

John Brooks

# Brooklodge

## Inspection report

Walcott Road  
Bacton  
Norwich  
Norfolk  
NR12 0HB

Tel: 01692650383

Date of inspection visit:  
30 September 2019

Date of publication:  
28 October 2019

### 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Brooklodge is a residential care home providing personal care to one person aged 65 and over at the time of the inspection. The service can support up to three people. Accommodation is within the provider and registered manager's own home and is over a single storey with several communal areas as well as private bedrooms. The provider had decided not to admit further people into the home at the time of inspection.

### People's experience of using this service and what we found

The one person who used the service received an exceptionally person-centred service that met their needs. They were supported by a small staff team resulting in consistent and individualised care that was flexible and dedicated. Staff knew them and their needs, extraordinarily well.

The person's needs had been assessed and recorded and these were regularly reassessed for any changing needs and care adapted as appropriate. The person had their health needs met and received their medicines as prescribed. The service took time to meet their complex nutritional needs and this was dedicated in ensuring the best results were achieved.

The individual risks to the person had been identified and managed and actions taken had reduced the likelihood of harm. Risks associated with the premises had also been managed however, the service could not always demonstrate this through documentation. For example, there was no certificate in place to demonstrate the electrical wiring had been tested as required.

The provider employed only two staff who worked infrequently. They had received training and the one staff member we spoke with told us they felt supported and part of a small and close-knit staff team. There were no concerns with staff performance, as confirmed by the relatives we spoke with, however the provider could not fully demonstrate that they had completed all checks on their suitability for their roles as required.

There were no formal processes in place for such aspects as meetings with stakeholders and staff and gaining people's feedback on the service provided. However, due to the small and personal nature of the service, this was not required as communication was continual and individual. Records were not always in place to document what care was provided and the outcomes achieved however, as only the provider and registered manager delivered care, the risks associated with this were significantly low and communication was constant amongst the care givers.

People told us the service was caring and would recommend it. One relative said, "I would recommend Brooklodge to anyone who wants a more personal and friendly type of care for their relative, the sort big homes are just not able to provide." Relatives told us staff ensured their relative's dignity was maintained and that they had a kind and devoted approach. The one person who used the service was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible and in their best interests.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (report published 3 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Brooklodge

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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 used all this information to plan our inspection.

#### During the inspection

The one person who used the service was unable to tell us about their experience of the care provided. We

spoke with the provider and registered manager who provided most of the care.

We reviewed a range of records. This included the care and medication records for the one person who used the service. We looked at all four staff files in relation to recruitment and training. Other records viewed included the management of fire and premises and equipment safety.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one of the two staff employed by the provider. The second staff member worked infrequently. We spoke with three of the relatives of the one person who used the service and three professionals who were involved with the service. A relative of a person who had used the home for respite provided us with written feedback.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we recommended the provider consider current guidance on managing medicines. Whilst the management of medicines remained the same, the associated risks had decreased due to there being only one person in receipt of the service.

- Medicines were administered as prescribed and the service had liaised with health professionals as required.
- Only the registered manager consistently administered medicines, and this reduced the risk of error and aided continuity. Other staff had been trained in medicines administration should the registered manager be unable to perform this role.
- Medicine Administration Record (MAR) charts were in place and these recorded information as required by good practice guidance.
- There was no protocol in place in line with best practice for a medicine that was to be administered as required. However, as only the registered manager administered this medicine, the risks associated with unsafe or inappropriate administration was low.

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

- The service had systems in place to help protect people from the risk of abuse.
- Staff had received training in safeguarding and could explain how to protect people from, and report, abuse.
- People we spoke with told us the staff had a consistently respectful and patient approach when interacting with the person who used the service.

### Assessing risk, safety monitoring and management

- The relatives we spoke with told us they had no concerns regarding the safety of their family member.
- The individual risks to the person who used the service had been identified and managed appropriately. For example, the relatives we spoke with told us the service effectively managed their family member's risk of not eating sufficiently. This included spending lots of time encouraging them and offering alternative foods.
- The person who used the service was at high risk of pressure areas however, the service had managed this well, meaning the person's skin remained intact and healthy.
- The risks associated with the premises had been mitigated and systems were in place to prevent, identify and fight fire.

### Staffing and recruitment

- The provider's representative and registered manager lived on site and provided most of the care. This meant the needs of the person who used the service were met promptly and on an individual basis.
- Only two other staff were employed, one for four hours per week and another only as required. This person worked approximately once or twice each month.
- Appropriate checks had been completed on staff although this could not be fully evidenced by records. Confirmation of checks with the Disclosure and Barring Service (DBS), which helps employers make safer recruitment decisions, was in place.

### Preventing and controlling infection

- The home was visibly clean and free from malodours.

### Learning lessons when things go wrong

- The risks to the one person who lived in Brooklodge were low and no incidents had occurred in several years.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we recommended the provider consider current guidance on the MCA. The provider had made some improvement.

- Staff had received training on the MCA and we saw that the service had involved other stakeholders as required to make best interest decisions.
- No DoLS applications had been made by the service.
- We saw, through observations, that consent was sought from the person who used the service prior to providing support and assistance.

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

- Due to the consistent care the person who used the service received from limited members of staff, their needs were consistently and regularly being assessed.
- The relatives we spoke with told us the service provided appropriate and exceptional individualised care and adapted their approach as the needs of the person changed. One relative told us that the care the service provided had prolonged the life of their family member.
- Another relative told us that when the person who used the service lived at home, they had no routine and did not get dressed. This relative spoke of how effective the service had been at encouraging this and getting their family member back into a routine.

