J.T. Care Homes Limited

The Brooklands Residential Home

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

This unannounced inspection took place on 13 September 2016. We last inspected The Brooklands Residential Care Home in July 2014. At that inspection we found the service was meeting the regulations that we assessed.

The Brooklands Residential Care Home provides personal care for up to 24 older people, some of whom are living with dementia. Accommodation is provided in single rooms, all with en-suite facilities. There are two communal lounges, a visitor's lounge, a hairdressing room and a separate dining room. There is a small garden, patio and space for parking. At the time of the inspection there were 22 people living at the home. The service did not have a registered manager in post on the day of the inspection. The previous registered manager had resigned their post shortly before the inspection. The registered providers were already in the process of trying to recruit a suitable replacement. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People living in the home told us that they felt safe living there and relatives we spoke with told us they were "very satisfied" with the care being provided. We saw that the people who lived there were being well cared for and were relaxed and comfortable in the home and with the staff that were supporting them. The atmosphere was informal and inclusive. Everyone we spoke with praised the staff that supported them.

The environment of the home was welcoming and the communal areas had been arranged to make them homely and relaxing. We found that all areas of the home used by the people living there were clean and tidy. People told us they had a choice of meals, snacks and drinks. The people who lived there told us that the food was "very good" and "first class" and that they enjoyed their meals.

People were able to see their friends and families as they wanted and go out into the community with support. There were no restrictions on when people could visit the home. People were able to follow their own interests, practice their religious beliefs and see their friends and families as they wanted.

The staff on duty we spoke to knew the people they were supporting very well and about their lives and personal preferences. Staff were aware of the choices people had made about their care and daily lives. The staff we spoke with were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of a person.

Systems were in place for the recruitment of staff and for their induction and on going training and development. Staff training relevant to the needs of the people living in the home was provided and staff said they were well supported by the management team. There was an on call system for staff to access management support at night.

We looked at the risk assessments in place for people and these included risk assessments for skin and pressure area care, falls, moving and handling, mobility and nutrition and for the management of a different conditions or specific medication. We looked at the risk assessments in place and how people would be moved in the event of fire. These had been kept under review.

During this inspection we looked at the way medicines were managed and handled in the home. We found that medicines were being administered and records were being kept of the medicines kept in the home. We have made a recommendation to the nominated individual that the service reviewed the storage of the controlled drugs against the current guidance and legislation and amend practices accordingly. We also made a recommendation that they looked at current National Institute for Health and Care Excellence (NICE) medicines guidance. This was regarding variable doses of medicines and handwritten prescriptions and that they take appropriate action to update practice.

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 sufficient staff on duty to support people and staffing was kept under review.

Staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

Records were kept of medicines received and disposed of so all could be accounted for. Aspects of good practice required review.

Is the service effective?

Good

The service was effective.

Staff knew the people who lived there well and worked with other agencies and services to help make sure people got the support they needed to maintain their health and care needs.

People were having their individual needs and preferences assessed to promote their best interests in line with legislation.

People had a choice of nutritious meals, drinks and snacks

Is the service caring?

Good

The service was caring.

People told us that they were well cared for and happy living in the home.

We saw that people were treated with respect and their independence, privacy and dignity were being promoted.

We saw that staff engaged positively with people. This supported people's wellbeing.

Is the service responsive?

Good

The service was responsive.

Support was provided to follow their own interests and faiths and to maintain relationships with friends and relatives and local community contact.

There was a system in place to receive and handle complaints or concerns raised

We saw that people made their own choices about their daily lives in the home.

Is the service well-led?

Good

The service was well-led.

There was no registered manager in post at the time of the inspection. However the registered manager had only recently left and the company directors and other managers within the organisation were providing interim management support.

People who lived in the home were asked for their views on how they wanted their home to be run

There were systems being used to assess the quality of the service provided.

The Brooklands Residential Home

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 unannounced inspection took place on 13 September 2016. An Adult Social Care (ASC) Inspector carried out the inspection.

We spent time speaking with and observing people who lived in the home and staff in the communal areas of the home and spoke with people in private. We were able to see some people's bedrooms, bathrooms, and the communal bathrooms.

