

Mr & Mrs P C Jowett

Brooklands Residential Home

Inspection report

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Yeadon
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West Yorkshire
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Website:

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Good



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2012 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 2012, and to pilot a new process being introduced by CQC which looks at the overall quality of the service.

Brooklands Residential Home is registered to provide accommodation for up to 27 people who require support with their personal care. The service is situated in the Yeadon area of Leeds. Accommodation is provided in 19 single rooms and four double rooms on two floors. A stair lift was used by people with mobility difficulties to access the first floor. At the time of our visit nobody was sharing a room.

Summary of findings

The inspection was unannounced. During the visit, we spoke with 19 people who lived at the service, two relatives, four support staff and the registered manager.

The service had a registered manager who had been registered since 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. The registered manager was also the provider of the service.

At our visit we raised concerns about the policy and procedures in place to evacuate people in the event of a fire. The provider had a policy where people were left in their rooms behind a closed fire door rather than attempting evacuation in the event of a fire. This was different to current guidance for care homes to take in the event of a fire. We shared our concerns with the fire service who undertook a full fire audit.

We noted areas of malodour within the service. The deputy manager told us this was due to carpeting in bedrooms and some bathroom areas that remained malodorous despite regular cleaning. Baths were used for the soaking of commode pots and toilet brushes were worn and soiled. This increased the chance of cross infection.

People told us they felt safe. Staff were able to recognise and report abuse. There was a low number of safeguarding incidents in the service. Staff told us they

thought this was due to effective assessment and review of people's needs. Staff and people who used the service told us there were always enough staff to support people safely.

Where the provider had concerns the support they provided might have deprived somebody of their liberty they had contacted the local authority for advice. We found the provider to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). One person who used the service had their care plan agreed as a best interest decision. This meant the service was able to support the person in accordance with the requirements of their Mental Capacity Act 2005 (MCA). However, there was a lack of general information about people's ability to make decisions. This meant best interest decisions might not have been recorded where people lacked capacity to make decisions regarding their care and support.

Staff had received training and had the knowledge and skills required to meet people's needs.

People's nutritional needs were met. People were supported to maintain a balanced diet. Everybody we spoke with told us they were satisfied with the quality of the food though some people told us they would have welcomed greater choice at lunchtime.

Where people needed support from external health professionals they were referred appropriately. People living at the service had support from clinicians including GPs, district nurses, dieticians and mental health professionals.

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 not safe.

We raised concerns about the provider's policy for evacuation in the event of a fire. We shared our concerns with the fire service.

Although the communal areas of the service were clean some bedrooms and bathroom areas had malodours.

People told us they felt safe and staff knew how to recognise and report abuse. Everybody we spoke with told us they felt there were enough staff to safely support people with their personal care needs.

Inadequate



Is the service effective?

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The service was effective.

People told us staff had the skills and knowledge to meet their needs. The provider had a plan in place to refresh staff's mandatory training.

People's nutritional needs were met. Menu records showed people had a balanced diet. People told us they were satisfied with the quality of the food provided.

Relatives and people who used the service told us they were involved in care planning and reviews. Families were encouraged to contribute to life stories. This helped staff understand people better in order to provide support in accordance with their needs and preferences.

Good



Is the service caring?

The service was not caring.

People were subject to institutional practices such as having baths on set days. Some inappropriate labels were used when referring to the support people required.

People were very positive about the staff. Everybody we spoke with told us staff were caring. Our observations showed people were supported in a discreet and unhurried way.

Requires Improvement



Is the service responsive?

The service was not responsive.

Care records did not include regular records of the support people received. This made it difficult to check people had received support in line with their care plan.

Requires Improvement



Summary of findings

Although people's likes and dislikes were recorded there was a lack of information in people's care records related to the support people required to make decisions.

People told us their ability to access activities was limited. Some people told us there was little to occupy them.

Is the service well-led?

The service was not well led.

There was no formal monitoring of quality and risks in place. Where audits had been completed there was no record of these available at the time of our visit.

Inadequate



Brooklands Residential Home

Detailed findings

Background to this inspection

This inspection team consisted of an inspector, a specialist advisor in dementia care, and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of caring for a person living with dementia.

