

Voyage 1 Limited

Brook Lodge

Inspection report

Brook Lodge
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected Brook Lodge on 22 November 2018. Brook Lodge is registered to provide accommodation and personal care for up to eight people who predominantly have a learning disability.

We carried out this inspection following concerns raised regarding the service in November 2018, these concerns were focused on the safety of people. As a result, we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brook Lodge on our website at www.cqc.org.uk.

At the time of our inspection, eight people were living at Brook Lodge. Brook Lodge has accommodation for people over two floors. The home has an enclosed garden which people could enjoy, as well as a lounge diner, and a communal lounge. This was an unannounced inspection.

We previously inspected the home on 8 September 2016. The service was meeting all the requirements and we rated the service as "Good" overall. At this inspection in November 2018, we only looked at 'Is the service safe?' and 'Is the service well led?' questions. At this inspection the service was rated 'Good' overall.

There was a registered manager in place at Brook Lodge. 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 told us they were safe living at Brook Lodge. Where staff had identified risks to people's health and wellbeing, the risk assessments and guidance around these were detailed and contained sufficient information for staff to support people to minimise risk. Staff we spoke with could tell us how they assisted people to reduce their risks and prevent them from avoidable harm.

People's prescribed medicines were managed well and people were supported to take their medicines as prescribed.

There were enough staff deployed to ensure people's health needs were being met. The registered manager had systems in place to learn from incidents and accidents. They shared this learning with staff to reduce the likelihood of future safety incidents and prevent harm to people.

The registered manager and provider had systems to monitor the quality of care people received at Brook Lodge. Quality assurance checks and audits were completed regularly and identified actions required to improve the service. People, relatives and staff spoke positively about the leadership offered by the registered manager.

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 were protected from the risk of abuse. Staff had received safeguarding training and understood what to do if they had any concerns.

Risk assessments had been completed to reflect people's current risk.

People received their medicines as prescribed.

Staffing levels were sufficient.

Is the service well-led?

Good ●

The service was well-led

The service benefitted from strong leadership. People, staff and relatives spoke positively about the registered manager.

Quality and safety monitoring systems were in place and regular audits of the service were being undertaken.

The registered manager had systems in place to learn from incidents and accidents to reduce future incidents of preventable harm and shared this information with staff.

Brook Lodge

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 was 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.

We undertook an announced unannounced focused inspection of Brook Lodge on 22 November 2018. The inspection was prompted in part by concerns we received about people's safety. We inspected the service against two of the five questions we ask about services: 'Is the service safe?' and 'Is the service well led?'. No risks, concerns or significant improvement were identified in the remaining three Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The inspection team consisted of one inspector. At the time of the inspection there were 8 people living at Brook Lodge.

We did not request a Provider Information Return (PIR) prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we held about the service, which included notifications about important events which the service is required to send us by law.

We spoke with three people who were using the service and two relatives. We spoke with five staff members; including four care staff and the registered manager. We reviewed three people's care files and associated records. We also reviewed records relating to the general management of the service. We also spoke with one local authority commissioner of the service and one health professional who has regular contact with the service.

Is the service safe?

Our findings

People felt safe living at the home. Comments included: "I feel safe" and "I am well looked after". Relatives we spoke with confirmed they felt people were safe living at Brook Lodge.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures regarding safeguarding and whistleblowing were available to everyone who used the service. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may be abusive. Staff notified other agencies which included the local authority, CQC and the police when needed.

All the staff we spoke with had a good understanding of the provider's safeguarding policies and procedures. However, through discussions with the registered manager, we were made aware that not all the staff working at Brook Lodge had raised concerns as required by their safeguarding and whistleblowing policies. We were told how two members of staff had become aware of safeguarding concerns but had not raised these with the registered manager. The registered manager had arranged formal meetings with these members of staff to discuss these issues and assured us appropriate disciplinary action would be taken where required. The registered manager was also making all staff aware of their reporting responsibilities through staff meetings and supervision.

