T K S D Care Homes and Training Limited

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

Overall summary

We inspected this home on 28 August 2015. This was an unannounced inspection.

The Brookland is registered to provide accommodation and personal care for one person who needs 24 hour care who prefers to live on their own. The person who uses the service needed support to undertake life skills and be safe in the community. At the time of our inspection, the person who lived in the home appeared fairly independent; however gentle prompting had been necessary to complete everyday tasks.

At our last inspection on 3 August 2014, we found the person was not always protected because the provider had not made sure that medicines were administered safely. The provider did not have an effective system in place to regularly assess and monitor the administration of medicines in the home. We set compliance actions and the provider wrote to us telling us how they would become compliant with the regulations. At this inspection we found the provider had completed all the actions they told us they would take to improve the service provided.

Summary of findings

There was a registered manager at the home who was also the provider. 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 person who used this service was protected against the risk of abuse; they felt safe and staff recognised the signs of abuse or neglect and what to look out for. They understood their role and responsibilities to report any concerns and were confident in doing so.

The home had risk assessments in place to identify and reduce risks that may be involved when meeting the person's needs. There were risk assessments related to the person's day to day care and details of how these risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to the person.

There were sufficient numbers of suitable staff to meet the person's needs and promote their independence and safety. Staff had been provided with relevant training and they attended regular supervision. Staff were aware of their roles and responsibilities and the lines of accountability within the home.

The registered manager followed safe recruitment practices to help ensure staff were suitable for their job role. Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs.

We observed that staff had developed very positive relationship with the person who used the service. Staff were kind and respectful, we saw that they were aware of how to respect the person's privacy and dignity. They told us that they made their own choices and decisions, which were respected by staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards and the home complied with these requirements

The systems for the management of medicines were followed by staff and we found that the person received their medicines safely. They also had good access to health and social care professionals when required.

The person had been involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

The person was always motivated, encouraged and supported to be actively engaged in activities inside and outside of the home. For example, the person went out to their local community at least five days of the week for activities, one of their favourite activity was window shopping.

A health action plan was in place and the person had their physical and mental health needs regularly monitored. Regular reviews were held and the person was supported to attend appointments with various health and social care professionals, to ensure they received treatment and support as required.

Feedback was sought from the family and the person and used to improve the care. The person knew how to make a complaint and a copy of the 'how to complain' was available in the home. No complaints had been received but it was evident that there was a very inclusive relationship with the person's family.

The registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with the commission.

Summary of findings

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 safe.

The provider had taken necessary steps to protect people from abuse. Risks to the person's safety and welfare were assessed and managed effectively.

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

Appropriate systems were in place for the management and administration of medicines.

Good

Is the service effective?
The service was effective.

Staff had the knowledge and skills required to meet the person's needs and promote people's health and wellbeing.

Staff understood the requirements of the Mental Health Act 1983 (amended 2007), Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, which they put into practice.

The person was supported to have enough to eat and drink.

The person was supported to maintain good health and had access to healthcare professionals and services.

Good

Is the service caring?
The service was caring.

The person was supported by staff that respected their dignity and maintained their privacy.

Positive caring relationships had been formed between the person and staff.

The person was treated with respect and helped to maintain their independence. The person actively made decisions about their care.

Good

Is the service responsive?
The service was responsive.

The person's needs were assessed and care plans were produced identifying how support needed to be provided. These plans were tailored to the individual requirement and reviewed on a regular basis.

The person was involved in a wide range of everyday activities and was support to live an independent life as possible. The person was encouraged and supported to maintain/develop the skills needed to live independently.

The provider had a complaints procedure and the person told us they felt able to complain if they needed to.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The home had an open and approachable manager. Staff were supported to work in a transparent and supportive culture.

There were effective systems in place to monitor and improve the quality of the service provided.

The manager had systems in place to ask the persons opinions of the care they received. They also asked the view of the family and health professionals involved with the home.

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 28 August 2015 and was unannounced.

Our inspection team consisted of one inspector and they carried out an interview with the person using the service.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

During our inspection, we spoke with the person living at the home, one care worker and the registered manager/ provider. We also spoke with a relative and another carer on the phone.

