Yunicorn Limited

Brooklands

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 7 February 2017. After that inspection we received concerns in relation to an incident which indicated potential concerns about the management of risk associated with the administration of people's medicines. As a result, we undertook a focused inspection on 25 and 26 June 2018 to consider those concerns. We announced the second day of the inspection visit. This report only covers our findings in relation to the Key Questions of Safe and Well led. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brooklands on our website at www.cqc.org.uk"

At our last unannounced comprehensive inspection on 7 February 2017, the overall rating was 'Good'. At this inspection the rating has changed to 'Requires Improvement.'

Brooklands is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Brooklands accommodates up to nine people in one adapted building. There were six people living at the home at the time of our inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

At the time of our inspection visits, the registered manager was currently on leave of absence. The registered provider had arranged for a registered manager from one of their other homes to provide temporary management support in their absence. 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.

People's medicines were made available and people received these as prescribed. However, the management arrangements to ensure medicines were administered in line with the registered provider's procedures were not always effective and required improvement. The acting manager was acting to ensure improvements were made including staff training.

People's records to support risk management had not consistently been reviewed at the stated intervals. Some people's care plans lacked information about how to use of distraction techniques to consistently and safely meet people's behavioural needs.

The registered provider's quality checks did not consistently identify shortfalls in risk management plans and medicine management. There was also a lack of oversight in the managements procedures, so the registered provider could be fully assured staff continued to provide care which mitigated risks to people's safety and welfare. The registered provider had missed opportunities to analyse accidents and incidents on a regular basis, so trends could be identified and to support the reduction of similar events happening.

People told us they felt safe living at the home. Staff understood their responsibilities in reporting abuse and the action they should take if they were concerned a person was at risk of harm.

People had developed positive relationships with staff who knew people's needs well.

There were sufficient staff to meet people's needs. The registered provider ensured pre-employment checks had been completed before staff started work to make sure, as far as possible, they were safe to work with the people who lived there.

Staff enjoyed working at the home and felt supported by the registered manager and acting manager. Staff felt able to make suggestions about the management of the home and quality of care people received.

The registered provider encouraged people who lived at the home and relatives to share their views about the quality of the care and how it was run to assist in driving forward improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The management of medicines and individual risk did not always identify areas where risks to people could be mitigated further. People told us they felt safe living at the home. Staff were aware of how to keep people safe and understood their responsibility to report any concerns. There were enough staff to provide the care and support people required. The registered provider's recruitment processes minimised the risks of employing unsuitable staff. Arrangements were in place to ensure the home environment was clean and hygienic.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The registered provider's monitoring of the quality and safety of service provided required strengthening so issues were consistently identified and put right. People liked living at the home and were given the opportunity to be involved in the running of their home. Staff felt supported by the registered manager, acting manager and registered provider. The registered provider welcomed feedback about the service provided so improvements could be made where necessary.

Brooklands

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.

The inspection was prompted in part by notification of an incident. This incident is subject to investigation by the relevant authorities, and when the investigation is concluded we will consider any further action we may have to take.

The information shared with the Care Quality Commission [CQC] about the incident indicated potential concerns about the management of risk associated with the administration of people's medicines. This inspection looked at those concerns together with how the registered provider assured themselves action was being taken to mitigate risks to people who lived at the home.
This focused inspection took place on 25 and 26 June 2018. The first day of the inspection visit was unannounced. The inspection team consisted of one inspector

We looked at the information we held about the registered provider and the service. This included notifications which provide CQC with information about important events which the registered provider is required to send us by law.

We requested information about the service from Healthwatch, the local authority and the Clinical Commissioning Group, [CCG]. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. The local authority and CCG have responsibility for funding people who used the service and monitoring its safety and quality.

During the inspection, we spoke with two people who lived at the home and spent time with people in the communal areas of home to see how staff supported them. We also spoke with one relative who was visiting the acting manager and a further three relatives by telephone.

We spoke with the acting manager and three care staff. We also met the registered provider and their

representative who were present for some of our inspection. We looked at a range of documents and written records including sampling six people's risk plans, records about the administration of medicines, and records demonstrating how staff cared for people so their safety and well-being was promoted. We also sampled staff rotas.

We looked at checks the registered manager and registered provider's representative undertook to assure themselves people were receiving care which helped them to stay as safe as possible. This included records of incidents and accidents, three staff recruitment files and medicine checks.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 7 February 2017 we rated the service as 'Good' under the key question of Safe. At this inspection we found the management of medicines and other risks to people's safety needed strengthening to ensure people's safety was not compromised. Therefore, the rating has changed to 'Requires Improvement'.

In the registered provider's medicine procedure, it stated, 'Only one resident's, [person who lived at the home], medication must be dispensed and administered at any given time.' This was not followed consistently by staff. We saw staff administered the prescribed creams for two people together. This practice increases the risk of medicine errors. This practice does not mitigate the risk to people of staff making mistakes. The acting manager gave assurances all staff followed the expected procedures for administering people's medicines to reduce risks to people's welfare and safety.

