Birmingham City Council

# Brook House

## 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

The inspection took place on 21 and 22 September 2016 and was unannounced. We last inspected this service in May 2015 and found that the service required improvement. Most areas of improvement had been addressed, however further improvement was required in relation to how people's care records were managed. The registered provider had implemented a new electronic records system which staff were learning to use.

Brook House is a residential care home for up to 14 adults who have a learning disability. The service offers people emergency care and short term breaks. At the time of our inspection, there were four people using the service. There was a registered manager in place who was present throughout our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service and their relatives told us that they felt the service was safe. People were supported by staff who were aware of their needs and risks, and how to recognise and report abuse. Maintenance checks were completed routinely at the service and processes had been established to help staff keep people safe in the event of an emergency.

People received their medicines safely and as prescribed, however further areas of improvement were identified for how staff recorded the support that people received with their medicines.

People's needs were met by supportive staff who received training and guidance for their roles. There were enough staff to meet people's needs and people were protected by safe recruitment practices that had been improved by the registered provider.

People were able to move around the service freely and go to the community with the support of staff as they wished. People were encouraged to make their own decisions and were supported in line with the principles of the Mental Capacity Act (2005).

People were supported to eat sufficient foods of their choice with healthy options. People's dietary requirements were met and their food and drink intake monitored as required, to reflect how these needs had been met. Staff supported people to access healthcare support and monitored their symptoms where required to help people stay well.

People were treated with respect and we saw that they had developed positive relationships with staff. Relatives confirmed that people were made to feel involved and welcome at the service.

People received care that was responsive to their needs. The registered manager sought feedback from

people and relatives to ensure that people's needs were met. People were supported to participate in activities of interest to them.

Relatives, staff and professionals spoke positively about the service and registered manager. Staff were motivated in their roles and felt that communication at the service was effective. People and relatives felt comfortable raising concerns and felt confident that issues would be addressed promptly. The registered manager reflected an understanding of their responsibilities and staff felt supported in their roles and able to share their ideas and concerns within an open, person-centred culture.

## 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.

People and relatives told us that they felt safe using the service.

There were enough staff to meet people's needs.

People received their medicines as prescribed, although medicines records and processes were not always clear.

### Is the service effective?

Good

The service was effective.

People and relatives told us that staff understood the needs of people using the service.

People were involved in making decisions about their care.

People were supported to eat food that they enjoyed and which met their dietary requirements.

### Is the service caring?

Good

This service was caring.

People and relatives told us that staff were kind and we observed this in practice.

Staff developed positive relationships with people using the service and treated them with respect.

People were asked for their views about their care and the service.

### Is the service responsive?

Good

This service was responsive.

Staff demonstrated an awareness of people's needs and wishes and ensured these were met.

People were supported to participate in activities of interest to them.

People and relatives felt comfortable raising concerns and were confident that issues would be promptly addressed.

## Is the service well-led?

Good

This service was well-led.

People and relatives found staff and management approachable and provided positive feedback about the service.

The registered manager provided staff with appropriate leadership and support.

# Brook House

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 and 22 September 2016 and was unannounced. This inspection was conducted by one inspector.

As part of planning the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make and we took this into account when we made the judgements in this report. When we were planning the inspection we looked at the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding matters. We also used this information to help us to focus our inspection.

During our inspection visit, we spoke with three people who used the service. We spoke with ten members of staff and the registered manager. 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 also sampled three people's care records, three staff files and records maintained by the service about risk management, care planning, staffing and quality assurance. After the visit we spoke with four relatives of people who used the service on the telephone and three professionals.

Good

# Is the service safe?

## Our findings

People using the service and their relatives told us that they felt safe. We saw that people were at ease at the service and in the company of staff. Staff had received safeguarding training and staff we spoke with were able to tell us about the possible signs of abuse that people were at risk of and how to report concerns appropriately. Guidance was on display at the service and a professional told us, "Safeguarding concerns at the home are always taken seriously and acted upon."