We observed the person's care and support in communal areas throughout our visit, to help us to understand the experiences that person had. We looked at the provider's records. These included the person's records, care plans, health notes, risk assessments and daily care records. We looked at one care plan file, a sample of audits, satisfaction survey, staff rota, and policies and procedures. We also looked around the care home and the outside spaces available to people.

Is the service safe?

Our findings

At our previous inspection on 8 August 2014, we made a compliance action regarding the administration of medicines. We received an action plan from the provider. At this inspection, we found the provider had made the required improvements.

The person told us they felt safe. They said, "Yes, I am safe here they look after me". We observed that the person was relaxed around the staff member and the manager. The family told us that they were very confident that their relative was kept safe. They said "We know the staff and the manager well and they keep us informed. We are always welcome when we visit and staff always answers our questions".

At the last inspection, we had found that staff had been administering medications incorrectly. Staff who administered medicines had been retrained; their competency had been checked by taking a test. The registered manager carried out spot checks each week to make sure medicines were given out correctly and safely. Staff had a good understanding of the medicines systems in place. A policy was in place to guide staff from the point of ordering, administering, storing to disposal of any unwanted medicines. Medicines were booked into the home by staff and this was done consistently with the homes policies. There was a system of regular audit checks of medication administration records and regular checks of stock. There was a system in place to promptly identify medication errors and ensure that the person received their medicines as prescribed. Medicines were stored appropriately in a locked cabinet and all medicines records were completed correctly. This meant that safeguards were in place to ensure the person received their medication as prescribed.

The staff told us that they had received safeguarding training in the last year and the certificate was seen in the training file. The staff member we spoke with was aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions should that occur. They said they were confident that registered manager would respond appropriately to any concerns.

The staff member understood what was meant by whistle blowing, and said they felt confident in whistleblowing (telling someone) if they had any worries. The home had up to date safeguarding and whistleblowing policies in place that had been reviewed. These policies clearly detailed the information and action staff should take to protect the person in their care.

The person was protected from avoidable harm. Staff had a good understanding of the person's individual behaviour patterns. Records provided staff with detailed information about the person's needs. Through talking with staff and the manager, we found they knew the person well, and had identified risks relating to the person's care needs. The person was being supported in accordance with their risk management plans. For example, staff understood the routines that the person had chosen to follow and staff respected this. The staff member told us if we did not respect the person's wishes they would then become anxious and may challenge. There were plans in place to help the staff keep the person safe, particularly when out in the community. We found that staff understood and followed these plans.

We looked at the person's care records and saw that staff had assessed the risks to the person's safety and records of these assessments had been regularly reviewed. The care/risk assessments were personalised to the individual and covered areas such as finance and health issues. This ensured staff had all the guidance they needed to keep the person safe. Staff discussed the risk assessments with us and outlined how and why measures were in place. For example, the person did not have good road sense. One time they became challenging and did not want to listen to staff. Staff knew what to do and they were able to calm the situation. Once back home staff were able to go through the need for the person to listen to staff when crossing the road and explained the possible dangers. This meant that staff by discussing this with the person had made aware of the dangers when crossing the road in a way they could understand to reduce the risk in future.

The person had an individual health assessment that contained identified risks. These identified risks regarding their health and gave staff guidance of how to protect the person from harm when they were unwell. The assessments were regularly reviewed and updated in line with the person's changing circumstances. Staff had also received training related to the person's health needs so they had a good understanding how that affects the person and what to do.

Is the service safe?

The person said they were happy with the two care staff that alternate to provide 24 hour care. The manager said that they like to keep the continuity of the staff and told us there was adequate staff in the organisation to cover any sickness and annual leave when required. The person living in the home had met these staff in the past so knew them all well. The person said "It's nice to have a change sometimes".

Through our observations and discussions with the person and staff members, we found there was enough staff with the right experience and training to meet the needs of the person. We looked at records such as the rotas and staff training files these confirmed training had been made available to meet the specific needs of the person they were caring for. The member of care staff questioned told us that they would be with the person until the following morning when the other staff member would arrive to take over. Handover time was built in to the rota so that staff could pass on important information relevant to the persons care and wellbeing.