Some people had been prescribed medicine 'as required', which is known as 'PRN. medicine'. Protocols were not in place to instruct staff when people required this, if people could not always tell staff themselves. However, staff could tell us the signs when people required these medicines as they knew people well. One staff member told us, "We know people and if they need anything for pain." Although staff we talked with knew people well there continued to be changes within the staff team and there was a risk to people's safety if the provider did not ensure there was written guidance in place for staff on the use of PRN medicines. The acting manager told us they would ensure written guidance for people's 'as required' medicines was put in place.

The registered provider's medicine procedure set out the expectation that all staff who administered people's medicines would be trained to do so. The medicine procedure read, 'Only trained staff may administer medication, which has been [an] accredited and award course for the administration of medication.' The acting manager told us this did not always happen. This was because, on occasions, the second staff member assisting with the administration of people's medicines could be new in post and may not have received their medicine training. The acting manager informed us new staff members may observe the administration of people's medicines, as part of which they placed a dot on the medicine administration records indicating when medicines had been dispensed into medicine pots for people to take. The acting manager acted on the issue we raised and ensured all staff were booked onto medicine training. This approach would ensure staff would not take part in the administration of medicines until after they had received the training and had their competency checked

We also saw the competency checks undertaken by the registered manager of staff's medicine practices had lapsed. This meant the registered provider could not be assured of staff's continuing competence to administer people's medicines safely and as prescribed.

Despite the improvements we identified to ensure medicine management was strengthened, people we spoke with told us they received their medicines regularly and were happy with the support they received. We saw there was a system for ensuring prescribed medicine supplies were available for people when they

needed them. The medicine administration records showed when people had received their medicines. People's medicines were stored in a suitable locked cupboard, in line with national guidance.

Risks to people's safety had been assessed and measures were in place to support them to remain as safe and independent as possible. For example, one person was at risk of falls. Staff provided the support the person needed to minimise their risk of falls without unnecessary restrictions. Another person was anxious about bridges, uneven surfaces and stairs. The person had been provided with support from staff so they became more confident when walking over these. Staff we spoke with had a good understanding as to the needs of people and how to support them. This included where people's behaviour may challenge others so that the person's support was managed positively. People's risk assessments identified potential triggers that may give cause for a person to show behaviour that may challenge. However, there was a lack of guidance available to staff on how to respond to behaviours that challenge. This included the distraction techniques or strategies to be used to reduce each person's anxieties. Although these shortfalls in people's written documentation had not impacted on people's safety, there was a risk of people receiving inconsistent support which did not ensure people's safety. The acting manager told us they would ensure additions were made to people's care documentation so staff had all the written guidance to respond to people's needs consistently and safely.

Staff were aware of the procedures to follow in an emergency, such as in the event of a fire. One staff member told us, "We are all given fire training and know what to do." The management team carried out checks on the fire safety arrangements at the service. These included fire drills and making sure all firefighting equipment was in good working order to mitigate the risks to people from avoidable harm.

Although there was some written information in people's care records about people's needs in the event of a fire, this had not been developed into Personal Emergency Evacuation Plans [PEEPS]. This is important as people who lived at the home relied upon staff in supporting them with their individual needs including providing reassurance in an emergency. We discussed this with the acting manager who told us they would address this shortfall so staff had all the information they required to safely support people in times of emergency.

People we spoke with told us about their reasons for feeling safe. One person said, "They [staff] help me to be safe." Another person told us how staff supported them with how they felt which made them feel safe and secure. People also showed us they felt safe living at the home as they were relaxed in the presence of the acting manager and staff. We saw people looked comfortable as staff used each person's preferred style of communication. Relatives we spoke with confirmed what we saw and they told us they had no concerns about the staff team's knowledge in keeping people safe from avoidable harm and or how staff treated people. One relative summed up their thoughts as follows, "[The care is] very safe. [I have] never had any concerns." Another relative commented, "[Person's name] always seems perfectly safe at Brooklands."

Staff had received training in protecting people from abuse and showed a clear understanding about the types of potential abuse and how to report these. They recognised changes in people's behaviour or mood could indicate people may be being harmed or unhappy. One staff member told us they had, "completed training and know how to report concerns." The registered provider had procedures in place to guide staff to report concerns about people's safety to the local authority. The information we hold showed the registered provider had reported incidents of concern appropriately.

The recruitment records for three staff members showed they had been recruited in line with the registered provider's policy and procedure. Staff had completed an application form and attended an interview. Prior to being employed, records showed they had a Disclosure and Barring Service (DBS) check and two valid

references. A DBS is carried out on an individual to find out if they have a criminal record which may impact on the safety of people who lived at the home.

People we spoke with told us they felt there were enough staff to provide the support they required. One person in response to our question about staffing arrangements commented, "They [staff] are always here." They indicated there were plenty of staff to support them. Relatives we spoke with were equally happy with the staffing arrangements at the home. Relatives told us they felt reassured staff were 'on hand' to meet their family members' safety and wellbeing needs.

We found there were sufficient staff to keep people safe. We saw people were supported to lead full lives and take risks, whilst staff kept their safety in mind. For example, people were individually supported by staff to visit places of interest and go out for meals. Staff also told us they believed there were sufficient staff on duty to meet people's individual needs and if a person required two staff to support them this would be provided.

