for the job.
- ☐ The registered manager had a training matrix in place to enable them to identify who had completed training and who required training update.
- ☐ The manager told us champions had been introduced to the service for medication, health and safety and activities to monitor and improve these areas.
- ☐ Staffs working performance and training needs were reviewed at formal supervision meetings with the registered manager.

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

- ☐ People were supported to eat and drink by staff who encouraged them to maintain and develop their independence, we observed one person being assisted in the kitchen to prepare drinks for themselves, another person was seen to be choosing food to prepare for lunch.
- ☐ People participated in planning the menu and some people were involved in food preparation, staff told us people helped with vegetable preparation, one person told us they helped prepare the vegetables on

Sunday.

- The manager told us that people living in the service assisted with food deliveries to the service and that people also go out food shopping with support from staff. This all contributes to involving people in the running of the service as a family unit. Staff told us one person made their own breakfast from the food in the cupboards, but sometimes they decide to go to the shop to find something different. Staff were always available to support them to do this.
- Risk assessments were in place for people who were at risk of choking with clear guidelines for staff to follow.
- Food and fluid intake were monitored and recorded by staff to ensure people had nutritional diets and were hydrated.
- A menu was displayed in the kitchen area, on the day of inspection we observed that the menu corresponded to the food served.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff understood people's healthcare requirements and ensured people got the access to healthcare they required. This included input from GP, dentist, optician and audiology.
- People's healthcare needs were documented within their care plans and regularly updated.
- The manager told us that they worked closely with employment agencies accessing employment opportunities for people in the home but had not yet obtained paid employment for people.
- One person was working as a volunteer, the manager said, "I would like to find employment that is paid, this would give people more independence in respect of their finances."
- Throughout the inspection we observed staff responding to people's needs in a timely way and sharing relevant information, so they were kept up to date with people's current needs.

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

- The design and decoration of the service met the needs of the people living at the service. Recent improvements made to the kitchen gave people a choice of where to eat.
- The large garden to the rear of the home gave people the opportunity to relax outside. The manager told us they wanted to develop the garden with areas to grow vegetables and raised flower beds to encourage people to participate in gardening activities.
- People were involved and asked for their opinion on the décor of the service and what they would like, for example, the colour scheme to the front of the building was chosen by people living at the service.
- People had personalised their room and communal areas with photographs of family which created a homely environment.
- People benefitted from having two separate lounges and an external activities unit. This meant that people had the opportunity to speak to family and friends in private and have time in areas away from other people.

Supporting people to live healthier lives, access healthcare services and support

- Staff involved other healthcare professionals and supported people to access these.
- Staff knew the people living at the service extremely well and were able to quickly recognise changes to their health and wellbeing and acted as soon as changes were identified. We saw records that showed how staff responded to changing care needs for example, one person became unwell and required admission to hospital.
- Care plans identified specific medical conditions, staff were given detailed instructions on how to care for this person through their care plan.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- ☐ The registered manager and staff had received training about the MCA and understood how to apply this legal guidance when they supported people with their decision making.
- ☐ We checked whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisation were being met. At the time of inspection 4 people had DoLS authorisations in place and one person was waiting for a DoLS authorisation. The registered manager told us that they had chased up the DoLS authorisation and documents confirmed this.

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

Good: ☐ 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

- ☐ Feedback from relatives and people reflected staff were friendly and polite to people in the service, they were natural and showed positive relationships had developed between them.
- ☐ People were happy with the care they received. One person said, "I like all the staff, they are kind to me and we go out together."
- ☐ Staff we spoke with felt that people were well cared for, one staff member said, "It is a lovely comfortable home, people are given choice in what they do and when, they are involved in planning activities and outings, I think it is just like being at home."

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

- ☐ Information taken from the PIR stated that people went on holiday with support, at this inspection we saw a person leaving the service with a relative to go on a week's holiday.
- ☐ We spoke with a relative who said her relative went on holiday three times a year with a relative. The registered manager told us that when people go on holiday, staff ensure that a hospital passport goes along with the person. This would help other services to be aware of the person's care needs if they attended hospital or doctors whilst on holiday.
- ☐ People benefited from a key worker system, which meant that a member of staff took a lead role in making sure a person's care records were up to date, and that they and their family members had been involved in their care decisions as much as they were able to be.

Respecting and promoting people's privacy, dignity and independence

- ☐ People at the service had their own room with an ensuite bathroom, this provided them with a private area for their personal care.
- ☐ Staff told us they respected people's privacy by not entering rooms unless invited to enter.
- ☐ People were encouraged to have their rooms set out how they liked them and were encouraged to personalise their room with possessions and pictures.
- ☐ People's personal information was stored in the registered manager's office. Care plans were available for staff, but they were held in the manager's office which was secured when not in attendance, staff accessed this area using a key pad.
- ☐ People could be reassured that their personal details were secure. Staff had completed training in data protection and understood how to protect personal information.

Is the service responsive?