Staff support: induction, training, skills and experience

- The two staff employed by the providers had worked at the service for some years and had become part of

the small and dedicated staff team.

- One of the two staff we spoke with told us they felt supported and part of the family although understood the need for professionalism.
- Staff had received training and the relatives we spoke with told us they were skilled at interacting and supporting their family member, whose care needs were often challenging. One said, "[Registered manager] is very good with [person who used the service]."

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

- The relatives of the person who used the service told us how hard the service worked at ensuring their family member ate sufficiently and maintained a good diet. They described this aspect of the care as 'remarkable' and 'very good'.
- Other health professionals had been involved with the person who used the service regarding maintaining nutrition and the risks associated with weight loss had been assessed.

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

- The person who used the service had access to healthcare services and we saw that they were sought as required.
- Other professionals were consulted and requested as required and this ensured the person who used the service received consistent and joined up care that met their needs and maintained their health.
- A healthcare professional told us the service worked with them to achieve positive outcomes for the person who used the service and that they followed their recommendations; this was confirmed by our observations.

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

- The person who used the service had their own personal space and several communal areas where they could choose to spend their day. Their room was personalised and met their needs with equipment in place as required.
- Brooklodge was the home of the providers and was therefore exceptionally homely. However, we saw that there were signs in place to identify the facilities and that the environment met the needs of the person who used the service. The relatives we spoke with agreed.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- The relatives we spoke with told us all staff had a kind and caring approach and made people feel welcome. They told us humour was used in an appropriate manner to make people feel comfortable.
- One person we spoke with said of the provider and registered manager, "They are such kind people and have such patience". A relative told us of their family member, "I don't think they'll get better care anywhere else." Another relative said, "My [family member] was made very welcome and treated like part of the family."
- All the people we spoke with talked of people being treated individually no matter what their needs, histories or circumstances.

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

- The one person who used the service was unable to formally contribute to the decisions around their care, but we saw that they were given options in their day to day care needs and consent sought.
- The relatives of the person who used the service told us the service communicated well with them regarding their family member, their care needs and decisions. They felt involved in the service they received.
- Due to the small and intimate nature of the service, staff knew the person who used the service exceptionally well and were able to be instinctively responsive to their needs and wishes.

Respecting and promoting people's privacy, dignity and independence

- The relatives we spoke with told us their family member's dignity was always maintained. One told us, "[Family member] is always clean, has their hair done and wears clean clothes." This was observed at our inspection.
- The care plan of the person who used the service considered their independence and recorded what they were able to do for themselves and what assistance they needed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended the provider consider current guidance on care planning. The provider had made improvements at this inspection.

- The person who used the service received exceptionally personalised and intuitive care and support from staff who knew them extraordinarily well.
- Relatives spoke of a bespoke service that was fully adapted and flexible to meet the needs of their family member.
- One relative told us, "[Family member] gets the time they need." Whilst a second relative said, "[Family member] wouldn't get better care anywhere else." A third told us, "Nothing was too much trouble and I felt [family member] was staying with friends rather than being in a home."
- Another person we spoke with told us the person who used the service was, "Exceptionally well cared for."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the time of our inspection, the one person who used the service would not have benefitted from accessible written information. However, we saw that verbal communication was adapted to suit their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us they could visit their family member anytime they wished and were always made to feel welcome with refreshments offered.
- People important to the person who used the service were recorded in their care plan.
- Respectful, warm and meaningful relationships had developed between the person who used the service and staff. This was because staff had an in-depth knowledge of the person's needs, life history, preferences and wishes.
- The person who used the service did not participate in regular activities. However, their relatives told us this was appropriate for them as they regularly refused activities that were offered to them and did not like to participate.

#### Improving care quality in response to complaints or concerns

- The service had received no complaints since our last inspection. The relatives we spoke with told us they would feel comfortable in raising concerns and felt they would be listened to.

#### End of life care and support

- People received personalised, warm and appropriate care at the end of their lives.
- We saw that end of life wishes had been sought and recorded for the person who used the service.
- A staff member told us that the last person to have passed away whilst receiving the service received dedicated care and support. They said staff spent time with them at the end of their life and that they had a peaceful and comfortable death.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership could not consistently evidence actions they had taken to improve the service.

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

- The provider could not consistently demonstrate that actions had been taken as required regarding risks associated with the building. Whilst we were told actions were being taken to minimise the risks associated with Legionella and electrical wiring, evidence to demonstrate this could not be produced. However, due to the nature of the service, the associated risks were reduced significantly.
- Whilst the two employed staff members had worked at the service for some years and there were no concerns in relation to their performance, the service could not demonstrate they had completed full checks on their suitability to work in the home. For example, no interview notes were kept and there were no references on file.
- There was a registered manager in place who was able to explain what events were reportable to CQC. They told us they kept their knowledge up to date via email alerts, sector periodicals and appropriate websites.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Formal meetings were not held at the service however, due to the small and intimate nature of the service, effective communication was in place with all stakeholders. The relatives, staff and health professionals we spoke with confirmed this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The relatives we spoke with all agreed the service achieved a positive and very person-centred outcome for the one person who lived at Brooklodge. They told us that the care the person received had prolonged their life.
- The staff member we spoke with felt supported by the provider and registered manager and told us the care delivered was exceptional. They said of the provider and registered manager, "I'm in awe of them. They provide tremendous care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- No incidents had occurred in the service but all the relatives we spoke with told us they felt confident in the communication and transparency skills of the service should an incident occur with their family

member.

#### Continuous learning and improving care

- There were no audits in place to monitor and assess the service. However, due to the provider and registered manager delivering most of the care, they had a consistent and robust overview of the service people received and were able to action any shortfalls immediately.