Some people living at the home could not easily give us their views and opinions about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us better understand the experiences of people who could not easily talk with us. It is a useful tool to help us assess the quality of interactions between people who use a service and the staff who support them.

During the inspection we spoke with eight people who lived in the home, two relatives, four of the care staff, a visiting health care professional and the nominated Individual who was a company director. A nominated individual is a senior person, with authority to speak on behalf of the organization). They must also be in a position that carries responsibility for supervising the management of the carrying on of the regulated activity. We also spoke with a registered manager from another home in the organisation that was in the home supporting staff as the registered manager had recently left.

We looked at care plans for five people living in the home, their medication records and care plans relating to the use of their medicines. We observed medicines being handled and discussed medicines handling with

staff. We checked the medicines and records for six people and spoke with members of care staff with responsibility for medicines.

We looked at records relating to the maintenance and management of the service and records of checks being done on how quality of the service provision was being monitored. We also looked at the staff rotas for the previous month and staff recruitment and training records.

Before our inspection we reviewed the information we held about the service. We looked at the information we held about notifications sent to us about incidents affecting the service and people living there. We looked at the information we held on safeguarding referrals, concerns raised with us and applications the registered manager had made under Deprivation of Liberty Safeguards (DoLS.

Before the inspection, the provider 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.

Good

Is the service safe?

Our findings

People who lived at the Brooklands Residential Care Home and their relatives told us that care was delivered in a safe manner. The people we spoke with who were living at the home spoke positively about their home and the staff supporting them. One person told us, "I'm well looked after, I feel as safe as houses here, it's a nice spot" and another told us "I do feel safe here, the girls are lovely, all the staff are grand".

We spoke with people's relatives as they visited the home. They told us that they did not have any concerns about how their relatives were being cared for. We were told, "The staff are good and very welcoming and [relative] feels safe and secure here".

People living at the home told us that care staff were available to help them when they wanted them. We saw that there were three care assistants during the morning and also a senior carer as stated on the rota. There were two waking night staff on duty at night. We saw in care plans that people's levels of dependency were kept under review and staff levels were maintained to meet their needs. There was an on call system to access management support during the night and outside normal working hours. Staff told us "They're [management on call] always just at the end of the 'phone" and "They [company directors] are always in, you can rely on them for help".

Staff told us if they needed additional staff then it was available. This would be to support someone if their health was deteriorating or for particular behaviours or appointments. On the day we inspected we saw staff accompanying one person to attend a medical appointment. A staff member we spoke with told us" We have our work to do of course but we do still have time to spend with people".

The home had some staff vacancies and recruitment was underway to get a new member of domestic staff and care staff. The maintenance person kept the external areas and premises in good order. We saw safe recruitment procedures were in place to help ensure staff were suitable for their roles. This included all the required employment background checks and references from previous employers.

During this inspection we spent time in all areas of the home. We saw the environment was very homely, comfortable and being well maintained. We looked around the home and saw that all areas were clean and fresh and staff had easy access to protective equipment. We saw staff using this equipment appropriately when delivering care and at meals. The service had procedures and guidelines for staff to work to about managing infection control.

Staff told us they had received training in safeguarding adults and training records confirmed this. All the staff we spoke with knew the appropriate action to take if they believed someone was at risk of abuse. They were also aware of the procedures for reporting bad practice or 'whistle blowing 'within the organisation. All the staff we spoke with were confident that the management team would follow up any concerns they might raise and that prompt action would be taken to make sure people were kept safe.

We looked at care plans for five people and saw that needs and risk assessments had been carried out with

these people. The risk assessments identified actual and potential risks and the control measures and management plans to help minimise them including any potential environmental risks. People's care plans included risk assessments for skin, managing their own medicines, pressure area care, falls, moving and handling, mobility and nutrition and for the management of conditions such as diabetes and the use of blood thinning agents.

We looked at the risk assessments in place concerning fire safety and how people would be moved in the event of a fire. There was an overall fire risk assessment for the service in place. We saw there were clear notices within the premises for fire procedures and fire exits were kept clear. Accidents and incidents were being recorded and where possible action taken to prevent reoccurrences. We saw the service had contingency plans in place and personal emergency evacuation plans for people living there should people ever need to be moved to a safer area in the event of an emergency.

