

Peak 15 Ltd

Brookmead

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Brookmead is a residential care home registered to provide accommodation and personal care for up to 5 people, who have a learning disability and/or autistic people. There were 5 people living in the home at the time of our inspection. The building had 2 floors and a communal kitchen, dining area and lounge. Each person has their own bathroom. The service is located in a residential area with access to local amenities.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support

People did not have assessments of their sensory needs. This meant potential adaptations to the environment had not been fully considered. Staff were aware informally of some people's sensory needs and the registered manager had made referrals to request formal sensory assessments to be carried out.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People's care and support plans did not always fully reflect their range of needs using respectful and empowering language. The registered manager was aware of and addressing shortfalls in written records.

People could take part in activities of their choosing at the service or in the wider local area and pursue their own interests. Staff received training and support to provide care effectively.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to their individual needs; the service worked with other agencies to do so. Staff and people cooperated to assess risks people might face and staff responsibly encouraged people to take positive risks.

Right Culture

Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Internal quality assurance systems and processes to maintain and develop the safety and quality of care were not always operating effectively.

People and their relatives told us, they liked living at Brookmead care home and liked the registered manager and staff.

People and staff equality and diversity was respected and promoted at the service and within the provider's organisation.

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

Rating at last inspection

The last rating for this service was good (published 17 September 2017).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Enforcement and Recommendations

We have identified a breach in relation to governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brookmead care home on our 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Brookmead

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Brookmead is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Brookmead is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke /communicated with 5 people who live at Brookmead. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 2 relatives and 7 members of staff. This included the group manager, who is the registered manager's direct line manager. The registered manager, 4 support workers and a maintenance person. We reviewed a number of records including, support plans and medicine records, staff recruitment and training records and a range of other records relating to the management and safety 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People did not have assessments of their sensory needs. This meant potential adaptations to the environment had not been fully considered. However, staff did use some sensory support with some people, for example one staff said. "(Name of person) likes to shut their door if there is too much noise and another person likes the light projector." One person had a jacuzzi bath fitted to meet some of their sensory needs.
- Risks to people from fire had not always been assessed effectively. We found the office door wedged open; this would mean they would not automatically close in the event of fire. We raised this with the registered manager who arranged for automatic closures to be fitted. We saw this had been done on the second day of the inspection.
- General risk assessments were in place; however, some had not been reviewed for over a year. The registered manager provided evidence this had been done immediately following the inspection.
- Managers and staff promoted positive risk taking to support people to try new things or maintain skills. For example, going on a camping trip and doing checks such as blood sugar levels with the least number of staff support to safely allow people to experience as much independence as possible.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff had a clear understanding of their role in supporting people to make decisions where they could and working with others to make best interest decisions where needed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes to safeguard people from the risk of abuse were in place.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The staff worked with other agencies, for example, if safeguarding concerns were

identified they were reported to the local authority safeguarding team. Investigations were completed and appropriate action was taken to prevent harm occurring in the future.

- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us they would not hesitate to report any concerns to the registered manager, and they were confident action would be taken. They also knew who to report concerns to externally.
- Relatives were confident that their loved ones were safe living at Brookmead. One relative told us, "The staff are very caring, (Name of loved one) are very safe and well looked after."