Before our inspection we reviewed all the information we held about the service. We were not aware of any concerns from the local authority or commissioners. As part of the inspection we contacted the local authority commissioning team and the local Healthwatch. They told us they did not have any additional information to support the inspection. We asked the provider to complete a pre-inspection information return but this was not completed as requested. The provider told us they had not realised the request was from the CQC and so had not completed the return. We noted the comments from the provider and have since changed our PIR request process to ensure providers are aware the request has come from CQC.

We inspected the service on the 8 and 10 July 2014. At the time of our visit there were 23 people living there. We spent some time observing care in the lounge and dining room areas to help us understand the experience of people who

use the service. We looked at all areas including people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at five people's care records.

On the first day of our inspection we spoke with 19 people living in the service and two relatives of people who use the service. We spoke with four staff. On the second day of our inspection we spoke with the registered manager and looked at management records that had not been available at our first visit as the registered manager had not been at the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

During our visit we noticed people did not have a personal evacuation plan for use in the event of a fire. When we raised this with the deputy manager they confirmed nobody had an evacuation plan as the policy of the service was to not evacuate in the event of a fire. They explained if a fire occurred on a night people would be left in their bedrooms as each bedroom door was a fire door which should protect the person for 30 minutes. They confirmed there was no evacuation equipment at the service as the policy was to not evacuate. We checked the provider's fire policy which confirmed the advice of the deputy manager was in accordance with the policy.

We asked two staff to explain the actions they would take during the day for people who remained in their bedrooms. They stated they would check their bedroom door was shut and then attend to people in communal areas. We explained to the deputy manager this policy did not appear to be in accordance with current fire safety and evacuation guidance. Following our visit we spoke with the local fire service to discuss our concerns. They attended the service with us on the second day of our inspection and arranged to return to complete a full fire audit.

During our visit we found some bedrooms smelt of urine. We raised this with the deputy manager who explained some people living at the service were incontinent and despite regular cleaning the odour remained. All bedrooms and some bathroom areas were carpeted increasing the risk of malodours where people experienced difficulties with their continence.

On the first day of our visits we found three baths were being used to soak commode pots. A domestic member of staff went into one bathroom to add bleach to the water. They then left the bathroom door open and unattended. We found the other two bathrooms were also left open whilst commode pots were soaking. The deputy manager told us this was a task that was completed every Tuesday for all commodes in use at the service. This was an unhygienic practice and was an infection control risk as the baths were the main baths for people who used the service. We also raised with the deputy manager our concerns for the safety of people who may have accessed the bathrooms inappropriately whilst the baths were filled with a bleach solution. The registered manager told us they were reviewing this practice.

Toilets contained toilet brushes that we found to be visibly soiled. We raised this with the registered manager who told us they had been told by CQC they had to have toilet brushes. We explained there was an expectation any equipment would be replaced when it was no longer fit for purpose. This was a breach of Regulation 12 of the Health and Social care act 2008 (Regulated Activities) Regulations 2010. At our second visit of this inspection the registered manager told us they had disposed of any soiled toilet brushes.

People we spoke with who lived in the service told us they felt safe and did not have any concerns regarding the support they received. One person told us, "I do feel safe here, and well looked after. I'm not worried about anything."

People had a lockable drawer in their bedroom for the secure storage of personal belongings. One person told us they did not use their lockable drawer and did not feel there was a risk to their personal items telling us, "I know it's there but I can't think there's anything I would need to put in it."

Everybody we spoke with told us they could choose when to get up or go to bed and did not feel their choice was restricted. One person said, "You can go to bed when you like; I think that some of the ones that need more help get asked by the staff if they want to go to bed, but I don't."

All of the staff we spoke with told us they had completed training in safeguarding vulnerable adults. They were able to recognise different forms of abuse and were clear they would report any concerns as necessary. Staff were clear they would not provide any personal care without the consent of the person.

Prior to our inspection we had noted there had not been any safeguarding incidents reported to us involving incidents between people living in the service. We discussed this with staff who confirmed there had not been any safeguarding incidents. The deputy manager told us they thought this was due in part to a detailed pre-admission assessment to check people who were admitted to the service would be compatible with others. They also explained where people's mental health deteriorated due to their dementia or cognitive impairment they would request a reassessment to consider a move to a more specialist service.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately.

Is the service safe?

These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The front door was secure at all times and we saw reminder notices for two people living at the service explaining why they should not leave the building.