The records recorded safety checks and servicing in the home including the emergency equipment, water temperatures, fire alarm, call bells and electrical systems testing. Maintenance checks were being done regularly and records had been kept. We could see that any repairs or faults had been highlighted and addressed. These measures helped to make sure people were cared for in a safe and well maintained environment.

We looked at the way medicines were being managed and handled in the home. We found that medicines were being safely administered and records were kept of the quantity of medicines kept in the home. We counted a sample of six medicines, compared them against the records, and found the medicines tallied. Training records indicated that staff who carried out medicines administration had received training in line with the registered provider's medication policy.

We noted that some medicines were prescribed for people with a variable dose and staff had not always recorded the exact dose given to each person. Also when the medicine charts had handwritten changes made to indicate changes or new doses of medicine these had not been checked by another suitably trained staff member as a precaution against any errors. We spoke with the responsible individual about these good practice issues. We recommended that they referred to current National Institute for Health and Care Excellence (NICE) medicines guidance on these areas and took any action needed to update practices.

We looked at the handling of medicines liable to misuse, called controlled drugs. These were being stored, administered and recorded correctly. Refrigerator temperatures were monitored and the records showed that medicines were stored within the recommended temperature ranges to help prevent any deterioration of the medicines.

Storage of controlled medication was in a locked medication room and inside a lockable kitchen type cabinet then within a lockable metal box that was not fixed to the wall. The Misuse of Drugs (Safe Custody) Regulations (1973) state that all Schedule 2 medicines such as opiates and some Schedule 3 such as Temazepam (sleeping tablet) should be stored in a cabinet or safe, locked with a key. The cabinet should be made of metal and fixed to the wall or floor. We recommended to the nominated individual that the service reviewed the storage systems for the controlled drugs being kept against the current guidance and legislation and amend their practices accordingly.

Good

Is the service effective?

Our findings

The staff we spoke with were able to tell us about the needs, interests and personal preferences of the people they were supporting. People told us the staff who supported them knew how they liked to be supported and always checked with them how they wanted to be helped. One person living at the home told us, "They're [staff] clued up on the little things that matter to me. I have everything I need and they [staff] are always bobbing in and out to see if I need anything and bring me drinks. The care is top class". People told us the staff who supported them knew how they liked to be supported and always checked with them what they wanted doing and how they wanted to be helped.

People told us that the food provided was "good" and that they always had a choice of food at mealtimes. One person told us "I have not sat down to a meal here that I have not liked". We saw that people's care plans had nutritional assessments in place and specific dietary needs were stated. We saw that people had their weight monitored for changes so action could be taken if needed. Training records indicated staff had been given training on nutrition and food hygiene.

We asked relatives about their experiences of the way their relatives were cared for and their needs met by the staff supporting them. One told us that they were "confident" that their relative was being well looked after by the staff and that their needs were being met. They told us that staff had been "Supportive and helpful" and had dealt with their relative's health needs "Extremely well".

We saw that lunch was a relaxed occasion and staff spoke with and encouraged people as they served or helped them with their meals. We saw that care staff assisted people in an unhurried way and also prompted and encouraged people, where appropriate, with their meals and drinks. We saw there was a choice of food at all mealtimes in the home and people were asked what they wanted.

We could see in people's care plans that there was effective working with health care professionals and support agencies involved in people's care such as local GPs, community nursing teams and social services. The care plans and records that we looked at showed that people were being seen by appropriate professionals to meet their physical and mental health needs. We spoke with a visiting health care professional who was visiting the home who confirmed that the service made appropriate referrals to relevant services and told us "They are good at liaising". They said they sought advice and support promptly from them when people needed it.

We looked at staff training records and the training programmes in place for staff. There was an on going programme of staff training in place that was being kept under review. We spoke with new staff members who confirmed they underwent a formal and structured period of induction and orientation when they began work. Staff shadowed experienced staff until such time as they were assessed as competent by senior staff to work on their own. Training records indicated that all staff were being given the opportunity to do a range of training in addition to that required by legislation. Staff confirmed they were having regular supervision and appraisal and that they could speak with senior staff "at any time" if they needed to.