Safe recruitment processes were in place. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS ensured that people barred from working with certain groups such as adults at risk would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks were undertaken. Staff we spoke with and the staff files that we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them. The provider had a disciplinary procedure and other policies relating to staff employment, these had been reviewed annually. Staff had access to these and staff were supported to keep people safe.

There was a plan staff would use in the event of an emergency. This included an out of hours' policy and arrangements for people which was clearly displayed in care folders. Staff were aware of what to do if an emergency evacuation was needed, however the PEEP (personal emergency Evacuation plan) had not been fully documented and needed to be reviewed. This was done during our visit. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We asked one staff member what they would do if the fire alarms went off, they described how they would call for help and evacuate the person who lived in the home to an agreed place to keep them safe.

We saw that all the necessary checks had been undertaken. For example, PAT Portable appliance testing, there were in date certificates for the electrical installation, gas and the fire system was checked regularly by the staff at the home and outside contractors. This showed the registered manager maintained a safe environment for the person who lived there and the staff.

Is the service effective?

Our findings

The person told us the staff looked after them well and said "Yea they have training but I don't know what that's about, I just know they know what they are doing". We asked them if staff always asked them what they wanted to do each day, they told us "Yes, they always ask me what I want to do, sometimes they may tell me we need to get some shopping, guess we both choose but I am happy with that".

The service user guide seen was written with pictures so the person could have a better understanding of the contents. The person confirmed that staff had gone through the document with them. They said "I knew a lot of that stuff, staff have to remind me though because I do forget."

Staff told us that they always get the person's consent and that the person was fully involved in all aspects of planning their day and care. Staff had a good understanding of the person's likes and dislikes and the things that could upset the person so these were avoided.

The registered manager told us that the person did not have full capacity to make decisions safely. The manager had recently applied for Deprivation of Liberty Safeguarding (DoLS) in respect of the person needing to be accompanied by a member of staff or their parents when away from the home for their safety. A DoLS ensures a person is only deprived of their liberty in a safe and correct way, and is only done when it is in the best interests of the person and there is no other way to look after them. The manager had received the required training and training had been applied for on the Mental Capacity Act (MCA) 2005 and DoLS for the staff at the home. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff that we spoke with understood the principles of the MCA, deprivation of liberty and 'best interest' decisions.

The person was supported to have enough to eat and drink. During our inspection, we observed that the person did not want anything at lunchtime. When we asked if there was a reason for this they said "just not hungry at the moment will eat a bit later". Drinks were offered throughout the day. When possible the person was encouraged to make their own meals or they support staff in making meals. The person told us, "The meals are good here because I get to choose what I will have". We saw form the daily notes that all meals were recorded. As the person goes shopping for the meals they can choose what they fancy during the week. As part of the routine they like to have the same breakfast, sandwiches or something on toast at lunch time and a cooked meal in the evening. This demonstrated staff listened to, and acted upon the persons wishes.

From our discussions we found that staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support the person they cared for. Staff were required to undertake training to carry out their roles safely by the provider. This included refresher training on subjects such as safeguarding adults and first aid. Staff also undertook training on fire, health and safety, nutrition, infection control and medicines administration. We viewed the staff training records and the registered manager ensured staff training remained up to date. Staff had received an induction when they first started work if they had not already achieved this in prior employment. All new staff had to work alongside experienced staff. One staff had completed diploma in Health and Social Care level 2 and is hoping to go on and attain level 3. Health and Social Care (HSCs) are work based awards that are achieved through assessment and training. To achieve an HSC, candidates must prove that they have the ability (competence) to carry out their job to the required standard. This enabled staff to provide good quality safe care by giving them the skills and understanding they required.

Staff we spoke with during the inspection told us the registered manager was extremely supportive and they received monthly supervision sessions and had an annual appraisal. The registered manager told us that they completed monthly supervision with all staff. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and annual appraisals had taken place and demonstrated the staff were supported in their roles.

Staff worked with health professionals who supported the person who lived at the home. Staff also supported the person to attend appointments and make sure their other physical health needs were met. The person could see a GP when they wanted or needed to. This person had a health

Is the service effective?

action plan in place which was written in a way that the person could understand. This plan provided advice and health awareness information which may support the person's health and wellbeing. This was reviewed at least six monthly or when there had been a significant change.