Staffing and recruitment

- There were enough staff to support people. This included 1 to 1 support for people to take part in activities and visits how and when they wanted. Staffing levels fluctuated day to day to allow for people to take part in the activities they enjoyed or attend health appointments. Staff knew how to consider people's individual needs, wishes and goals.
- Staff told us they had a wide range of training and had a robust induction including enough time to get to know the people living at Brookmead. One staff member said, "I've learnt a lot, had good support, shadowing other staff until I was able to work alone."
- Staff had been recruited safely. Staff recruitment and induction training processes promoted safety. Recruitment checks were carried out by the provider to ensure that staff were recruited safely. For example, Disclosure and Barring service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People could not always be assured they received their medicines safely in accordance with the prescriber's instructions. 'As required' medicine (PRN) protocols were not in place to guide staff describing what the medicine was prescribed for and did not include details such as dose instructions, signs and symptoms. This was raised with the registered manager, who ensured the PRN protocols were in place and available to staff immediately following the inspection visit. We found people had not come to harm as staff were clear about what to do, but there had been a risk of harm.
- We observed a staff member administering medicines to people, this was completed with care and attention. The staff member was knowledgeable about the medicines they were administering and demonstrated an understanding of the person's needs and preferences. People appeared comfortable to receive their medicine.
- Only staff who had been trained to administer medicines were permitted to do so; the rota confirmed there were always trained staff available to carry out this task. Staff had checks on their competency in practice.
- People were supported to take their own medicine and manage daily health checks where they could. One person told us this was important to them.
- Leaders understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicine was reviewed by prescribers in line with these principles. We saw evidence of use of antipsychotics being reviewed and reduced where appropriate. Antipsychotics are used for some types of mental distress or disorder.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was supporting visits for people living in the service in accordance with the current government guidance. We saw family members visiting people during the inspection.

Learning lessons when things go wrong

- Staff managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Following an issue with administering medicines, the registered manager changed the process to successfully reduce the issue arising again.
- Following an incident between two people, guidelines were updated to clarify to new staff how to help ensure safety when supporting a person in narrow spaces.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service did not always work in a person-centred way to meet the needs of people with a learning disability and autistic people. They did not always follow best practice and the principles of Right support, right care, right culture and the quality of life tool were not always applied.
- Sensory assessments for autistic people were not in place, audits of support plans had not recognised this or identified people did not always have clear goals and aspirations recorded. This meant what?
- Language used in some support plans was not supportive of an empowering culture. For example, starting each section of plans with the statement "I have an impairment of..." A more recent plan was written respectfully and focused on a person's skills and things which were important both to them and for them.
- Medicine audits failed to identify lack of PRN protocols for medicines including lorazepam.
- The provider did not always have effective systems to monitor the environment and as a result assess risks to people. For example, health and safety audits had not identified concerns with the practice of wedging open doors. As another example, systems had not been used to address the lack of timely maintenance and address the issue of chairs where the wooden frame was visible on the seats and flooring that had been badly scraped in the dining room. Or walls and woodwork, marked or damaged in both communal areas and a person's room.
- Medicine management systems had not identified the lack of information about PRN medicines and as a result failed to identify the potential for medicine errors to occur.

The provider had failed to establish adequate systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This placed people at risk of harm. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- One person told us they wanted to move to a different model of service (supported living), the person told us the registered manager and provider were helping them to do so. This demonstrated the provider was supporting the person's individual wishes in a person-centred approach.

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

- Staff spoke about the people they support with genuine affection and pride in their achievements. One

staff said, "we support to make a wish come true." And another told us "It was lovely to be part of (name of person) going camping."

- Staff encouraged people to be involved in the development of the service. There were monthly meetings with people. Records showed people had the opportunity to express their wishes. For example, one person requested dinner at 7pm because they wanted to do something specific before eating. This was immediately supported.
- Staff told us they received regular supervision with managers, and they had spot checks on their practice. Records confirmed supervisions and some competency checks. One staff said, "Fantastic manager, very calm, good with facts." Another told us, "I have had so much support."

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

- The registered manager was clear about their responsibilities in regard to acting in an open and transparent way and reporting incidents when things go wrong. Staff told us they were sure the registered manager would report incidents.
- Relatives felt they were informed if issues arose. One relative said, "They always ring me if anything happens."

Working in partnership with others

- The registered manager worked with a range of health and social care professionals, such as GPs, district nurses and occupational therapists, as well as commissioners from local authorities.
- Relatives told us, the registered manager and staff communicated well and worked with them to create consistent support. One relative said, "We are engaged with the house and working together."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish adequate systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This placed people at risk of harm.</p>