Staff we spoke with showed awareness of most people's needs and risks and we saw that people's risks were managed effectively in practice. We saw that one person who was experiencing discomfort was monitored by staff and reassured. This person was at risk of falls and staff supported the person to use mobility equipment as outlined in their care plan. Staff were informed of the needs of people using the service and most care records provided clear instructions to staff for helping people to manage their risks. Staff described the processes in place for people joining the service through emergency admissions and told us, "We receive feedback from the duty manager about the person's risk assessments, dietary needs and levels of independence, there's a lot of communication from managers."

The registered manager and staff demonstrated that they had learned from and reflected on incidents that had occurred at the service to minimise risks to people. Incidents had occurred at the service involving people displaying behaviours that challenged, which had put some people and staff at risk. Staff had received training to equip them to support people to manage their behaviours more effectively. Staff we spoke with demonstrated an awareness of how to manage these incidents as a team, for example, by ensuring they were deployed effectively to meet people's needs. Whilst we found that incident records had been completed clearly and in detail, records did not reflect that incidents had always been fully investigated to guide staff to identify people's specific triggers and the possible cause of incidents. For example, one person's care records had not been completed as intended to enable staff to monitor their behaviours over time. We asked the registered manager about this who told us that a new system was being implemented for recording such information. This new system would allow staff to clearly record and identify such trends and themes to support the person's care planning.

Processes were followed to help keep people safe in the event of an emergency at the service. Some people using the service had been informed of the fire safety procedures during a residents' meeting. Fire safety instructions were visible near to people's bedrooms to equip staff if they needed to support people in the event of a fire. Personal emergency evaluation plans were in place for each person using the service and had been recently signed by staff.

Maintenance and health and safety checks of the building were routinely completed to ensure that people resided in a safe and comfortable environment. A caretaker had been recruited to the service since our last inspection to support with health and safety maintenance issues. The caretaker was completing a list of maintenance tasks that the registered provider had recognised and issued to the registered manager for completion.

One person and relatives we spoke with told us that there were enough staff to support people. We saw that people spent time in the company of staff and could approach staff who were available if people using the service needed any support. Staff told us that whilst the service was occasionally very busy, there were enough staff to meet people's needs. Staffing levels were monitored by the registered manager and staff we spoke with demonstrated enthusiasm for working flexibly to meet people's needs. One staff member told us, "Staff come in extra early to meet people's needs, you just do it, you don't think about it." The registered manager and staff advised that they used consistent agency staff to ensure that people were supported by staff that were familiar with the service and people's support needs.
People were protected by safe recruitment practices which ensured that they were supported by staff that were suitable. Staff files we reviewed showed that a recent recruitment process had been completed suitably and that checks through the Disclosure and Barring Service (DBS) had been completed in advance of staff commencing their roles.

People were supported to take their medicines when they needed them, by staff who had received training to equip them to carry out this task safely. Guidance was available to staff as to how and when people required support to take their medicines as prescribed. A staff member confirmed, "We can support people with medicines when our training is complete," and added that they received refresher training. We saw that medicines were stored safely and the correct quantities of medicines were available for people as reflected in their medicines records.

We identified some areas of improvement in relation to medicines management at the service which the registered manager assured us they would address. For example, there was not a clear process in place to reflect that people's medicines had been safely disposed of, or removed from the service when they had left. Some people's medicines records had not been completed correctly, for example, to reflect that staff always witnessed people receiving their medicines, as required by the registered provider to help minimise the risk of errors. This had not been identified through medicines audits. The registered manager showed us a new system that the registered provider was trialling for medicines management records at the service. The registered manager told us that this new system would support staff to maintain clear medicines records and identify any errors.

Good

# Is the service effective?

## Our findings

People were supported by staff who were familiar with their needs. People spent time with staff and approached staff with any concerns they had. A relative told us that the staff team knew their relative using the service well. The relative commented, "Staff are good at their jobs and well trained, we've never had a problem." A professional told us, "Staff in general seem to know all of the needs of people using the service, without [needing to] ask other staff."