People were offered external support from agencies such as; the advocacy service or independent mental capacity advocates (IMCA) to support them if required to keep them safe. These are individuals not associated with the service who provide support and representation to people if required. Staff also had access to an independent advisor so that they could seek additional support where required.

People were supported to take risks to retain their independence; these protected people but enabled them to maintain their freedom. We found individual risk assessments in people's care and support plans relating to their risk of falls, moving and handling safely and self-harm. The risk assessments had been regularly reviewed and kept up to date. The staff we spoke with had a good understanding of people's risk assessments. For example, one member of staff told us how they would support a person to manage any behaviours which may challenge to minimise the risk posed to themselves, other people and staff.

People's medicines were safely managed. There were clear policies and procedures regarding the safe handling and administration of medicines. Medicine administration records (MAR) demonstrated people had received their medicines as prescribed. Staff who administered medicines received training, observed other staff and completed a comprehensive competency assessment, before being able to administer people's medicines independently. People were supported to take their medicines as they wished. Each person had their own medicines profile which detailed what medicines they were taking, what these were for, their preferences in relation to their medicine administration and what support they required with their medicines.

There were sufficient numbers of staff working at the home. Where people required one to one care and

support this was provided. People, staff and staff rotas confirmed there were sufficient numbers of staff on duty and the same staff were consistently used to ensure continuity of support for people. Throughout our inspection we observed a strong staff presence in the service. People and their relatives told us they felt there were sufficient staffing levels to ensure people received care when they needed it. Staff told us the registered manager was always willing to support the care staff and there was always a member of the management team on call.

We looked at the recruitment records of seven members of staff employed at the service. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character. All staff working at the service had a probationary period to ensure they were appropriate for the role. We saw evidence that where concerns had been identified during the probationary period appropriate action had been taken to ensure staff were suitable to work at Brook Lodge.

The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. The service had a central log for detailing these and there was a system to deal with each one as appropriate.

The manager investigated accidents, incidents and complaints. The service could identify areas for improvement and lessons were learnt from each investigation. For example, following a recent safeguarding concern, the registered manager had identified that further work was required to ensure staff fully understood and followed the provider's safeguarding and whistleblowing policies. The registered manager told us how they would be meeting these learning needs by making them a regular agenda item during team meetings and staff supervisions.

Health and safety checks were carried out regularly to ensure the service was safe for people living there. Environmental risk assessments had been completed, hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment, such as the fire system by external contractors. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills).

Staff completed training in infection control and food hygiene. This meant they could safely make people food as required and understood the procedures in place for minimising the risk of infections. We observed staff wearing gloves and aprons when supporting people with their care. The premises were clean and tidy and free from odour.

Is the service well-led?

Our findings

There was a registered manager at Brook Lodge. 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 and relatives spoke positively about the leadership and management of the service. People using the service described the registered manager as "Very good" and "Caring". Staff also spoke positively about the leadership and management of the service. One member of staff said, "This is the best management I have ever had". Another staff member said, "The manager is excellent. Everyone is treated equally regardless of how long you have been working here." The staff described the registered manager as 'being a part of the team' and 'very hands on'. One member of staff said, "Whenever we need any help from the manager or deputy manager, they are always willing."

Staff told us they had regular meetings with management. They said these enabled management to keep staff up to date with everything that was happening in the organisation. Staff also told us these meetings provided them with opportunities to make suggestions to improve the service.

We discussed the value base of the service with the registered manager and staff. The registered manager and staff told us Brook Lodge was based around providing person centred care and supporting people to live their life to the fullest. Throughout our inspection staff worked positively with people to promote these values.

Quality assurance systems were in place to monitor the quality of service being delivered. These consisted of a schedule of audits including health and safety, record keeping and care plans. The registered manager and other members of the management team would carry out monthly audits of items such as care plans and medicine records. We saw that these audits were carried out as scheduled and corrective action had been taken when identified.

Surveys had been sent out to seek the views and opinions of people using the service. The registered manager told us where required, people would be supported by staff to complete surveys if people indicated a preference for this. The registered manager told us the feedback would be incorporated into the annual action plan.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.