The deputy manager told us they had contacted the local authority to discuss those people who sometimes asked to leave the service. They explained they had been advised there was not a need to submit an authorisation request as neither person was actively attempting to leave the premises. One person was the subject of a best interest decision regarding their care and support. This allowed the service to provide support to them in accordance with the Mental Capacity Act 2005. Other people told us they could leave the building as they wished but chose not to go out without the company of staff or their relatives.

Our observations showed that although staff were constantly busy they had time to meet people's needs without rushing them. Staff consistently told us they thought there were enough staff to safely meet people's needs, however, one staff member remarked, "It would be nice to have some extra staffing to let us take people out who never get visitors." The registered manager told us they were recruiting additional staff as they recognised they needed additional capacity to cover holidays and other absence.

Recruitment records showed the provider followed safe recruitment practices. Pre-employment checks had been completed before staff started working at the service. This reduced the risk of inappropriate people being employed at the service.

Is the service effective?

Our findings

People we spoke with told us they were very happy with the care and support they received. People who use the service and their relatives told us they were involved in planning and reviewing their family member's care. One relative told us, "The care plan came with (my relative) from the hospital, but the service asked me to write about (their) history, filling in details of (their) history, likes and dislikes."

Comments about staff were all extremely positive. People told us they felt staff had the skills to support people at the appropriate level. One relative told us, "The staff are very good; we chose the home because it felt lovely when we visited on spec. They help my (relative) but not too much. They encourage them to do things they can still do for themselves and I like that."

We noted people were content on the day of our visit and staff appeared to anticipate people's needs. A regular visitor to the service told us, "You never hear anyone shout to go to the toilet here; the staff seem to support them really well."

Staff we spoke with told us they had completed induction training before working unsupervised at the service. This had included the completion of mandatory training and a two week period of shadowing and supervised practice. Staff told us they felt this had been adequate induction to allow them to meet the needs of people who use the service. All staff had completed training on mandatory subjects such as moving and handling, infection control, fire safety, first aid and safeguarding. However staff were due to complete refresher training. The registered manager explained they were piloting a distance learning system for the completion of mandatory training. Staff told us they were supported to access other training and that these opportunities were usually displayed on the staff notice board.

All of the people spoken with were positive about the quality of the food that they were given. We observed the lunchtime service and found food appeared appetising. People were less positive in response to questions about choice. The lunchtime meal consisted of one option. We observed a member of staff offering a choice of three types of sandwich and two salads for the evening meal. Although some people said they were not consulted about future menus we saw a record of a residents and relatives meeting from April 2014 where menus had been discussed. At lunchtime we observed one person telling a member of staff, "I don't like dumplings." They were offered extra meat and vegetables as a replacement.

Although people did not have independent access to drinks they told us they were satisfied with the arrangements for obtaining drinks. One person told us, "There's nowhere we can make a cup of tea or anything, but they bring them round so often that I can't say I'd really need to make any more." Another person asked for a cup of tea and was told, "I've already got the kettle on; won't be long."

We saw from people's care records they were supported by health professionals including GPs, district nurses, dieticians and mental health professionals. District nurses reviewed people's needs with them and staff from the service on a monthly basis. People we spoke with told us they had access to visiting health professionals. One person said, "We all have our own doctor and a chiropodist comes." The registered manager told us they had positive working relationships with those health professionals who supported people who used the service and that communication was effective.

Staff told us any changes in people's health needs were shared at handover meetings. This allowed staff to monitor any changes in people's conditions to access health care advice in a timely way.

Is the service caring?

Our findings

Care was not always delivered in a personalised way. Some practices centred on routines rather than the person receiving the care. For example, the key worker system allocated staff to rooms rather than people. People were also allocated a set day for bathing. Staff told us the next person to move into the service would be allocated a vacant bathing day. We raised this with the deputy manager who told us people were allocated a set day to ensure they were supported with a minimum number of baths. They told us one person had returned from a hospital appointment on the day of our visit and had asked for a bath to, “freshen up” and this had been supported. The deputy manager provided assurances people would be able to choose alternative bathing arrangements. They also explained if a person moved rooms their key worker would transfer with them. People who used the service did not raise any concerns with us regarding the bathing or key worker arrangements.

Some terminology was not appropriate and was not person-centred but task based. When speaking about people who required assistance to eat and drink the deputy manager described people as, “the feeds.” Staff were required to complete a daily record of the shift. This recorded one staff member as completing ‘feeds’, whilst other staff members had recorded the room numbers where they had provided support to people.