We saw records to confirm that staff encouraged the person to have regular health checks and where appropriate staff accompanied the person to appointments. They had attended appointments to professionals such as hospital consultants, their GP and dentist. When health concerns arose staff made contact with relevant healthcare professionals. We saw for example in the file that the person specific health issue was closely monitored as requested by their consultants. The staff also made other checks by weighing the person each month to make sure there weight remained stable. In this way the staff at the home monitored the person's health in order to keep them as well as possible.

Is the service caring?

Our findings

The person we spoke with said they were extremely happy with the support provided at the home. They told us "I really like living here I really prefer to live as I am on my own and the staff are very kind, I get on with all of them". "They know me so well and they know what I like and about my routines, they know what to if I get upset by anything". The person told us staff are always at hand. We heard The staff and the person discussing together what they were going to do that afternoon.

The person's relatives were encouraged to visit and made welcome. They had also been included in the risk assessments for when they took their relative out. We spoke to the person's relatives about the home and they said, "Living there has made such a difference, they are more settled and happy, what more could we ask for". "Yes we are very happy with the home; they are getting the support they need to lead as normal a life as is possible for them".

We saw that the person was encouraged to be independent and to have as much choice over their day to day life as possible. Staff told us that they encourage them to be involved in making the decision about how the home was run. For example, the person said that she likes the staff to eat a meal with her at lunch time and in the evening, so that is what the staff do. The person is supported to maintain their independent living skills, such as preparing their own breakfast and get out what they want for lunch. The evening meal is always made together. Some tasks are not encouraged because of their diagnosis, but there is still plenty they can do around the house and in the community. For example they make their bed and help with a lot of the cleaning around the home.

The person said "The staff do need to be nearby but they give me my privacy, they don't come in the room while I am getting dressed and things". We saw that staff member and registered manager treated the person with dignity and respect. The staff member was attentive, showed compassion and interacted well with them. The environment was a normal two bedroom house, with just two rooms for the use of staff, a study and the smallest bedroom for the sleep in staff. The person had personalised their home the way they wanted it to be. There were photos of their person's favourite singer in the lounge and her bedroom had lots of mementos. The staff member we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this could be achieved whilst caring for the person. Staff knew how to respect the person's confidentiality. All confidential information was kept secure in the office.

Staff knew the person they were supporting very well. They had good insight into the person's interests and preferences and supported them to pursue these. For example, the person liked to watch films and staff assisted them to watch the film they chose themselves. The person did not like to change their routine in the morning and staff respected this. This showed that staff supported the person based on their choices and preferences.

The registered manager and staff showed genuine concern for the person's wellbeing. It was evident from discussion that all staff knew the person very well. We observed staff and the person engaged in general conversation and they were having a laugh together. From our discussions with the person and our observations we found that there was a very relaxed atmosphere and staff were caring and maintained a professional relationship.

People were involved in regular review of their needs and decisions about their care and support. This was clearly demonstrated within the person's care records and support planning documents that were signed by them. Support plans were personalised and showed their preferences had been taken into account.

The registered manager told us that advocacy was available for the person. We saw there was information about an advocacy service that the person could contact if they wished. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

The person told us that the staff knew exactly how to support them and knew how to support them if they became unwell. They felt staff were helping them to be as independent as possible.

Care records contained a record of people's assessments, care preferences and reviews. Staff understood the person's needs and people confirmed that they received their care in accordance with their preferences. For example, the person told us that staff supported them to go to the shops because they never knew when they would suddenly become unwell at home or in the community, they could not be left alone.

We looked at care records and found that the person had a detailed assessment, which highlighted their needs. The assessment had led to a range of support plans being developed. We found from our discussions with staff and the person that these met their needs. The person told us they had been involved in making decisions about their care and support.

We saw that the person's care records were updated to reflect any changes in their needs. This ensured that staff had access to up to date information. For example, we saw that the plan had been updated when there had been a change in the person's medication. This was being monitored by staff and incidents of them being unwell had decreased and it had resulted in the person feeling more comfortable about going out of the home.

