

Haych Care Homes Ltd

Brook House Residential Home

Inspection report

391 Padiham Road
Burnley
Lancashire
BB12 6SZ

Tel: 01282413107
Website: www.brookhouseresidentialhome.co.uk

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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

Brook House is a residential care home providing personal care to 9 people with learning and/or physical disabilities. The service can accommodate 10 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. Nine people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. People told us staff were available when they needed them and they felt safe in their care. The environment was clean and well maintained. People were safely supported to receive their medicines, as prescribed.

People's needs were assessed, and care and support had been planned in partnership with them. People were provided with a nutritious and varied diet. Staff had received regular training and supervision to support them to meet people's needs. 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.

People told us staff were kind, caring, attentive and treated them with respect. They said staff respected their privacy and dignity and supported them to be as independent as possible.

People received person-centred care which was responsive to their needs. The registered manager managed people's concerns and people told us they felt listened to. The registered manager worked in partnership with a variety of agencies to ensure people received all the support they needed. People were happy with how the service was managed. Staff felt well supported by the registered manager and the director who visited regularly. The registered manager and provider completed regular audits and checks,

which ensured appropriate levels of quality and safety were maintained at the home.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 requires improvement (published 7 November 2018) and there was one breach of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 section below.

Is the service effective?

Good ●

The service was effective

Details are in our effective section below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring section below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive section below.

Is the service well-led?

Good ●

The service was well led.

Details are in the well led findings below.

Brook House 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. 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

Brook House 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 CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and the 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. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used all of this information to plan our inspection.

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.

During the inspection

We spoke with the registered manager and the director of the company. We spoke with five people who used the service and three staff members. We also observed care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including supervision records, quality assurance systems and policies and procedures.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of people's medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- Medicines were managed safely. Staff had competency assessments in place and medicines were administered, stored and disposed of safely.
- Staff now had guidance on how to use 'as and when' (PRN) medicines and medicine audits were now robust.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and staff spoken with had a good understanding of what to do to make sure people were protected from harm.
- The registered manager had worked in co-operation with the local authority during recent safeguarding investigations, which had been resolved.
- People told us they received safe care and had no concerns about their safety. One person said, "I feel safe and I am very happy here."

Assessing risk, safety monitoring and management

- The provider had effective procedures to manage risk. Each person had a risk assessment and risk was managed and addressed to ensure people were safe. People were encouraged to take positive risks.
- Staff understood where people required support to reduce the risk of avoidable harm. We reviewed the provider's records and found staff had taken appropriate action when people had experienced accidents and incidents, including falls.
- Personal emergency evacuation plans (PEEPS) were in place for staff to follow. These detailed clear procedures to be followed for people needing to be evacuated from the building, in the event of an emergency.

Staffing and recruitment

- The provider ensured suitable staffing arrangements were in place to meet the assessed needs of people in a person-centred and timely way. People told us staff were always available when they needed them.

People said they were happy with the support they received. One person said, "Staff are good, they really do their best."

- We saw staff and management were visible around the home and provided the support and attention people required.
- The recruitment of new staff was safe. We highlighted that adequate space needed to be given on the application forms to ensure that staff could provide a full employment history. We also raised with the provider that health questionnaires should be separate to the application forms, to minimise the risk of discrimination. The provider actioned this during inspection.

Preventing and controlling infection

- The provider had effective infection control procedures. Staff had access to and used protective personal equipment such as disposable gloves and aprons. This meant staff and people they supported were protected from potential infection during the delivery of personal care.
- Staff received infection control training and regular audits were undertaken to ensure standards were maintained.

Learning lessons when things go wrong

- The provider had systems in place to record and review accidents and incidents. These were investigated and were being analysed for patterns and trends. Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

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.

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

- The registered manager completed assessments to ensure people's needs could be met. Outcomes were identified, discussed and agreed. Care plans were consistent, and staff provided the agreed support.
- We saw the provider was referencing current legislation and standards. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.
- Staff regularly reviewed care and support and updated care plans where people's needs had changed. This ensured people received the level of care and support they required.

Staff support: induction, training, skills and experience

- Staff had opportunities for supervision and appraisals and told us they felt supported.
- Staff were competent, knowledgeable and carried out their roles effectively. Discussion with staff and observation of training records confirmed they received training that was relevant to their role and enhanced their skills. New staff had received a thorough induction on their appointment to ensure they had the appropriate skills to support people with their care.

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

- Staff managed people's nutritional needs to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Staff assessed people's dietary needs and support and guidance was recorded as required.
- People told us they were happy with the variety and choice of meals provided. One person said, "We get good food." Lunch was a relaxed and social occasion for people to enjoy their meal. We saw people had a choice of when to eat and where to have their meals.
- Staff closely monitored people's weight along with their food and fluid intake. Where concerns had been identified regarding people's food and fluid intake appropriate action had been taken. This included implementing food and fluid charts to record the amount of food and fluid consumed by people deemed to be at nutritional risk.

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

- Accommodation was accessible, safe and suitable for people's needs. People told us redecoration had taken place and they were involved in choosing their own wallpaper.
- Bathing and toilet facilities were available and accessible to meet people's needs and enable them to maintain their privacy and dignity.