All of the people we spoke with were positive about the staff, and this was reflected in the interactions we observed. Comments included, “The staff are all lovely”, and, “Nothing is too much trouble.”

One person was being helped back into the living room after lunch and said to the staff member supporting them, “I love you.” It was clear there was a strong relationship between them. People described staff as caring and willing to listen and respond.

There was one communal lounge with an adjoining conservatory at the service where most people spent the majority of the day. We asked people where they would sit with their visitors. One person told us, “We usually go and sit in the sun lounge (a separate area adjoining the dining room).” When a visitor arrived this is what they did. We noted the staff all greeted the visitor by name and appeared to know them well. Other people received visitors in their bedroom enabling them to meet their friends and relatives in privacy.

People told us they could receive visitors as they wished. This was evidenced by a notice in the entrance which suggested there were no formal visiting hours. A visitor told us, “You can come when you like. I’ve not been at night because I can come during the day, but I don’t think they’d have a problem with that. They don’t even protect the mealtimes; if I wanted to come and sit with (my relative) whilst she was eating I could.”

Staff had taken time to get to know people who used the service. This included recording information about people’s life stories. One person’s care records included a section, ‘an overview of mum’s life.’ This had been completed by a relative and gave staff a real sense of the person they were caring for, including their values, likes, dislikes, beliefs and passions. The registered manager explained they encouraged people and their relatives to share their life stories to help staff care for them better.

The service did not routinely explore people’s sexuality with them. We discussed with the deputy manager how this might prevent people feeling they could be open about their sexuality and prevent them from maintaining important relationships. They told us they thought staff would support people to maintain their relationships with anyone who was important to them.

Throughout our visit we observed staff providing support in a discreet and unhurried manner. People’s privacy was promoted through the actions and approach of staff.

Is the service responsive?

Our findings

Care records were updated regularly. However, we noted two care plans where recent reviews had not been recorded. We raised this with the deputy manager. There was a lack of information relating to the Mental Capacity Act 2005 and people's ability to make decisions. This made it difficult for the provider to check people were being appropriately supported to make decisions regarding their care and support.

People's care records did not always evidence the support people received. Night staff did not routinely report night time interventions. Some entries recorded by day staff stated 'night staff reported'. We checked the daily records of everybody over the 14 days prior to our visit. We found 13 people had five or less entries over the two week period. This meant there was no clear record of how people had been supported to meet their assessed care needs. This was a breach of regulation 20 of the Health and Social care act 2008 (Regulated Activities) Regulations 2010.

People we spoke with told us that although they had not needed to make a complaint they felt they could raise any concerns with the staff or Registered Manager and they would respond appropriately. One person who had supported several family members who had lived in the service over a number of years told us, "Staff always find time to discuss anything. I just bob my head round the door and ask if I can have a word. I have never been refused in 20 odd years."

We saw records of meetings for people who use the service and their relatives. Discussion included menus and activities. One visitor to the service told us they were aware meetings took place but did not feel the need to attend as they were able to discuss any issues on their routine visits.

People did not routinely access activities outside the service. Several people told us they went out with their visitors. We asked people how they kept in touch with relatives. One person told us, "I've not heard about a phone that we can use here, but it's not so important now that so many people have their own (mobile) phones."

On the first day of our visit we observed staff encouraging people to join in with activities. This included a ball game and a quiz. People we spoke with told us the activities available were limited. One person told us, "We have games and quizzes; I like quizzes." Another person told us, "There's not much to do. We sit here and watch television." Care records recorded people's interests. Staff told us where possible they tried to tailor activities to match people's interests.

Bedroom doors were either painted white or in pastel shades, dependent upon which area of the building the bedroom was sited. Bedroom doors were numbered, with only one bedroom in the service having the occupant's name on the door, along with pictures of dogs and a budgerigar. We discussed with the deputy manager how personalising doors and displaying names would help people living with dementia find their own bedrooms. They told us the person who had a personalised door had made their name plate prior to moving into the service. They told us staff had thought the name plate was a good idea but had not adopted it for anybody else at the service.

Bedrooms were personalised with family photographs and personal belongings.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who was also the provider who had been registered with the Care Quality Commission since 2010. They worked on the rota as part of the senior care team.