People were supported by staff who had received training for their roles. All staff had been supported to complete training in relation to dignity, respect and person-centred care, equality and diversity and supporting people with their nutritional needs. Most staff had received some training in key areas, such as first aid guidance, moving and handling and positive behaviour support. Staff told us that they felt supported in their roles and they attended regular supervision and staff meetings. A staff member told us, "We all communicate with each other and managers." We observed a staff handover during our visit where staff were provided with a clear update about the needs and routines of each person using the service and information relating to people's health and wellbeing.

Most staff appeared confident and equipped to support people effectively and staff we spoke with were engaged in their roles and aware of their responsibilities. One staff member told us, "It's a good place to work, with well leading management." One relative told us, "Some bank staff, if they are not familiar with the service, they are not clued up, however most of the time everyone knows my relative and their needs." The registered manager advised us that they intended to help staff to further develop their strengths through appraisal processes, which were being reviewed by the registered provider and were overdue. Staff and the registered manager told us that supervisions were undertaken although supervision records had not been maintained.
Most care records we reviewed provided clear details to guide staff about people's care preferences. We found however that some guidance was not always clear. For example, one person's care record provided a generic instruction for staff to 'communicate clearly,' when this person displayed behaviours that may challenge. We saw that the staff team had reviewed different versions of people's care plans and it was not always clear that staff had received consistent guidance about people's needs. The registered manager told us that this would be addressed.

New staff were supported to complete the registered provider's induction when they joined the service. We observed that this induction did not meet the standards of the Care Certificate, a set of minimum care standards that new care staff must cover as part of their induction process. The registered manager informed us however that people had not been supported by staff members who were new to the service or new to working in care and as such they had not provided staff with this induction training.

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. We saw that mental capacity assessments had been completed for people who were not able to make complex decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Although only some staff had received training in MCA, senior staff we spoke with demonstrated a good understanding of this. We saw that people's choices and decisions were respected, for example, they were routinely offered choices during mealtimes and their decisions about what activities to do were respected by staff. Relatives we spoke with confirmed that people were supported to make their own choices and decisions. Where people who used the service had been assessed as lacking mental capacity to make specific decisions, staff had supported them to do so through best interests meetings with the support of an Independent Mental Capacity Advocate (IMCA) where required.

People told us that they were given a choice of meals at the service and we saw that a variety of foods were made available based on people's preferences and dietary requirements. One person was offered a number of choices of meals from staff and chose an alternative option which was provided to them. Another person told staff, "I don't want this," whilst moving some of their food away and eating the rest of their meal. People often chose to sit together and relaxed talking amongst themselves or staff during mealtimes. A relative confirmed that staff respected their relative's preferences and choices for their mealtimes and ensured that their relative had always eaten enough to stay well. Meals were appetising with healthy options and a professional told us, "At times I've turned up and [the food] smells lovely and [person] tells me they enjoy the food." Staff demonstrated a clear understanding of people's preferred foods and drinks and these details were available in their care plans. Records we sampled showed that staff monitored the food people had eaten to ensure that they had eaten sufficient and healthy foods to stay well.

A person using the service told us about an upcoming healthcare appointment and we saw that staff provided this person with guidance about their appointment. This helped the person to understand what to expect from their care. A relative told us that they were kept informed if their relative was unwell and confirmed that staff helped people to access healthcare support as required. Staff recorded guidance provided by healthcare professionals and monitored people's symptoms over time to help them stay well.

Good

# Is the service caring?

## Our findings

A person using the service told us, "Staff are kind," and we saw that this person was content and relaxed at the service. We observed many positive and caring interactions between people using the service, the registered manager and staff. Staff spoke about people who used the service with affection and kindness. One staff member told us, "We're like a big family, [the people using the service] all have different characters." Another staff member told us, "We're here for the people using the service, [we come to work] and forget about our home lives, we've got a job to do. We do the best we can to keep [people using the service] happy."

Relatives we spoke with told us that staff were kind and caring. One relative told us, "They always find the time, especially one staff member [in particular], to take [my relative] for a walk, or to the shop or out to the garden." Staff demonstrated an understanding of people's needs and things of importance to them. One staff member told us, "Some [people using the service] are away from their natural environments so we make them as comfortable as possible," during their stay at the service. A relative told us, "We're asked for feedback about the service, how [the person's stay] is going and if they're enjoying their time there." We observed that people were encouraged by staff to retain their independence and relatives we spoke with confirmed that this was usual practice.