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

- The registered manager worked effectively with healthcare professionals to ensure people received a good standard of healthcare care. These included GPs, district nurses and speech and language therapists. This ensured people were supported by healthcare services in a timely manner.
- People's healthcare needs were carefully monitored and discussed as part of the care planning process. People were supported to maintain good health and had access healthcare services when required.
- Care records confirmed visits to and from GPs and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This ensured people supported by the service were cared for in a holistic manner and their healthcare needs were taken care of.

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. 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.

- There were no authorised DoLS in place, however two applications had been sent through to the local authority for approval.
- Records contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. Consent documentation was in place and signed by the person receiving care or their relatives who had legal status to provide consent on their behalf. Staff observed during the inspection sought consent from people before providing their care.
- Staff ensured people were involved in decisions about their care and knew what they needed to do, to make sure decisions were made in people's best interests. Where people did not have capacity, they were supported to have maximum choice and control of their lives.

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

- People were supported by caring and respectful staff. People told us staff were kind and attentive and our observations confirmed this. We saw they were polite, respectful and showed compassion to people. One person told us, "Everyone helps me, they are all my friends. Staff are so supportive."
- Staff had a good understanding of protecting and respecting people's human rights. Care records seen had documented people's preferences and information about their backgrounds.
- The registered manager had carefully considered people's human rights and support to maintain their individuality.

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

- The registered manager and staff team supported people with decision making. Care records contained evidence the person who received care or a family member had been involved with developing their care plans. One person told us, "Since the new owners have come, I've got my confidence. I'm finding out things to do, different groups and can't believe I'm realising my dream of being an artist."
- People supported by the service or a family member had been encouraged to express their views about the care provided. We saw evidence of easy read surveys and people being involved in appraisals of staff.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and consent was sought before staff carried out any support tasks. They told us they were always treated with respect and their rights were respected.
- Staff respected people's wish to remain as independent as possible. One person told us, "Staff help me, but they let me do things for myself too."

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 has 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

- Care files contained individualised documents reflecting each person's assessment of needs. The information provided staff with guidance about people's specific needs and how these were to be met. These included people's personal care needs, social interests and behavioural strategies. Staff spoken with were able to describe people's individualised needs and how these were met.
- People told us how they were supported by staff to express their views and wishes. This enabled them to make informed choices and decisions about their care. Care plans were reviewed and people were involved in reviews.

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.

- The registered manager told us the service would provide large print information for people with visual impairment and they would seek guidance from healthcare specialist's, so they could support people with their communication 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.

- People were empowered to have as much control and independence as possible. Care records we saw highlighted the support provided to enable them to pursue activities of their choice.
- We saw people participated in a varied range of social activities in line with their needs and preferences. People confirmed they were happy with the activities they were involved in.

Improving care quality in response to complaints or concerns

- The provider had processes in place to ensure all complaints would be dealt with appropriately. The service had not received any complaints. The registered manager told us they would use issues, complaints or concerns as a positive experience and learning opportunity to improve the service.
- People told us they were happy with the service they received and had no reason to complain about anything. Everyone we said they were happy living in the home. Staff told us that morale was high and they worked together.

End of life care and support

- Some people's end of life wishes had been recorded including their cultural and spiritual needs so staff

were aware of these. There were plans in place for discussions to take place around advanced care planning with other people.

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. This was because there had been a breach of regulation with regard to medicines. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider planned and delivered effective, safe and appropriate person-centred care. We saw all current and relevant legislation along with best practice guidelines had been followed.
- The provider's quality assurance systems ensured people received person-centred care which met their needs and reflected their preferences.
- The service was well-organised and there was a clear staffing structure. People spoke positively about how the service was managed. One person said, "The manager is a very good listener and always there if we have any problems. She is a wonderful manager, very supportive."

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 understood their legal obligations, including conditions of CQC registration and those of other organisations. We found the service had clear lines of responsibility and accountability. People told us the registered manager was visible and had a good understanding of people's needs and backgrounds.
- The provider's policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. People were positive about the quality of service they received.
- The registered manager demonstrated sound knowledge of their regulatory obligations. Discussion with staff confirmed they were clear about their role and between them and management provided a well run and consistent service.

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

- The registered manager promoted an open culture and encouraged people to express their views about how the service was run. The service had sought the views of people and family members through care plan reviews, surveys and meetings. People told us they felt consulted and

we observed them regularly calling into the office to chat with the registered manager.

- Staff told us they could contribute to the way the service was run. They told us they felt consulted and listened to.

Continuous learning and improving care

- The provider had systems to ensure the quality of service was regularly assessed and monitored. The service had a wide range of effective audits such as medication and care records. We saw evidence the service had acted upon any findings from audits and had also implemented a "mum test, " where staff were critical about the service. This demonstrated improvements were made to continue to develop and provide a good service for people supported by the service.

Working in partnership with others

- People received safe and coordinated care. The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs, district nurses and occupational therapists. This ensured the registered manager and staff team provided a multi-disciplinary approach to support care provision for people in their care.