

Brookdale Health Care Limited

Fairford Court

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?

Requires Improvement 

Overall summary

This inspection took place on 3 December 2014 and was unannounced.

Fairford Court provides accommodation and care for eight people with autism and Asperger's Syndrome as well as personal care to eight people in an outreach service. There were fourteen people using the service at the time of our inspection. Seven people were receiving residential care and seven people were receiving an outreach service.

A registered manager was in post at the service. A registered manager is a person who has registered with the 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.

We last inspected this service in June 2013. At that inspection we found the service was meeting all the regulations that we assessed.

During the current inspection visit people told us that they were happy with support provided to them. They said that they and their family members where relevant, had been included in planning and agreeing to the care provided. We saw that people had individual plans detailing the support they needed.

Summary of findings

The service had an appropriate recruitment system for new staff to assess their suitability, and we found that staff on duty knew the people they were supporting and the choices they had made about their care and their lives. Staff supported people to develop their independence and work towards a wide range of goals of their choosing, such as taking vocational and academic courses, finding employment and developing social groups and fitness routines. People were treated with respect and compassion. They were supported to attend routine health checks, and there was evidence of attention to people's physical and mental health care needs.

Staff in the service knew how to recognise and report abuse, and what action to take if they were concerned about somebody's safety or welfare. Management were in the process of improving the frequency of supervision sessions provided to staff members. Staff spoke highly of the training provided to ensure that they worked in line with best practice.

There were systems in place to monitor and address deficiencies to the environment. Some people felt that maintenance issues took a long time to address, but we found that the environment was safe. There were rigorous systems in place for managing people's medicines safely.

Quality assurance systems at the service were suitable to assess and monitor the service people received. No complaints had been received within the last year, but people had the opportunity to comment on the service at regular meetings. Health and social care professionals working with people living at the service gave very positive feedback about the support provided by the service.

We found one breach of the Care Quality Commission (Registration) Regulations 2009 relating to notifications to the Care Quality Commission about incidents involving the police. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff knew how to recognise and report abuse. Staff recruitment procedures were sufficiently rigorous at checking their character and suitability to work in order to protect people from the risk of unsafe care. People were satisfied that there were sufficient staff at all times to keep them safe.

People had comprehensive risk assessments and care guidelines to protect them from harm and ensure that they received appropriate and safe care. There were consistent arrangements in place to manage challenging behaviour and protect people from the associated risks.

Systems for maintaining the environment and for managing medicines were sufficiently rigorous to protect the safety and welfare of people.

Good



Is the service effective?

The service was effective. There were systems in place to provide staff with a wide range of relevant training. Staff received individual supervision sessions although this was not always delivered at the frequency set by the provider organisation.

People were supported to attend routine health checks, and there was evidence of attention to people's physical and mental health care needs. The service supported people to eat a healthy diet and ensured that their nutritional needs were met.

Good



Is the service caring?

The service was caring. People gave us positive feedback about the approach of staff, and we observed a number of ways in which staff treated people well.

We found that staff communicated effectively with people and supported them to follow lifestyles of their choice. Their cultural and religious needs were met and staff encouraged them to undertake educational, occupational, and social and leisure activities of their choice.

Good



Is the service responsive?

The service was responsive. People's needs and preferences had been assessed, and care plans developed to guide staff so that they could meet people's needs effectively.

The service had a complaints procedure that was accessible, but this had not been used within the last year. People's views on the service were also sought at regular meetings.

Good



Summary of findings

Is the service well-led?

The service was not always well-led. Relevant records relating to the management of the service were in place. However the Care Quality Commission had not been notified of three incidents involving the police.

People using the service and other stakeholders were very happy with the management of the service. Quality assurance audit systems were in place to assess and monitor the risk of unsafe or inappropriate care and treatment of people. However there was room for more consultation with staff about the running of the service.

We found that risk management processes were effective to protect the safety and welfare of people using the service.

Requires Improvement



Fairford Court

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.

This inspection took place on 3 December 2014. The inspection was conducted by one inspector. Before the inspection, we reviewed the information we held about the service including notifications and concerns received by the Care Quality Commission.

We used a number of different methods to help us understand the experiences of people using the service. We

spent time observing care in the communal areas such as the lounge and kitchen areas and met with nine people receiving residential care or outreach support. We spoke with four staff members working at the service, and the registered manager.

We looked at four care records, six staff files and training records, a month of staff duty rosters, and the current year's accident and incident records, quality assurance records and maintenance records. We also looked at selected policies and procedures and current medicine administration record sheets (MAR).

