Surrey and Borders Partnership NHS Foundation Trust

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

We carried out this unannounced inspection on 15 August 2017. On the day of our inspection there were four people living at the home.

Brook House provides accommodation, personal care and support for up to four adults who have a learning disability which may include epilepsy or autism. Each person has their own individual flat which contained a living area, bedroom and bathroom. Within the living area there was a kitchenette in which people could make snacks and do their laundry.

There was a registered manager in place. 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's support plans were detailed and included guidelines to staff on how to provide the care and support people needed. This included addressing any potential risks to people, either within or outside of the home. People who had on-going healthcare conditions were supported to see healthcare professionals regularly. People who had needs related to eating and drinking had appropriate guidance in place and people's medicines were managed safely and stored appropriately. People were involved in choosing what they wished to eat and were encouraged to participate in the preparation of meals.

There was good management oversight of the home. Although the registered manager was not present during our inspection other staff were able to assist us. Records were well organised, up to date and stored confidentially where necessary. The rota was planned to ensure there were sufficient staff to keep people safe and meet their needs. Staff understood their roles in keeping people safe and protecting them from abuse. The provider carried out appropriate pre-employment checks before staff started work.

Where people had accidents and incidents these were recorded and reviewed by staff so appropriate action could be taken. Staff maintained a safe environment, including appropriate standards of fire safety. The provider had developed plans to ensure people would continue to receive care in the event of an emergency.

People were supported to make choices in their lives and staff supported them in the least restrictive way possible. Staff knew people well and were competent in their roles as they had access to training and on-going support from their line managers.

People were supported by caring staff. Staff treated people with respect and maintained their privacy and dignity. People had access to activities both within and outside of the home. Staff acted within the principals of the Mental Capacity Act to ensure that the correct processes were followed with regards to decisions for people.

The provider had an appropriate complaints procedure and complaints received were responded to appropriately. Staff worked well together and told us there was a good culture within the home. We found this to be the case. Team meetings were used for staff to discuss all aspects of the home and resident's meeting demonstrated people were included in decisions.

Staff made regular in-house checks and the provider's area manager carried out regular audits. Any actions identified were addressed.

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.

There were enough staff deployed on each shift to keep people safe and meet their needs.

People were protected from avoidable risks.

Staff understood safeguarding procedures and knew what action to take if they had concerns about abuse.

People were protected by the provider's recruitment procedures.

There were plans in place to ensure that people would continue to receive care in the event of an emergency.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's nutritional needs were assessed and individual dietary needs were met. People could choose what they ate.

Staff received appropriate training and support to meet people's needs.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People's healthcare needs were monitored effectively. People were supported to obtain treatment when they needed it.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and maintained their privacy and dignity.

People were encouraged to be independent.

Relationships with people close to them were supported to be maintained.

Is the service responsive?

Good

The service was responsive.

People's care plans contained detailed information about people's needs and the care they required.

People had opportunities to take part in activities.

People knew who to speak to if they had any concerns.

Is the service well-led?

Good

The service was well-led.

People and staff had opportunities to contribute their views about the home.

Staff felt supported by senior staff and they had the opportunity to discuss all aspects of the home at team meetings.

There were systems in place to monitor the quality of the service and to address any issues identified.

Records relating to people's care were up to date and stored appropriately.

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 checked 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.

The inspection took place on 15 August 2017 and was unannounced. Due to the small size of the service, one inspector carried out the inspection.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The registered manager had completed 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.

During the inspection we met and spoke with three of the people who lived in the home. We observed the support they received and the interactions they had with staff. We also spoke with three staff. Following the inspection we gained the views of the care people received from three relatives and one social care professional.

We looked at the care records of two people. We looked at how medicines were managed and records relating to this. We checked minutes of staff meetings and spoke with staff about staff training and supervision. We looked at records used to monitor the quality of the service, such as health and safety checks and the provider's audits of different aspects of the service.

This was the first inspection we carried out at Brook House.

Good

Is the service safe?

Our findings

People told us they felt safe living at Brook House. One person said they knew people could not get through the front door at night which made them feel safe. A relative told us, "He is secure and there are a number of staff on hand." Another said, "I feel she is safe because of the layout of the building and the fact that she has staff all the time. I have never been able to go away and not worry, but now I can."

There were enough staff on duty on each shift to meet people's needs and keep them safe. The rota was planned to ensure that staff were available to support people to take part in activities and ensured that those who required one to one support received it. Staff felt there were enough staff available to ensure that people were supported in line with their care plans. During our inspection we observed that staff were available when people needed them and people who wished to go out had the required level of staff support to keep them safe. A relative told us, "There are well attended (by staff)."