We saw that people could move freely around the home and there was signage in place to support people living with dementia. This provided visual information and prompts to help people to know where facilities like toilets were and to orientate themselves better within the home. We could see that dementia awareness training had been provided for staff to help with understanding the condition and how they could support people in the home who were living with dementia

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA).The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

We saw in care records that people who had capacity to make decisions about their care and treatment had been supported to do so. Some people were not able to make some important decisions about their care or lives due to living with dementia. We looked at care plans to see how decisions had been made around their treatment choices and 'do not attempt cardio pulmonary resuscitation' (DNACPR). The records in place showed that the principles of the Mental Capacity Act 2005 Code of Practice were being used when assessing a person's ability to make a particular decision. Staff had received training on the MCA and those we spoke with understood the principles of the act.

We noted that the information around who held Power of Attorney for a person was being recorded so staff knew who had this in place. Powers of Attorney show who has legal authority to make decisions on a person's behalf when they cannot do so themselves and may be for financial and/or care and welfare needs.

Good

Is the service caring?

Our findings

We spoke with people living in the home about how they were cared for and how staff supported them to live as they wanted. People commented upon the "politeness" and "thoughtfulness" of the care staff and told us they were "happy" living there. We were told by one person who lived there "They're [staff] all really helpful, all good. They get my paper and my breakfast is ready for me and my post given to me. They clean my room and they change the bed, I don't have to do anything". We were also told, "They [staff] treat me like a person, they see we are all different, it's good they see that".

A relative told us "It's small enough to be really homely, so the staff know everyone well and we always made welcome". Another relative told us they had been "pleasantly surprised" how well their relative had settled into the home and how staff had spent time with them and "encouraged" them and that it "just seemed to work".

We used the Short Observational Framework for inspection, (SOFI) to observe how people in the home were being supported and engaged by staff and how they were spending their time. We saw that staff took the time to speak with people and took up opportunities to talk with them and offer reassurance if needed. During lunch we found there was a high level of interaction between staff and people living there and a lot of good humour and conversation.

We saw that the staff took the time to chat with people in the lounges and took up opportunities to interact and include everyone in activities and conversations. We saw that people who could not easily speak with us were comfortable and relaxed with the staff that were helping them. We saw staff talking to people in a calm and friendly manner. People confirmed to us that their privacy and dignity were respected and said they were always asked how they wanted to be looked after.

People told us that they could have visitors when it suited them. All bedrooms at the home were being used for single occupancy. This meant that people were able to spend time in private if they wished to. There was also a small visitor's lounge where people could meet. We saw that staff knocked on the doors to private areas before entering and ensured doors to bedrooms were closed when people were receiving personal care. We spoke with some people in their bedrooms and saw these had been made personal places with people's own belongings, such as photographs and ornaments to help them to feel at home with their familiar and valued things.

All the care staff we spoke with demonstrated an understanding of how important it was to support people and families properly at the end of life. Records showed staff had been able to access training from the local hospice on caring for people at the end of life. This training was provided by hospice staff. They told us that they were supported by the district nursing service and the person's GP to provide the right care and treatments at the end of a person's life. The visiting district nurse confirmed that when it had been needed. The staff had worked "really well" with community services and were "Always very good with supporting families".

We looked at cards and letters sent to the service by the families of people who had passed away whilst living at the home. These had many complimentary comments and expressions of gratitude including, "Thank you for making [relative] last few months as happy as possible".

Good

Is the service responsive?

Our findings

People that we spoke with who lived at the home told us that their daily routines in the home were flexible depending on what they wanted to do. Information on people's preferred social, recreational and religious preferences were recorded in their individual care plans along with life stories and background information. Staff we spoke with had a good understanding of people's backgrounds and lives and this helped them to give support and be more aware of things that might cause people to worry or upset them.

Where possible people were being supported to make their own daily choices and take part in activities outside the home as well as within. One person told us about going out each day to the local shop to get sweets and items for when their visitors came. Another person said, "I can spend my day as I please. I like to spend some time in my room and watch telly. They [staff] bring me drinks and biscuits. I like to go downstairs for my meals and have a chat. They [staff] make sure I am sat with someone I have things in common to eat. They think about that sort of thing".