Following the inspection visit we spoke with one person living in an independent flat who received support from the service, five relatives, and six health or social care professionals who supported people using the service.

Is the service safe?

Our findings

People using the service said that they felt safe. They told us, “It’s clean,” “It’s good,” and “Staff support me with my money.”

A safeguarding policy was in place and all staff received safeguarding training. Staff we spoke with were able to describe action they would take if they were concerned that someone using the service was being abused. Staff had training in supporting people who challenged the service, and advised that no physical restraint was used in the service. Verbal reassurance was used to support people instead.

Six people were being supported to manage their finances. We looked at arrangements in place for three of these people, and they were suitable to protect them from the risk of financial abuse. These included monthly finance audits to review how people were managing their money.

We saw a range of documents indicating that people were kept safe, including safety certificates for the environment and individual risk assessments in place for people. We looked at the safety certificates in place for equipment and premises maintenance including gas, electricity and portable appliances safety certificates and found that these were up to date. A current fire risk assessment was in place specifying action to take to minimise the risk to people using the service. Records showed that regular fire safety checks were conducted including quarterly fire drills to ensure that people were familiar with the evacuation procedure. Environment checks were also conducted on a regular basis.

Twelve support workers were employed by the service including two senior workers and an ‘as and when’ worker. They were managed by the registered manager and a deputy manager. The service’s staffing rota showed that staff were deployed flexibly to support people with tasks that they had chosen, with staff starting work at a variety of times depending of the support to be provided. People

using the service did not express any concerns with the number of staff available, although some staff said that it could be difficult when there was short notice staff sickness in the team.

Each person’s care plan included a detailed risk assessment, including risk factors and actions put in place to minimise the risk of harm. These were updated on a regular basis and included specific guidelines as to how staff should support people.

Recruitment records of new staff recruited to work at the service since the previous inspection showed that appropriate checks had been carried out including a criminal records disclosure, identification, and satisfactory references prior to them commencing work, to determine their suitability to work at the service.

All staff were authorised to administer medicines to people using the service following training and an assessment of their competence. People who needed support from staff in this area told us they received their medicines on time. Medicine administration records showed that medicines were administered as prescribed. We checked a sample of five people’s medicines administered by staff and found that the number of remaining tablets corresponded with records, which helped to assure us of medicines being administered as prescribed. We found no prescribed medicines had run out, and that there were records of medicines coming into the service and being returned to the pharmacist. Medicines were stored safely and stocks of medicines were audited against records twice daily by staff on each shift. There was also a weekly medicines check in place. The registered manager carried out audits to ensure that people were administered their medicines safely.

The communal areas of the residential service were clean and tidy. In September 2014 the service achieved a five star (excellent) rating from the local authority for food hygiene procedures in the kitchen. Cleaning rotas were in place and people using the service took turns in keeping the communal areas clean with support from staff as needed.

Is the service effective?

Our findings

People told us that they received effective support from staff at the service. Comments included, “I think it’s absolutely brilliant”, “In terms of support I reckon really good” and “They helped me recover”, “There’s lots of food” and “The psychologist is excellent.”

People spoke highly of the support provided by staff. Relatives told us, “All the care staff are brilliantly trained” and “They have a really good team there.” Training records showed that staff had received accredited induction training prior to commencing work and also attended mandatory training and training on other relevant topics including autism, learning disability, mental health, mental capacity, sex and sexuality, epilepsy, and diabetes. Staff were very positive about the standard of training provided by the organisation and confirmed that they received annual refresher training. They displayed a good understanding of how to support people in line with best practice, particularly in promoting independence.

Staff team meetings were held monthly, covering a range of topics relevant to the service, to ensure that staff worked consistently with people. Staff members received individual supervision sessions with management, however, we found some variation in the frequency of supervision, with gaps in supervision provided over the year, and all staff were overdue for appraisals. This issue had been noted at recent quality assurance audits, and an action plan was in place to ensure that the service met its own targets of two-monthly supervision.

The registered manager was aware of these shortfalls and had issued all staff with pre-appraisal self-reflection forms. He noted that all appraisal sessions were scheduled on the rota within the next month following the inspection. A new supervision rota was also in place to ensure that one to one sessions with staff were delivered more frequently. We recognised that the registered manager was taking action to address this issue. Under a newly implemented system

the deputy manager was providing supervision sessions and the registered manager was providing staff with one to one ‘key working sessions’ focussed on the support they were providing to particular people.

Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). No DoLS authorisations were in place and no applications had been submitted for people currently using the service. All people using the service confirmed that they could go out when they liked, and had keys to their bedrooms. One person told us that they found that they had much more freedom in this service than in previous settings where they had lived.