People were invited for a tea visit at the service where possible in advance of joining for a short stay. Photos of social events and day trips were on display at the service along with other decorations to help welcome people. Relatives were able to visit the service whenever they liked. One relative told us, "It's a good place, it's a place where you feel you can go in and talk to anyone, they know us." Staff told us that they had developed good relationships with people using the service and described positive outcomes for one person who had previously used the service. They had supported this person to become more comfortable at the service over time and to get to know the staff group and feel welcome. A staff member told us, "They left here a different person," and expressed to us how rewarding they considered their role to be.

People and relatives were involved in, and kept informed of developments at the service. Residents' meetings were held and minutes showed that people had been involved in decisions about furniture that was due to be purchased for the service and had been encouraged to think about the activities they wanted to do. One person who had not been able to attend a residents' meeting during their stay at the service was given an opportunity by staff to share their views on the topics that had been discussed.

Staff understood how to communicate with people in a way that met their needs. One staff member told us, "They tell you want they want." Another staff member we spoke with explained how one person expressed their decisions by referring to pictures and visual prompts. Relatives we spoke with confirmed that staff communicated effectively with people who were unable to verbally express their needs and wishes. One relative told us, "My relative gestures, staff have learned to understand how they communicate, they definitely know." A professional we spoke with confirmed that staff asked about people's communication needs during their referral processes and added, "[Staff] use communication methods to the best of their abilities… to help [people] to make choices."

People were treated with respect and dignity and staff provided us with examples of how they respected people's dignity in practice. Feedback forms completed by people who had recently used the service showed that they felt that staff had treated them with dignity and had listened to them. One person's feedback stated, 'I did what I wanted to do,' whilst staying at the service. Although staff approached people with respect and care when supporting them to take their medicines, staff did not always maintain people's dignity by considering whether people preferred to take their medicines in a more private space. We raised this with the registered manager and staff. We later identified that staff had amended their practice in light of this feedback to continue to promote people's dignity.

Good

# Is the service responsive?

## Our findings

People received care that was responsive to their needs and wishes, and staff routinely checked that people were content and feeling well. Our observations of staff and their conversations with people using the service demonstrated that they had an understanding of people's needs, preferences and activities of interest. Staff demonstrated awareness of people's specific preferences and needs, this information was available in people's care plans and shared during staff handovers. It was not always possible for staff to conduct care reviews with people due to the nature of the service providing respite and short stays for people. However we saw that 'My perfect day' forms had been developed for each person using the service to help with planning their care. One person who had stayed at the service for a longer period of time had been involved in care plan reviews.

The registered provider was trialling a system at the service, which had been introduced in May 2016 to help staff to maintain records relating to people's needs. Due to this change at the service, some updates and details of people's care needs were not always clearly outlined to staff. For example, one person's care plan did not provide clear guidance for staff about a specific health condition. The registered manager took action to amend this issue during our visit to improve the information available to staff about this person's condition.

People were encouraged to make their own choices about activities to do during the day and we saw that staff took an active role in making practical arrangements to ensure that this happened. One person told us that they enjoyed playing pool at the service with staff. We saw that another person had chosen to sit near to the reception area of the service for a long time during the day. Staff checked on many occasions that this person was happy spending time there, the person confirmed that they were. Events were held at the service to celebrate special occasions such as birthdays and other calendar events. Staff told us that a celebration had been held with people who used another service under the registered provider.

People using the service were supported to do activities of their choice in the community such as shopping, meals out and going to the cinema. One person told us about their interests and the activities they had been involved in at the service and a day centre they attended. The person showed that they enjoyed these activities. We saw that another person had been encouraged to get ready to go to the cinema and they were pleased that they were being accompanied by a staff member with whom they had clearly developed a positive relationship with. There was a sensory room at the service where people were encouraged to relax if they wished to. Staff told us, "[We do] what works for [people using the service]… People have their routines and we keep them at the centre of what we're doing."

