

J.T. Care Homes Limited

The Brooklands Residential Home

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

The Brooklands Residential Care Home is registered to provide personal care for up to 24 older people, people with a physical disability, sensory impairments, younger adults and people living with dementia. 24 people were living in the service at the time of the inspection.

People's experience of using this service

The provider had systems that ensured allegations of abuse were acted upon. Records relating to incidents and accidents and lessons learned were noted. Sufficient staff were employed to support people's needs and a safe recruitment programme was seen. Medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager had submitted applications to the supervisory body when restrictions were placed on people's liberty. People told us meals were good and we noted a positive lunch time experience. People and professionals told us, and records confirmed, relevant health professionals were involved in assessments of people's individual health needs. Staff had assessed individual and environmental risks to help keep people safe. The service had a number of communal areas and all bedrooms were of single occupancy with ensuite facilities. Pictorial signage was used to help people find their way around. The service was clean and tidy and free from clutter.

People gave positive feedback about the care provided. People were treated with dignity and respect and were involved in decisions about their care. Care files had been developed with people's involvement. The provider had a system to deal with complaints. Activities were offered to people regularly. People's hopes and wishes were discussed with them and the service supported people to achieve them.

All people we spoke with were complimentary about the registered manager. People's views were considered and team meetings were taking place. Senior staff carried out audits and monitoring to assess quality and ensure the service was safe for people to live in.

Rating at last inspection: At the last inspection the service was rated good (Published 09 October 2016).

Why we inspected: The inspection was scheduled based on the ratings from the last inspection.

Follow up: The service will be re-inspected as per our inspection programme. We will continue to monitor any information we receive about the service. The inspection may be brought forward if any risks are identified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 remained good.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained good.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained good.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained good.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained good.

Details are in our well-led findings below.

The Brooklands Residential Home

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 Act, 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 was carried out by two adult social care inspectors.

Service and service type:

The Brooklands Residential Home 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.

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:

The inspection was unannounced.

What we did:

Prior to the inspection we checked the information that the service sent to us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the statutory notifications the provider is required to send to us by law. We also checked information about any feedback concerns or investigations. We collated all of the information into a planning tool.

To understand the experiences of people living at the service we spoke with four people who used the service, three visiting relatives and one professional who visited the service regularly. We also spoke with the chef, four care staff, the nominated individual and the registered manager who took overall responsibility for the service. We carried out a tour of the building, checked some people's bedrooms, bathrooms, the kitchen, laundry and all the communal areas. We also looked at some documentation. This included, two care files, two staff files and records that related to the operation and management of the service.

Is the service safe?

Our findings

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

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

Using medicines safely

- Medicines were managed safely. No concerns were raised by people about how they received their medicines. Medicines were stored safely. Fridge and room temperatures were being recorded. Where the medicines were being stored during the day the registered manager introduced daily checks in this area.
- Staff told us, and records confirmed they had received medicines training and competency checks.
- Staff completed medication administration records (MARs) which were signed appropriately following administration. Where hand written MARs had not been signed as correct by two staff, the registered manager took immediate action to rectify this.

Systems and processes to safeguard people from the risk of abuse

- The provider had good systems that ensured any allegations of abuse were investigated and actions were taken to reduce any future risks. Up to date policies were available and the service used the local authority safeguarding protocols to act on any allegations.
- People told us they felt safe living in the service. Staff had received training to provide them with the knowledge and skills to keep people safe. Staff knew what to do if they suspected abuse.

Assessing risk, safety monitoring and management

- The service was safe for people to live in and staff to work in. Relevant fire, safety, servicing and checks had been carried out. We checked all public areas of the service and a number of people's bedrooms. This confirmed all areas were maintained and safe.
- An electronic system had recently been introduced that supported safe systems of recording, investigating and acting on incidents and accidents. Records included the measures taken to reduce any future risks.
- Up to date individual and environmental risks assessments had been developed that provided information about any identified risks, and the measure to reduce any future risk.

Learning lessons when things go wrong

- The provider had systems that supported learning and reduced any future risks. Where investigations into concerns had been carried out, records confirmed the actions taken to ensure lessons learned were identified and shared with the staff team.

Preventing and controlling infection

- Systems were in place that ensured the service was clean and tidy. Staff had access to personal protective equipment and we saw them making use of these during the inspection. A range of guidance to reduce infection control risks was noted and an infection control audit had been completed.

Staffing and recruitment

- Sufficient staffing was in place. We observed staff were available to ensure people received the care they needed at a time of their choosing. Public areas were monitored by staff. Feedback from people was, "The staff are all superb. There are none who are not good. I have nothing but praise for the staff."
- Staff were recruited safely. We saw evidence of checks that demonstrated they were suitable for their role. The registered manager told us there was an ongoing recruitment programme and that, "We have a settled staff team."

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

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

- The service followed systems to ensure people's assessed needs were met. Information and guidance was available to staff about how to support people's individual needs and promote good outcomes for them.
- Evidence in people's care files confirmed assessments were up to date and reflected their needs.
- Good practice guidance was available to support staff in the delivery of care and effective monitoring of people on a range of topics.

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, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff followed systems to ensure people were not being deprived of their liberty unlawfully. Records confirmed capacity assessments and best interests decisions had been completed. Where relevant, DoLS applications had been submitted to the supervisory body. We saw completed applications were reviewed when required.
- The service gained people's consent. The registered manager told us, "We always ask people all the time, we don't always assume." We saw staff gaining people's consent before undertaking any care or activity and knocking on people's doors before entering their rooms.