People mainly cooked for themselves, with one communal meal offered each day in the residential unit with staff support. People told us they were satisfied with the support provided to them by staff. Staff were trained in infection control and food safety and were able to support and advise people about safe food hygiene practice. People confirmed that staff encouraged them to eat healthy options and we saw evidence of this in people’s care records. Where appropriate people’s weight was monitored to ensure that they received adequate nutrition.

People received regular physical health checks and the service employed a psychologist who saw individuals on a one to one basis. The psychologist attended multidisciplinary team meetings with the other staff supporting people. Feedback about the psychology support was very positive. One person told us “The psychologist is marvellous,” and a relative said “The psychologist is a blessing, she understands where they are coming from.” Two social care professionals told us “X made tremendous progress in one year,” and “They’ve done really well for X, [they are] certainly a very different person - more confidence.” We found detailed and up to date records in relation to people’s physical and mental health support including details of relevant appointments and contact with professionals.

Is the service caring?

Our findings

People said that they had developed positive relationships with staff at the service. They told us “Staff are approachable”, “They are always encouraging me to do more”, “Everyone respects everyone”, “Staff listen and you can talk to them”, and “Staff are very caring, they can be challenging, and are very honest”. They told us that they received the support that they needed to work towards their individual goals and develop their independence skills. One of the nine people we spoke with said that some staff were not good at listening to them.

We observed sensitive and appropriate interactions between people using the service and staff. The managers and staff on duty demonstrated a good understanding of individual people’s preferences and had a positive approach to supporting people. On the day of the visit one person told us that they were going out to the theatre with staff support as the treat that they had chosen for their birthday. People told us that staff were flexible in providing them with support without being too intrusive.

Our observations showed that staff treated people with respect. Staff were polite to people, and encouraged them to be independent. Staff did not enter people’s rooms without their permission, and only discussed issues personal to them in private showing respect for their privacy.

People were encouraged to be independent. We observed people preparing their own meals and snacks and going out and returning to the service independently throughout the day. We spoke with people who were planning to move on to more independent living arrangements, as well as those who had already done so. They all confirmed that staff and management supported them with this.

People confirmed that they were involved in choosing the level of support that staff provided to them and this was recorded in their care plans and daily records. They told us that they were able to have their rooms decorated and personalised according to their own choice. There was clear information about activities they preferred, their goals and support to maintain contact with their families and meet cultural or religious needs. We found that staff supported people to attend cultural and religious groups of their preference. People were supported in a wide range of interests and activities, from attending book signings to football matches, employment and campaign groups.

Staff had undertaken training in cultural awareness, equality and diversity and communication skills. Management advised us that their role was to act as life coaches or mentors to people using the service. Health and social care professionals were very positive about the care and support to people by staff. They told us “They are very good and supportive,” “I have been impressed, X has done very well,” “They are good at getting X integrated in the community,” and “I am very impressed with the support they give.”

Relatives of people using the service were also very positive. They said they had “excellent care there,” and their relative was “very happy here.” One person said, “You’ve inspected one of the nicest places you could leave your children”, “They are really kind”, “The most amazingly genuinely caring people”, “I can’t fault the care”, “They look after X very well”, and “A good team, easy to talk to, quite supportive”.

Is the service responsive?

Our findings

People living at the service told us that staff responded to their changing needs and supported them in their individual goals. One person noted, “They are very good at supporting you and helping you to find work”. Relatives were also very positive about the responsiveness of the service. They told us, “They try to get the best out of X” and “They are consistent”.

People’s pre-admission assessments provided detailed information about managing risks to each person and meeting their holistic needs. There was clear evidence that people were supported to develop and maintain social contacts both within the care records and from talking to people using the service. Support plans were in place to address each risk identified, and these were reviewed as circumstances changed. Staff had undertaken training in the use of the ‘spectrum star’ tool, which is a mechanism for supporting people in a holistic framework particularly designed for people with autism. However, these were not being used as staff advised that no people using the service wanted to use this tool at the time of the inspection.

People confirmed that they were consulted about their care plans and we also noted that the views of their relatives were recorded where appropriate. We found that care plans were up to date and all sections had been completed appropriately. They were being reviewed approximately six-monthly or more frequently where significant changes to people’s needs had occurred. Care plans included a transition overview as people started using the service, details of support with particular tasks such as managing money, education and employment activities. One to one monthly reports were in place for people who agreed to this, indicating support provided and progress made with individual goals.