Any risks to people had been identified and guidance and strategies were in place to help staff ensure that people were safe. Where people had particular behaviours these had been recorded together with information for staff such as the triggers and what to do in the event that someone became unsettled. For example, some people sat in the back of the service vehicle when going out as this posed less risk for them and those who were driving. One person had epilepsy and there was guidance which advised staff to stand outside of their bathroom door when having a bath to give them privacy, but to be available should they have a seizure. Staff were instructed to knock every two minutes to check they were okay.

Accidents and incidents were recorded and reviewed to identify any changes in people's support needs. Staff discussed accidents and incidents and used these as learning in order to avoid similar situations.

People's medicines were managed safely. Each person had an individual medicines profile, which contained information about the medicines they took and any potential risks associated with their medicines. Where people had been prescribed medicines 'as required', there were protocols in place to guide staff about when these medicines should be used. There were also protocols in place for homely remedies (medicines that be purchased over the counter without a prescription).
Medicines were stored securely and medicine administration records (MARs) were clear and accurate. Staff checked the temperature of the room in which medicines were stored in order to ensure medicines were stored appropriately. We found that although stock counts were carried out by staff daily there was no formal or external medicines audit. We also noted that where handwritten entries were included in people's MARs these had not been double-signed. We spoke with the provider's senior management team at the end of our inspection about this and were told this would be acted upon. A relative said, "His medicines are checked regularly."

People lived in a safe, well maintained environment. Staff carried out regular health and safety checks and a fire risk assessment had been completed. Staff attended fire safety training and fire alarm tests and fire drills were held to help ensure staff would know what to do in the event of an evacuation. Each person had a personal emergency evacuation plan, which recorded the support they would need in the event of an

evacuation. There was a business contingency plan to ensure that people would continue to receive their care in the event of an emergency.

The provider carried out appropriate pre-employment checks, including obtaining proof of identity, proof of address and written references. Staff were also required to obtain a Disclosure and Barring Service (DBS) certificate before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

People were helped to remain safe as staff were aware of their responsibilities should they suspect abuse was taking place. Staff were able to describe a situation where they felt it would constitute abuse and told us what action they would take. They demonstrated they knew how to report any concerns they had, including escalating concerns to the local authority's safeguarding team or CQC if necessary. One staff member told us, "If I saw people hitting each other I would make sure everyone was okay and then report it to my manager, the local authority and CQC." Accessible information had been provided to staff in relation to safeguarding. This included information on whistleblowing if staff had any general concerns about the home. A relative told us, "He goes back (after visiting) quite happy, so that is a good sign that he feels safe there." A social care professional said, "Staff have followed processes and procedures in relation to safeguarding."

Good

Is the service effective?

Our findings

People were supported to have sufficient to eat and drink and were involved in what they ate and the menu that was planned for the week. The menu was discussed at residents meetings and staff encouraged people to contribute their preference of foods and get involved with the preparation of meals. Staff knew people's likes and dislikes. Where people had risks associated with food and drink these were known by staff. One person ate very quickly and as such staff ensured their food was cut up into appropriately sized pieces so they would not be at risk of choking. Another person had lost weight and staff maintained a food and fluid chart to monitor their weight. We noted they had since started to put on weight.

Staff had the skills and knowledge they needed to support people effectively. Staff told us they had access to appropriate training and training that was relevant to the people they were supporting, such as training in autism. Staff told us the provider encouraged them to progress professionally by undertaking qualifications. One staff member told us they had been encouraged to progress professionally and were now doing their NVQ Level 3 in Health and Social Care. They said that as a result of the discussions in their supervisions and annual appraisal they had progressed to become a shift leader. A relative told us, "I think all the staff are well trained for the job and to look after people with a disability."

Core training attended by staff included health and safety, first aid, infection control and moving and handling. In addition staff had the opportunity to meet with their line manager on a one to one basis to discuss any concerns, how they were doing and any training requirements they had.

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. A staff member told us, "Never assume people lack capacity."

People were encouraged by staff to make choices and decisions about their care and support. We observed during the inspection that staff were asking people to make their own decisions. Staff understood how to apply the principles of the MCA in their work. We saw documentation that demonstrated the correct processes were followed and recorded when people's mental capacity was being assessed and decisions taken in their best interests. Where people required medical interventions, best interest decisions were taken with health care professionals.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. Staff were knowledgeable in what constituted a restriction. One staff member described to us how one person had been deemed as having capacity and yet lived in an environment that had a locked door. As such the person had been offered the key codes for the door.