People using the service told us that they would be able to raise concerns if they were unhappy about their care. A relative told us, "I have good communication with staff and I'm happy with the service. If I have any concerns, I speak up." The relative confirmed that they had raised minor issues with the service and that these had been promptly resolved. Another relative told us that they would be comfortable raising concerns and added, "Yes I wouldn't have a problem with that."

People and relatives were routinely invited to share feedback about the service at the end of people's stays. A relative told us, "We're quite often asked for feedback." We saw that people and relatives had shared positive feedback about the care and support that people received. For example, one person commented that they had liked, 'The parties and food… everything about [their] stay,' at the service. The registered manager and staff had received messages of thanks and compliments from relatives and people using the service, for example, for a 'Wonderful birthday party' at the service and 'Strength and support' from staff.

People and relatives were able to share their feedback about the service on an ongoing basis through various means and forms had been made available in an easy-to-read format. Relatives' meetings were regularly held to provide relatives with updates about the service and the opportunity to share feedback. The registered manager told us that they had recently received a complaint and told us their intended actions to resolve this. The registered manager demonstrated that they were open to feedback in order to improve the service and ensure that people had a positive experience.

Good

# Is the service well-led?

## Our findings

People, relatives and professionals we spoke with told us that people received safe care that met their needs. We saw that people had a positive relationship with the registered manager and we observed one person enthusiastically telling them, "I like you," and the registered manager responded, "I like you too!" One relative told us, "[My relative using the service] has been going there for years, they feel at home." A professional told us, "I think the place is fantastic and [I've found that] families have no hesitation in using the service."

There were clear processes in place for sharing information with people and relatives and for gathering their feedback about the service. People and relatives were encouraged to share their views and ideas about the service and were kept informed of any developments. People and relatives told us that they felt able to approach staff and the registered manager if they had any queries or concerns. Feedback we reviewed showed that people had a positive experience of using the service. Processes were in place for people to share any feedback and concerns they had to help with monitoring and assessing the quality of care that people received.

Staff we spoke with demonstrated enthusiasm for their roles and a common goal of meeting the needs of people using the service. The registered manager told us that staff worked well as a team and we saw that staff felt comfortable raising concerns and sharing ideas to help improve the service. One staff member told us, "We're a team, it's a team effort," and added that communication was effective at the service. Our observations confirmed this and we saw that staff handovers were clear and structured to inform staff of people's support needs and choices. Staff meetings were held where staff received updates and reminders about their roles, and praise for their work. Records showed that staff had also shared reminders about people's care with their colleagues during team meetings, for example, where they had recognised that people had not been supported to stay hydrated on one occasion.

The registered manager had recently received feedback through the registered provider's quality audit, they had begun to complete action points that had been identified through this process. The registered manager had assured us during our last inspection that they would make themselves aware of the Code of Practice issued by the Department of Health, on the prevention and control of infections. The registered manager showed us that they were beginning to conduct audits and use the Code of Practice on the prevention and control of infections. Although the registered manager had not accessed this guidance in a timely way, improvements had been made to health and safety checks and maintenance processes at the service.

The registered provider was implementing an electronic care system at the service which would help staff to maintain and update people's care records in a more clear and timely way. While the system was in the process of being implemented, some care plan details were not always clear or consistent for guiding staff about people's needs. Staff told us they accessed people's paper care records or raised queries with the manager about people's needs if they were unsure. Staff were being supported to become more familiar with the registered provider's new system of recording information.

The registered manager demonstrated an awareness of their requirements in meeting the regulations and we saw that they had reflected an understanding of their role in relation to the duty of candour. The registered manager was managing another service which was run by the same registered provider and there were senior staff available to help manage the service in the registered manager's absence. The deputy manager told us that they felt supported in their role and added, "I feel well supported in my role by [the registered manager] and if there are any issues, I have support and encouragement." Another staff member we spoke with told us that the managers at the service were supportive and the registered manager was, "A phone call away."