There was evidence in the care plans of pro-active planning in order to support people to achieve their goals and ambitions. For example, people were supported to

undertake vocational training courses, and academic studies. On the day of the visit one person was supported by staff to attend an interview at a new employment setting. People were encouraged and supported to have a healthy diet and attend local gyms, sports and exercise classes. Their needs and progress were discussed at regular multidisciplinary meetings and at six monthly reviews. Actions agreed at meetings and appointments with health and social care professionals were followed through by staff. For example, people were supported develop their independence skills and move into more independent accommodation. One person told us that they had recently been on holiday in Turkey with staff support.

No formal complaints had been received since the previous inspection. Records were available of regular meetings both in the residential unit and for people receiving outreach care. People were consulted about the service and their experience of group living, and we saw evidence that issues raised were addressed. An example of this was support provided to deal with food going missing from the communal kitchens. People said that staff and the management were approachable if they had any concerns. One relative told us, “If I see a gap I can discuss it, they do listen.”

Health and social care professionals who worked closely with people living at the service gave positive feedback about the support provided to people and the service’s responsiveness to people’s changing needs. They also indicated that people had made good progress in developing independence skills with a view to moving on into more independent accommodation. Health and social care professionals provided positive feedback about the service’s responsiveness. They told us, “They provide a very good service to enable X to engage,” “They’ve been doing a lot of work with X,” “They endeavour to do their best for X, they’ve done a lot of good work,” “They have been very persistent and consistent,” “They are informative, and have provided good joint work.”

Is the service well-led?

Our findings

The majority of people using the service were very positive about the way the service was run. They said, “It’s pretty good,” “It’s a perfect situation,” “You have all the amenities you need including Wi Fi and en suite,” “The manager is very professional,” and “There’s nothing to improve.” One person noted “I sometimes feel the manager doesn’t care,” and another said “They are not good at implementing external suggestions.”

Appropriate incident and accident records were in place with strategies recorded to minimise the risk of harm to people using the service as a result of incident analysis. However, we found that three incidents with police involvement had not been notified to the Care Quality Commission as required. Discussion with the registered manager indicated that this was due to a misunderstanding about which incidents were notifiable, and this was clarified with him during the inspection visit.

The above information was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We did not find any unsafe areas in people’s accommodation, however, some chairs and sofas were worn, and there was one cracked window which people said was awaiting repair for several weeks. Two people told us that the service was not good at keeping on top of maintenance issues, and one person said, “You sometimes have to wait for repairs, but they get it done.”

Relatives were positive about the service. They told us, “I can’t praise them highly enough,” “It’s world class,” “The manager is excellent,” “They work very hard,” and “They’ve done a pretty good job of it.” One person said that they would like to have a ‘relative’s forum’ to meet others in a similar situation. Health and social care professionals told us “They cater for service users really well,” and “I can’t speak highly enough about the service, especially the manager, he is very helpful.”

People told us that they were consulted about the service, and that the management had an open door policy for people to use if they wished to discuss any issues. We saw

records of approximately monthly meetings for people using the service and there was some evidence of planning to improve the service based on feedback, for example planning group holidays and activities, such as a recent trip to Winter Wonderland. This helped to assure us that people were involved in the service in a meaningful way. However, agreed actions from each meeting were not discussed at the next meeting so that people could see the progress made.

We sat in on the handover meeting between staff shifts and found that important information about day to day needs were shared with the team, and all staff members’ opinions were sought. Three staff spoke positively about the management of the service and records of team meetings showed some evidence of appropriate support of the staff team. Topics discussed recently included, group activities, night support, and staff stresses. However, we were concerned to note that records referred to ensuring “residents don’t leave the home at night,” and stopping “locking the kitchen,” which had been locked previously for a trial period. Management assured us that there were no restrictions on people leaving the service and that the kitchen was not locked, and this was confirmed by people using the service. However the minutes of these meetings suggested that staff might be receiving conflicting messages about the support they should be providing. One staff member told us that staff morale was low, and some staff felt that they did not get the support they needed. Other staff said that there were no clear systems to ensure that they could take their allocated breaks, and that management could improve their consultation with the staff team. We noted that there had not been a recent staff survey for the service.

Unannounced monthly audits were undertaken by managers of other services run by the registered provider. We looked at the last two months’ audits and found that these included speaking to a selection of people using the service and staff, checking staffing, supervision, incidents and accidents, safeguarding issues, medicines and finance records and the environment. Each audit also focussed on an additional two outcomes each month. We observed that actions had been taken to address areas for improvement raised at recent audits.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The registered person did not ensure that incidents which were investigated by the police were notified to the Commission without delay. Regulation 18(2)(f)