People were supported to maintain good health and had access to the healthcare services they needed. We noted each person had a Health Action Plan which recorded information regarding their health needs and routine appointments. Where people's needs changed staff supported people to seek medical advice such as one person who had lost weight and the GP had been involved as well as the hospital. Each person also had a care passport, which contained important information for medical staff should the person require admission to hospital. Care passports included the person's medical history and details of their needs in relation to personal care, communication, eating and drinking and medicines. A relative said, "He felt unwell and staff took him straight to A & E."

Good

Is the service caring?

Our findings

People told us staff were kind to them and that they liked living at Brook House. One person said, "It's very comfortable here." Another person told us they felt they got the care they wanted. A relative said, "I am generally happy (with the care)." Another relative told us, "Lovely staff." A third said, "The staff are all quite caring. I am quite happy with the care."

People were supported to maintain relationships with their friends and families. People regularly went to stay with family members and we saw that some people had a telephone in their flat and they spoke with relatives each day. A relative told us, "I give Brook House 100 out of 100."

People received their care from a consistent staff team. Staff told us that although they used agency staff, they tried to ensure these were agency staff who knew people well to help reduce any anxieties in people. This meant that people were supported by staff who were familiar to them and who understood how they preferred their care to be provided. When staff spoke about people they did so with a smile on their face and it was clear that they were very fond of the people they supported. A relative said, "I have got to know one of the staff member's in particular very well because they're always do the driving and we have a chat."

People were looked after by staff who knew them. Staff were able to describe to us people's individual characteristics, likes, dislikes and routines. What we observed on the day matched with what staff had told us. A relative said, "The staff know him. I really think they do."

People were encouraged to show us around and spend time with us. Staff regularly prompted people to talk about the things they liked or what they had done, rather than speaking for them. Staff gently reminded people in a way that demonstrated they were keen to give people the opportunity to voice their views and act confidently. Staff reassured people as they spoke with us, praising them and giving them encouraging reminders.

There were close relationships between people and staff. We saw people regularly cuddle staff or kiss them and one person regularly checked with staff that they were okay. There was laughter between people and staff as they recalled things and at one point we heard people singing with staff.

People were supported to be as independent as possible. People were encouraged to manage their own laundry and the planning and preparation of meals. Staff told us one person enjoyed baking and we saw they had baked a cake that morning. This same person had done their laundry that morning. Another person liked to help clear up after the evening meal and empty the dishwasher. One person said, "I still manage to have my own showers and get myself dressed. I'm doing alright." A relative told us, "It is a chance for (name) to live as normal a life as possible." A social care professional told us, "I feel that (name) is as independent as she is able to be considering her complex needs and has a great deal of involvement with her mother."

People could have privacy when they wanted it and staff respected their decisions if they chose to spend

time alone. We saw people return to their flats during the day, either to have a nap or listen to music. One person told us, "I like my sleep" and we heard that they had chosen to get up later that morning. Another person had specific routines they liked to follow during the day and we saw they had a lie in and had chosen to watch television in their flat. One person had their own small garden area which they told us they liked to use. A relative said, "It's a nice quiet environment for him."

People were shown respect by staff. We only heard respectful conversations between staff and people during our inspection. We heard staff knock on doors and call out before entering. One staff member told us, "I would always knock on their door and if I was carrying out personal care I would make sure they were comfortable, offering choice and letting them making the decisions."

People lived in an environment that was homely. Each person's flat was individual furnished with their own belongings and they reflected their hobbies and interests. The flats was comfortable and well-equipped to ensure people lived in a space which felt like theirs. People were keen to show us their flats and told us how much they liked them. A relative said, "The environment suits him. He likes his flat – it makes him feel independent."

Good

Is the service responsive?

Our findings

People had detailed guidelines in their support plans for staff to follow. This included how they wished to be supported. Guidance was also sought from health and social care professionals to ensure that staff provided appropriate support such as in the event that people became distressed or agitated. Regular reviews were undertaken of people's care needs and their support plan updated to reflect any changes and to help ensure they continued to reflect people's needs.

People's needs had been assessed before they moved into the home to ensure staff could provide the care and support they needed. Where needs had been identified through the assessment process, a support plan had been developed to address them. The plans were person-centred and provided information for staff about how to provide support in the way the person preferred. Staff were knowledgeable about behaviour that challenged and were able to describe the triggers and how these would be managed. What they told us was in line with what was in people's care plans. We noted that one person who had regularly displayed challenging behaviour was more settled since living at Brook House and now had fewer incidents.