Visitors told us they thought the service was well managed. It was evident from discussion with visitors that the registered manager was accessible and well respected. One relative of a person who used the service told us they had chosen the service over others because of their experience when they made an initial visit to the service. They told us, “The residents were all nicely dressed and clean, and the atmosphere was lovely.” They explained the action that had been taken when their family member had fallen at the service. They told us, “I came to see mum and they told me straight away that she had had a fall, but not hurt herself. I was pleased that they told me straight away. They did make a record of the fall.”

Staff stated the registered manager was readily accessible and supportive of their problems, one stating, “Whether to do with the service or personal issues”. Staff told us they respected the registered manager and felt they were able to openly discuss any concerns. The registered manager told us, “I think I am a tough boss but that’s okay. You have to have the right balance.” They described staff sickness levels at the service as, “Really good. I lead by example.”

Staff confirmed that they had, “Appraisals”, by senior staff and felt clear about and confident within their roles. Staff told us they had quarterly appraisals that were used to update them, provide guidance on their performance and be an opportunity to discuss things formally with their line manager. We saw records of completed one to one meetings on our second visit.

There was no formal quality monitoring system in place. The registered manager explained they met with the clinical lead or co-owner on a weekly basis to walk around the environment and discuss any issues. Actions from these meetings were recorded and checked off on completion.

Accidents and incidents were not routinely analysed. Following any accident the related records were filed on the individual person’s file and not recorded elsewhere. We asked the registered manager how they would identify

concerns or trends. They told us they would be able to identify any trends from handovers, however this was reliant on staff picking up on concerns without the aid of any tools or prompts.

At the time of our visit no records of audits were available. We asked the registered manager if there would be a record of planned audits in the diary. They explained, “No, it is in their (clinical lead) head like everything is in mine.” The provider forwarded copies of two infection control audits and a medication audit following our visit. The infection control audits had not identified some issues we raised at our visit including the areas of malodour, rusty commodes and the soiled and worn toilet brushes. The registered manager told us the issues we raised had been addressed by the time of our second visit.

Although the provider had a training matrix in place this was for the year 2012-13 and so was out of date. The registered manager explained they had changed their training provider and had recently completed training in fire and food hygiene using a distance learning approach where staff were required to complete and submit workbooks in order to complete the training. It was not clear how the registered manager checked the effectiveness of the training completed. It was of particular concern that staff had completed fire training but this had not led to them identifying incorrect fire procedures at the service.

The lack of effective quality monitoring systems was a breach of Regulation 10 of the Health and Social care act 2008 (Regulated Activities) Regulations 2010.

We saw minutes of a meeting that had been held for people who lived at the service and their relatives in April 2014. The registered manager explained meetings were advertised for a month prior to inform as many people as possible of the arrangements.

A staff meeting had last been held in April 2014. The minutes showed actions from the previous CQC visit had been discussed. Staff had been reminded of the importance of providing choice to people who used the service. The meeting had been held in the evening. The registered manager explained this allowed night staff to attend the meeting prior to their night shift. Staff were required to sign to evidence they had read and understood the minutes.

Is the service well-led?

On our arrival at the service we had explained this inspection was part of the new methodology. The deputy manager said they had not been aware CQC was changing their approach to inspections. This showed the provider had not kept their staff up to date with regulatory changes. We also raised concerns regarding the fire evacuation procedures as these did not appear to have been updated when guidance was changed. We asked the registered manager how they kept up to date with current practice

and new guidance. They told us they were a member of the Leeds Care Association but did not attend their meetings. They told us they updated their knowledge via CQC and the Leeds Care association only who sent updates. This had not been effective in securing necessary changes and improvements in the service. This meant the provider did not have effective systems in place to make sure they were keeping up to date with new guidance and/or legal requirements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>How the regulation was not being met: People who used services and others were not protected against the risks of exposure to a healthcare associated infection as standards of cleanliness and hygiene had not always been maintained. Regulation 12 (1) (2)(c).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>How the regulation was not being met: The registered person did not have effective systems in place to monitor the quality of service delivery. Regulation 10 (1) (a) (b) (2) (iv) (v) (c)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>How the regulation was not being met: The registered person did not ensure that service users were protected against the risks of unsafe or inappropriate care or treatment arising from a lack of proper information about them by means of the maintenance of - an accurate record in respect of each service user including appropriate information and documents in relation to the care and treatment provided to them.</p> <p>Regulation 20 (1)(a)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.