A relative told us "There is plenty going on and [relative] always seems to be doing something". We were told that their relative was being encouraged to draw as they "Have always been artistic and the staff know that". We were also told by a relative "[Relative] was going down at home but since coming here they have had the stimulation and the company to help them improve and become stable". During the inspection we saw some people going out for the day with family and some taking part in musical activities. The activities were well attended and these were relaxed and both people living there and staff laughed and joked making it a light hearted and informal. We saw that staff took opportunities to engage people in impromptu activities such as singing.

People told us they chose where to spend their time, where to see their visitors and how they wanted their care to be provided. People told us and we saw from the records, that people were able to follow their own beliefs. There was a monthly religious service for anyone who wanted to participate and people could take holy communion if they wanted to. People were able to see their own priests and ministers who could visit if the person wanted this. A relative told us the home had supported their relative to attend church for significant celebrations and also for social occasions

The service had a complaints procedure for people living there and visitors to use. People we spoke with told us they had no reason to make a complaint at present but would be comfortable telling senior staff if they did. One person told us "I have absolutely nothing to complain about. Couldn't be in a better place at my time of life". There was a system in place for logging complaints received and a record of what had been done in response. Staff said they felt able to raise any concerns with the registered manager and that they felt able to suggest ideas for improvement.

Assessments of individual needs and risks had been undertaken to identify people's care and support needs. Where they were able people had signed and agreed their plans and had been involved in reviews with their social workers. Care plans were developed detailing how these should be met by staff. We saw that care plans were being reviewed and updated to show where people's needs had changed so that staff

knew what kind of support people required. For example, changes in a person's or behaviour weight that needed to be followed up with other agencies.

Care plans for people were focused upon the needs of the individual and had been agreed with them. The care plans and records that we looked at showed that people were being seen by appropriate professionals to help meet their particular needs. We saw records in the care plans of the involvement of the district nursing team and mental health team, the GP, optician, chiropodist and social services. On the day of the inspection one person was attending an outpatient appointment at the hospital accompanied by staff.

Good

Is the service well-led?

Our findings

People who lived at Brooklands said they knew the registered providers of the service and saw them and the senior staff every day to talk with. People told us they felt comfortable talking with them and with telling staff how they wanted to be supported. Everyone we spoke with told us that they felt that they were being involved how in how they wanted things done in their home. We saw during our inspection that the senior carer and the director/nominated individual were accessible and spent time with the people who lived in the home on the units and engaged in a positive and informal way with them.

At the time of our inspection the service did not have a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had only just resigned their post. The company directors had already started the process of recruiting a suitable new manager. In the interim period management support and oversight was being provided by the company directors and from managers from the organisations other homes. Staff confirmed that management support and structure was being maintained and told us, "The directors are in every day and always on call".

Staff we spoke with told us they felt the company directors listened to them and that they had regular staff meetings to promote communication and discussion. We also looked at the minutes of the 'resident's meetings' and saw that people had discussed a range of issues about what they wanted in their home, such as activities and menus.

We saw that there were systems in place to assess the quality of the services in the home. There was a programme to monitor or 'audit 'service provision. Care plans including evidence of powers of attorney and medication audits were done regularly and recruitment records and environmental checks. Procedures and monitoring arrangements were being followed in the event of accidents and incidents relating to people's care. There were also regular visits from a director of the organisation who carried out their own checks and monitored the internal audits.

Satisfaction surveys were done this year with people who lived there. People had been asked to comment on all aspects of service provision. Comments were made in the survey about the home having a more varied menu for meals. This was being addressed as a new system had been introduced within the last month that should offer more variety and choice with meals. This was in its first month of operation and was to be evaluated after the full month.

We saw that incidents and accidents had been recorded and followed up with appropriate agencies or individuals and, if required, CQC had been notified. Maintenance checks were being done regularly by staff and records kept. There were cleaning records to help make sure the premises and equipment were clean and safe to use.

Staff we spoke with told us that they enjoyed their work and felt supported and "listened to" by management. We were told that staff morale was good and that the directors of the service were "Very committed to the home".