Each person had an allocated keyworker whose role was to support the person to stay healthy, to identify goals they wished to achieve and to express their views about the care they received. This meant that each person had a member of staff who took a particular interest in their progress. A relative told us, "He has a keyworker who I speak to. I have attended care plan reviews too."

People had opportunities to take part in activities; however we did receive some feedback that people would like more to do. Several people attended a day service on certain days during the week. One person told us how much they liked it. A relative told us, "He has really settled into going to My Time (day service)." Another person liked to go shopping and we saw them draw up a list during the morning for when they went to the shops that afternoon. A third person told us they liked long walks to help, "Keep me healthy" and staff accompanied this person out for a walk during the morning. People had access to a communal garden in which one person had planted tomato plants. Staff told us that people used local pubs, shops and restaurants. However, one person said, "I would like to do more things, like go to the day services. Sometimes I get bored." A relative said, "She needs to do something more stimulating." Another relative told us, "We would like him to do a little bit more in terms of meaningful activities." Following our inspection the registered manager told us they would continue to review with this person their choices in this regard to ensure they were aware of all the opportunities available to them.

We recommend the registered provider considers alternative, meaningful and stimulating activities for people.
People told us they knew who to speak to if they were unhappy or worried about anything. One person told us they were not worried about anything and they would speak to staff if they were. They said they thought they would listen to them. We saw that one complaint had been received since the home opened. This related to some areas of cleanliness. We read that the registered manager had addressed this complaint and had taken action to ensure that the complainants were happy with the outcome.

We saw there was a record of compliments received by staff. We noted these included, 'I trust the staff, it's the best I have seen my daughter in a year' and, 'My son was so happy on his home visit, the staff have done an excellent job working and supporting him'.

Good

Is the service well-led?

Our findings

Relatives told us they felt there was good communication from the staff and manager's at the home. They felt they were listened to by staff. One relative said, "They are in touch overall. (Staff name) calls us and keeps us updated." They added, "We asked for staff to arrange a holiday for (name) and this has been done." Another told us, "There is nothing I could say to run Brook House down." A social care professional said, "Staff have been able to pass on relevant information and kept me informed."

Staff told us they felt valued and supported by their managers. They said teamwork was good and they enjoyed working at the service. During our inspection we noticed that staff worked well together, helped each other out and showed respect towards each other. One member of staff told us the registered manager had made improvements in that they had a, "Bigger staff team and more consistent staff." They said, "I feel supported and valued. Any problems and they (senior staff) are there."

The standard of record-keeping was good. Staff maintained good records for each person that provided important information about their needs and the care and support they received. Records were kept secure and confidential. The registered manager was aware of their legal requirements in that they had informed CQC and other relevant agencies about notifiable events when necessary.

Staff communicated important information about people's needs on an on-going basis. Staff coming on shift were given a handover from staff who had worked the previous shift. The handover kept staff up to date with any changes in people's needs or how their support was provided. We read how information and messages were also written in the communications book to help ensure that staff had the most up to date information about a person. One person was due to attend a hospital appointment and we read a reminder to staff that they could not have anything to eat for a certain time period prior to the appointment. Staff were expected to read the communication book at the beginning of each shift to make themselves aware of any updates or changes to people's care.

Staff met regularly as a group to discuss the needs of the people they supported, any aspect of the home and the service provided and for the registered manager to pass on provider's news. We noted from meeting minutes that staff discussed health and safety, infection control, maintenance and recruitment in their meetings as well as sharing news about individual people. A staff member told us, "No one is concerned about voicing their opinions in staff meetings."

People had opportunities to contribute their views about the home. There were regular meetings in which they told staff what they had enjoyed doing since the last meeting, what they would like to do in the coming weeks and to give them the opportunity to tell staff of a meal they would like to see included on the menu.

There was an effective quality monitoring system in place. The provider and staff carried out regular audits which included health and safety and infection control audits to help ensure people lived in a safe environment. The health and safety audit also checked standards of fire, electrical, gas and water safety. Where actions or shortfalls these had been address, such as fence panels that needed repairing and a fire

door magnet required replacing. We noted some provider audits incorporated an element of ensuring staff were happy working in the home and checking for staff morale and team work. They also focused on a different person each visit which meant they took time to speak to people and find out if they were happy with the care they were receiving and that staff were covering all aspects of their care. Mock CQC inspections were carried out by senior staff to check the service against the five key domains. In addition night visits were made to help ensure that the level of care people received remained consistent whether it was during the day or night.