The acting manager told us staffing arrangements were reviewed by the registered manager to ensure they were flexible and based upon the individual needs of people who lived at the home. There had been some changes in the staff group which had created staff vacancies. The acting manager was seeking to recruit new staff. In the interim period the acting manager told us any shortfalls in staffing levels were covered within the staff team. When this was not possible, the acting manager confirmed agency staff would be sought so people continued to receive the care and support they required.

People we spoke with felt their home environment was clean and staff helped them to be protected from infections. There was a hand gel by the front door for visitors to use. Staff were aware of how to keep people safe from cross infection and used protective clothing appropriately, such as gloves and aprons. Staff understood their roles and responsibilities in relation to the principles of food hygiene and supported people who lived at the home to adopt good practices when assisting with meals.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 7 February 2017 we rated the service as 'Good' under the key question of Well led. At this inspection we found the registered provider's quality assurance systems and processes required strengthening. Therefore, the rating has changed to 'Requires Improvement.'

The registered provider's procedures to monitor the safety and quality the service provided were not always effective. For example, the checking systems had not identified medicine practices were not consistently managed in line with the registered provider's procedures. The acting manager took immediate action to ensure medicine administration practices were strengthened. This included ensuring staff were not distracted when they administered medicines and all staff had received medicine training.

Care record checks did not always ensure shortfalls in people's risk management plans, people's 'risk summaries,' were identified to ensure these remained an accurate record to guide staff practices. For example, we saw some people's 'risk summaries' had not been reviewed as expected by the registered manager monthly. Another example was one person's epilepsy behaviour management plan had not been reviewed on the date detailed. Although, these shortfalls had not impacted on people's care needs the registered provider's quality checks needed to be strengthened so staff had the information to guide their practices.

We also found the registered manager's and registered provider's oversight of the service had not identified some staff's refresher training needed to be arranged, such as first aid and fire training. The acting manager told us action would be taken to ensure all staff had their refresher training where this was due.

Other areas which required improvement had been identified and action taken to address these. The registered provider had undertaken redecoration work where required which considered people's preferences. This had had a positive effect upon people who lived at the home, as they liked their rooms and were happy with the support provided by staff.

The registered provider had ensured staff were following the procedures for reporting accidents and incidents. However, there were no processes to enable the registered manager and registered provider to ensure that any patterns or trends could be identified and actioned. It also meant that there were missed opportunities to identify any potential learning from such incidents and share this with staff to assist in reducing similar things from happening.

At the time of our inspection visits, the registered manager was on a temporary leave of absence so was unable to be present. A registered manager from the registered provider's other home was temporarily providing management cover. Despite these interim changes, staff could tell us about the present management structure within the home and felt this supported them in their roles. The acting manager told us they were supported by their staff team, the provider's representative and the registered provider through regular telephone contacts and regular visits to the home.

People showed us they knew the registered manager and the acting manager and liked living at the home. We saw the acting manager communicated in a friendly, professional manner with people who lived at the home and with staff. They had knowledge of the care each person was supported with. We saw there was warmth between people and the acting manager during communications where people smiled and touch was used. People were involved in the running of their home which included doing daily tasks around their home and spending time growing vegetables in their garden. One person's wellbeing was enhanced by their achievements in growing different vegetables and proudly showed us these. Two people who we spoke with showed they knew the registered provider and told us he was "nice" and "kind".

There was open communication with people who lived at the home and their relatives because the registered manager and her staff team regularly spoke with relatives about their family members' care. This was also confirmed to us by relatives we spoke with. Relatives told us they felt very much part of their family members' care and felt able to make suggestions whenever they needed to and spoke with staff regularly when they visited the home. Relatives provided us with their thoughts about how the home was run and the impact on their family member's wellbeing. Comments included, "[Person] is very well looked after by very nice people [staff] and always seems to be happy there at Brooklands. I've never met such a gentleman [registered provider]." "She's [registered manager] is lovely, [and] very helpful" and "She [registered manager] seems to have found a lot more things for [family member's name] to do and they are a lot more occupied."

Staff enjoyed working at the home. One staff member said, "I'm very happy here." They told us they felt this was because of the relationships they had developed with people, staff and the registered manager. Another staff member told us, "We [staff] all work together" and "Do the best we can for all of them [people who lived at the home]."

Staff told us they also received regular support through individual and team meetings. One staff member described individual meetings as 'helpful' because they had the opportunity to talk about training and their work. Another staff member told us the registered manager was very approachable and listened to their suggestions. Staff always said this about the acting manager.

Staff were aware of the provider's whistle blowing policy. A whistleblowing policy encourages staff to raise any serious concerns about the way the service is being run, or the conduct of those running it. Staff we spoke with felt that if they had concerns about the care people received, the registered manager and acting manager would act upon them and retain their confidentiality.

The registered manager and staff team worked in partnership with health care professionals, when supporting people with epilepsy. In addition, links were maintained with doctors to ensure people's individual health needs were met.

It is a legal requirement that a registered provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the registered provider had displayed their rating in the home.