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

- The service supported people's needs. There was pictorial signage that supported people to access facilities. All of the bedrooms benefited from ensuite facilities and were of single occupancy. Communal areas including lounges, dining area and hairdresser rooms were accessible and lift access to the first floor was provided for people with limited mobility needs.

Staff support: induction, training, skills and experience

- The provider used systems to ensure staff were skilled. All of the people, relatives and visiting professionals told us they were confident in the knowledge and skills of the staff team. Comments included,

"The staff are amazing. The carers [staff] have been so kind and efficient" and "The staff are so kind and patient."

- Records showed staff received training that was relevant to their role. Staff we spoke with confirmed this. They said, "We get loads of training. It is always good to keep refreshed. We do all the mandatory courses. Some are on-line and some face to face." We saw evidence staff received supervisions and appraisals that monitored staff performance and supported them in their roles. New staff completed an induction programme. This equipped them with the knowledge and guidance for working in the service.

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

- Staff followed systems to ensure people were supported with their nutritional needs. The service had plenty of supplies of food.
- Food provided to people looked appetising and the lunchtime experience for people was positive. People were complimentary about the food provided. They said it was, "Delicious", "Very tasty" and "Plenty of it."

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

- People had access to relevant health services. The professional we spoke with told us good working relationships had been developed. This ensured people received appropriate and timely care that met their individual needs.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted. Information policies and guidance was available to support staff in protecting and maintaining people's privacy and dignity. The registered manager told us, "Staff follow the dignity dos and don'ts, knock on doors, ask people, close curtains and speak to people quietly in relation to personal issues." We observed the care people received was delivered in the privacy of bedrooms or bathrooms.
- The registered manager confirmed all staff had received General Data Protection Regulation (GDPR) training. All confidential information was stored in a lockable office when not in use, in line with the GDPR requirements. GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect and their diverse needs considered. All of the people we spoke with were complimentary about the care they received. They said, "The staff are great. They give my [relative] a lot of comfort, real care and plenty of time" and "The main thing is we have complete peace of mind since [relative] came here. She is very well looked after. It is a wonderful place for people to be." We saw staff interacting kindly with people and positive relationships had been developed. People had access to a variety of outside agencies such as faith members. This ensured people's individual and diverse needs were met.
- People's records included information about their individual needs, likes and how to support them.

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

- People were supported to make decisions. Care records contained information about how to support effective communication with people. People were supported to access aids to support this such as glasses, hearing aids and talking books. The registered manager discussed the ways they ensured people could communicate their individual and diverse needs. These included large print text and reviews by appropriate professionals.
- Advocacy information was on display in the entrance to the service. We saw, where required, advocacy services were used to support people with important decisions. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

Is the service responsive?

Our findings

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

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

- Staff developed care plans to support the delivery of care. The provider had introduced a computerised system to record people's individual care needs. Hand held electronic devices were used by staff to access information and record updates and daily care. People and relatives confirmed they had been involved in their development and were happy with their care.
- Technology was being used to good effect. Wi-Fi was available in all areas of the service. Computers were used to enable staff to access training, policies and guidance as well as the ongoing monitoring of the service.
- The feedback about the activities on offer was very positive. People said they undertook, "Keep fit and exercises. [Name] also enjoys the quizzes." We saw records confirmed a variety of activities were provided to people. These included, visiting pets, baking, tea parties, coffee days visitors from the local scouts, faith groups and trips to the local pub.
- The service had discussed hopes and wishes for what people really would like to do. Examples were that one person's lifetime wish was to go ice skating. The registered manager arranged for them to access a local rink before it was open to the public and specialised staff took the person and two others ice skating in their wheelchairs. The feedback from this was extremely positive. Another person wanted to be a nurse for the day. Staff organised a uniform and nursing equipment including a badge, watch and pen. We saw evidence of the person carrying out basic observations on staff. it was clear they thoroughly enjoyed this.

End of life care and support

- People's end of life care needs were supported. Care files recorded information about people's preferences and how to ensure these were met. Do not attempt cardio pulmonary resuscitation had been discussed and agreed with relevant people when required.

Improving care quality in response to complaints or concerns

- Complaints were acted upon, investigated and actions taken. Policies and guidance were in place to guide people and staff on how complaints were dealt with.
- All people and relatives were complimentary about the service and we saw a variety of thank you cards on display. People said, "I cannot thank them enough" and "It is a wonderful place for people to be."

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

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

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

- The service was run by a knowledgeable registered manager and staff team. It was clear the registered manager understood the operation and oversight of the service and staff understood their role and how to ensure people received safe care.
- All people we spoke with were complimentary about the registered manager and it was evident good relationships had been established with people who used the service, visitors and staff. People and staff told us, "[Registered manager] is great. Very supportive and approachable" and "[Registered] manager is fabulous. She is really caring."

Continuous learning and improving care

- The senior team monitored the service and confirmed they visited regularly. The registered manager was complimentary about the directors and the support they provided. Good practice guidance and information was available to the staff team that supported the delivery of 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

- Systems were in place to ensure the service was monitored the service and made sure it was safe for people to live in. Senior staff carried out audits. Records included the findings from these and the actions taken were recorded once completed.
- A range of policies and guidance was available to guide staff in the delivery of care and the management in the operation of the service. The director told us policies were being uploaded onto the handheld devices so staff had immediate access to them when required.

Working in partnership with others

- The service supported people to have positive health outcomes. Good working relationships had been developed between the service and the wider professional team.

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

- The service engaged with people and staff and considered their views. Evidence that positive feedback had been received from people who used the service. Meetings for staff and residents were held regularly. The registered manager operated an open-door policy so they were available for people and staff.