The person told us that staff encouraged them to pursue their interests and participate in activities that were important to them. They said "'I like to choose what I am going to eat when I get to the shops", staff confirmed this. For example, they didn't have an activity rota, the person decided each day what they wanted to do. We saw this had been recorded in the daily record. The person told us, some days I don't know what I want to do, and then the staff make suggestions, we always find something to do.

We saw that there was a copy of the complaint procedure in the statement of purpose. We asked the person what they would do if they were not happy with any of the staff at the home, they intimated they did not know, but then said "That's not likely to happen, I am happy here". We spoke with the registered manager about this; they felt that an advocate who came to visit monthly may be beneficial to make sure the person was happy with the way they are cared for.

The complaints procedure clearly informed people how and who to make a complaint to. Giving timescales for action. The family told us, "They let us know when they are not well or if there are issues, if we were not happy we would speak with the registered manager first. They said they would give the manager a chance to sort it out. They said "We have never really had any issues with the care they provided". We saw there had been no complaints made in the last 12 months.

The registered manager discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of the complaints procedure.

Is the service well-led?

Our findings

The person and their family were complimentary about the home. They told us that they thought the home was well run and completely met their needs. The person's family we spoke with found that staff listened to their views and were receptive to their suggestions on how to improve the service. The person told us, "The staff listens to what I have to say, they always have, the manager and the staff are very nice people and I can tell them things, and tell them when I am not happy too".

The home had a clear management structure in place led by the provider/registered manager who understood the aims of the home. The manager 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 manager at any time to discuss any issues. One staff said "I do have a good relationship with the manager and I'm comfortable talking to them if something is concerning me, he is very supportive". We observed the person chatting to the registered manager in a relaxed and comfortable manner. This showed that person felt comfortable around the registered manager and the home.

The registered manager and staff worked well with other agencies and services to make sure the person received their care in a joined up way. We saw that each year the manager sends a report about the person they care for prior to a multiagency meeting. This is detailed and covers any issues that have arisen and how that has been resolved. It also documents the improvements they have seen during that year. This enabled the professionals who would be involved in the multi- agency meeting to have an overview of the past year before they met, enabling them to ask for further information if they felt this was necessary.

Monthly meetings were held with staff. At these meeting staff were actively encouraged to look at what could be done better. Also we saw that surveys had completed by the person who used the service and the family annually. These were the manager's way of asking for people's views about the service. If there are suggestions they were acted upon. For example the registered manager told us it was suggested the same staff to provide support to the person. This has happened and now the person appears more confident in making choices day to day.

The registered manager said "I talk to the person living here most days and their family when they visit. I ask if they are happy and would they like anything done differently, this is informal but I would document anything they were not happy about and take action". The family said that they have a good relationship with the manager and that he always asked if we are happy about everything.

We found that the registered manager understood the need for good quality assurance and used regular audits to make sure the home provided a high quality of care and support. We found that the registered manager had effective systems in place for monitoring the home. They completed daily, weekly and monthly audits of all aspects of the service, such as medication, cleaning and fridge temperatures. They used these audits to review the home and evidence that high standards were being maintained. For example, each day there are areas of the home that are cleaned, staff sign to confirm this has been done. The fridge and cupboards are checked each week to make sure that any out of date food is removed, the registered manager/ provider/provider told us he does spot checks and if their finding show this has not been done then staff are held to account. Staff confirmed that the registered manager does spot checks every week to make sure staff have undertaken the tasks they are responsible for. This showed that the registered manager acted on the findings which ensured the person was kept safe through regular monitoring.

There were systems in place to manage and report accidents and incidents. Accident records were kept and signed off by the registered manager who looked for trends. This enabled staff to minimise or prevent similar accidents/incidents in future. Staff spoken with told us that they were aware of the audits and they made sure that all relevant documents were completed fully.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the person and to the manager. The staffing and management structure ensured that staff knew who they were accountable to.

The registered manager was aware of when notifications about incidents had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Very few notifications had been sent in for this home but that is understandable because of

Is the service well-led?

the size of the home. We use this information to monitor services and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.