Our findings

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

Good: ☐ 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

- ☐ Care plans were well organised and presented in a way that was easy to follow, they detailed and gave staff guidance and information about the care needs of each person.
- ☐ People's care plans were reviewed monthly and a full review carried out every year. A relative told us, "I am invited by the manager to an annual review for my relative and at the meeting we are given the opportunity to express our thought and opinions, I like to be involved in my relatives care. I believe that the care provided is person centred and I think the staff go over and beyond to make my relatives care person centred."
- ☐ Staff had recently undertaken training in intensive interaction, this was used with a person with communication difficulties and repetitive behaviour, we observed staff using this technique and saw how it prompted the person to participate and communicate through expressions and actions.

Improving care quality in response to complaints or concerns

- ☐ Systems were in place to enable the provider and the registered manager to respond to any concerns or formal complaints they received.
- ☐ The manager told us that any complaint received was dealt with promptly and a response sent to the person, we looked at the complaints register, and this confirmed that complaints are dealt with promptly and letters sent to the complainant.
- ☐ A relative told us that they had raised an issue rather than a complaint and the manager responded by having a meeting with them, the issue was discussed and resolved, the relative said that they had confidence in the manager to act on concerns or complaints.
- ☐ The service has a suggestion box in the front hall where people can make comments or suggestions for improvement on the service provided. We observed this facility being used. One relative had recommended a carer for promotion as they thought the carer's performance was excellent.

End of life care and support

- ☐ Staff have recently completed training in end of life care planning this was confirmed by staff at the service and on the training matrix.
- ☐ The provider had identified on the PIR that work on these plans were ongoing.
- ☐ The registered manager said that they understood that end of life care plans were needed and they were in the process of talking with families and people about end of life planning.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 home was well managed and had an open culture. The registered manager was present in the home, and knew the needs of people in detail, and the skills of the team well. We saw people engaging with the registered manager and they were clearly pleased to see them and felt comfortable interacting with them.
- ☐ A relative told us she thought the manager led the service very well and was supportive of the staff, the relative said, "I think the manager does so much more than her job, a while ago my relative needed to go into hospital and I was not available at the time, the manager went to the hospital with my relative and stayed there until I got there, my relative was anxious but the manager supported my relative."

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

- ☐ The registered manager understood their responsibilities under the Health and Social Care Act 2008 and associated regulations they were aware of what incidents to report to CQC.
- ☐ Staff were clear about their roles and how to provide safe and effective care.
- ☐ Staff told us they were happy with the support they got from the registered manager.
- ☐ The registered manager had oversight of what was happening in the service, risks were identified and acted on to monitor the safety and quality of the service people received. Peoples records were well organised and kept under regular review to ensure the information was accurate.
- ☐ Extensive policy and procedure documents had been introduced to aid the smooth running of the home, for example there were policies on safeguarding, whistleblowing, complaints, infection control and risk assessment.
- ☐ Staff told us where they could access documents

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

- ☐ Feedback was sought from people and their relatives about the overall quality of the service and any changes that may be required, this feedback was reviewed and analysed to make any improvements.
- ☐ People were asked to give feedback about the service, one person said, "I am always asked for my opinion the provider often sends me a questionnaire or asks for suggestions to improve the service, a relative said "I cannot find things to suggest as most things are done in the home and improvements have been made with the new kitchen and lounge, the garage has been converted into an activity work shop."

- A relative we spoke with said, "we feel staff engage and communicated with us and my relative they treat us all with respect and they respond to my relative as an individual person by improving their life experiences for example, " my relative loves trains and really likes to travel on them, staff were informed about this and now the staff take my relative to London and on various outing."

Continuous learning and improving care

- There were effective systems in place to monitor the quality of the home. Comprehensive audits were undertaken by the registered manager, and the systems in place to monitor the standards and quality of the home were being managed effectively.
- The registered manager monitored complaints, accidents, incidents and near misses and other occurrences monthly or more frequently if required,. This information was reviewed and analysed for trends and improvements required the registered manager then put an action plan in place to track progress made.
- All learning from accidents and incidents was shared with staff at meetings and handovers.
- The registered manager used quality assurance processes to identify areas which could be improved, areas for improvement were discussed at regular staff meetings an example end of life care action plan was in place to track improvements made on supporting people with end of life care, a training action plan was identified in the PIR for staff to improve their qualifications.

Working in partnership with others

- Staff had positive relationships with people and demonstrated an in-depth knowledge and understanding of their needs.
- Staff supported people to attend local community events and access activities and support from external agencies.
- A relative told us," when my relative was admitted to the home I did not want them just sitting around all day, the manager and myself and social worker have explored employment opportunities for my relative and now they attend work twice a week all voluntarily but this has benefitted them integrating into the community, and they look forward to going to work."
- One person benefited from attends day centre activities, in the care plan there were achievement certificates that the person had been awarded these included, gateway qualification entry level in skills for independent living, Traveling in the community, understanding money, working in a team and making support work for you