

# John Brooks Brooklodge

## 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	

### Overall summary

We inspected Brooklodge on the 10 December 2014. This was an unannounced inspection. At our previous inspection in November 2013, the service was meeting the legal requirements of the areas we assessed.

Brooklodge is a privately owned and operated care home without nursing providing accommodation and care for up to three older people. There were two people living at the home at the time of our visit.

At the time of the inspection the home had a registered manager in place. 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 2008 and associated Regulations about how the service is run.

People who lived at the home told us they felt safe living there. Relatives also told us that they felt confident their family member was safe and well looked after. The manager and staff understood their responsibility to keep

# Summary of findings

people safe and to manage risks. There were appropriate policies and procedures in place to support and assist staff to keep people safe and to minimise risk. People's medicines were stored, checked and administered safely.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). No one was subject to a DoLS authorisation at the time of our inspection. For people who were assessed as not having capacity, records showed that their families and other health professionals were involved in discussions about who should make decisions in their best interests.

People's care needs had been assessed prior to moving to the home and these were reviewed regularly with family members where appropriate. This included making adjustments to care provided if required. The manager made prompt and appropriate referrals to other health or social care professionals when required.

Staff received appropriate training, supervision and support. They understood their roles and responsibilities.

People were treated with respect, in a kind compassionate way and had their dignity upheld. The manager and staff involved people in decisions about their care and how the home operated.

People's food and drink needs were managed appropriately. They were involved in daily discussions about food and drink choices and were free to eat in their own rooms or with the provider, manager and their family if they wished to.

The manager had a quality assurance system. They carried out audits, sought the views of people living in the home, their family members, staff and other health and social care providers. People knew how to make complaints and staff knew how to respond to complaints appropriately.

# 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.

People were kept safe because staff understood their roles and responsibilities and how to minimise risk of harm to people who lived in the home.

People's medicines were managed, stored and administered safely by trained staff.

There were sufficient numbers of suitable staff available to meet people's needs at all times.

The manager used safe recruitment practices to ensure that staff were suitable to deliver personal care safely.

Good



### Is the service effective?

The service was effective.

Staff received appropriate training to enable them to carry out their jobs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and obtained people's consent before they delivered care and support.

People had a choice of meals and drinks and received appropriate levels of support to help them maintain a healthy balanced diet.

People had their health needs met and were provided with access to other health and social care professionals when necessary.

Good



### Is the service caring?

The service was caring.

People were treated with kindness and consideration.

Staff supported people to be involved in planning their care.

People's needs for privacy and dignity were respected by staff.

Good



### Is the service responsive?

The service was responsive.

People received person centred care and were encouraged to maintain or establish new interests and hobbies.

People were confident that any concerns they raised would be dealt with appropriately and sympathetically.

Good



### Is the service well-led?

The service was well led.

People and their family members were encouraged to provide feedback about their experiences and how the home was run.

Good



## Summary of findings

Staff were supported and provided with appropriate guidance and training to enable them to carry out their duties.

The manager closely monitored all aspects of the home to improve services and reduce risks.

# Brooklodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection, carried out by one Inspector, took place on 10 December 2014 and was unannounced.

Before our inspection we reviewed information held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well

and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During this inspection we spoke with the registered manager, the provider, two people who lived in the home and two family members.

We received feedback from health and social care professionals. We viewed four people's support plans and three staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

# Is the service safe?

## Our findings

People who lived at Brooklodge told us that they felt safe living there. One person told us, “Yes, of course I feel safe here.” They added that if they had any concerns about their safety then they would speak to the manager. A family member told us, “Yes, [relative] is safe here. Well, as safe as can be. We, the family, have no concerns for their welfare or safety at Brooklodge.”

Staff demonstrated knowledge and understanding of how to keep people safe. They understood their roles and responsibilities in safeguarding vulnerable people. They could identify different types of abuse and told us how they would respond to and report concerns. Staff knew how to raise concerns because the provider had given them the necessary training and guidance.

Relatives told us that there were enough staff on duty. One person said, “There is communication here at Brooklodge. People speak to each other. There is time to talk and time to listen.” There were enough trained, qualified and experienced staff on duty day and night to meet people’s individual needs appropriately and safely.

We found that risks to people’s health and well-being had been identified and closely monitored. Staff had been provided with guidance to help provide care and support in a way that minimised the risk. For example, one person had been identified as being at risk of falling and staff had a good understanding of how to minimise the risks. The care records contained detailed guidance to staff about how to minimise identified risks to people.

The manager followed appropriate recruitment practices which meant that checks were carried out to ensure that staff were suitable to work with vulnerable adults.

Medicines were stored, managed and administered safely. We found that people had been supported to take their medicines at the right time and by staff who had been properly trained. Medication Administration Records (MAR) charts were correct, up-to-date and signed. We saw that care plans showed what medications people were prescribed and at what times they should take them.

# Is the service effective?

## Our findings

A family member told us, “The staff are trained and know how to look after [relative]. I’m sure that the manager wouldn’t have people here if staff weren’t trained or qualified to look after them properly.”

Staff received regular and relevant training to do their jobs. One staff member told us about recent training they had received and added, “If we need training then it’s recognised and arranged.” If staff required refresher training, or advice and guidance, then this was dealt with promptly. The provider, manager and staff regularly discussed potential training or supervision needs which would enhance their skills and the quality of life for people who used the service.

The manager and the staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We observed that staff talked to people about the care they were going to provide and asked for their consent before providing it. Mental capacity

assessments were carried out to ensure that people were able to make their own decisions wherever possible. When someone lacked capacity then decisions were made in their best interests.

People were able to eat their meals together with the manager and staff if they wished to do so. Relatives were often invited to stay for meals too. People were able to choose from the menu of home cooked meals and had a choice about where they ate their meals. People were supported to eat a healthy balanced diet that met their individual needs and where people required specialised diets then these were provided. People were provided with appropriate support to help them eat and drink if needed. For example, we observed a member of staff ask someone if they needed help to eat their breakfast and the support was immediately provided when the person said that they did need help.

Where appropriate the service made referrals to GP’s, district nurses, chiropodists, dieticians or other health or social care services. For example, the staff regularly reviewed the skin integrity of one person who had been identified as being at risk of pressure ulcers and appropriate referrals to the district nurse had been made.

# Is the service caring?

## Our findings

People living at Brooklodge told us that staff were kind and caring. One person told us, “It’s lovely here; they are so kind to me.” Family members told us how kind and considerate staff were and how well cared for their family members were. Another family member told us, “It’s a real home-from-home place.” Brooklodge was described by one family member as, “...the next best thing to care-at-home”. Another family member told us, “I am very satisfied [person living in the home] lives here”.

One family member told us, “I am involved in reviews of [relative’s] care and welfare. I know that if something wasn’t right then they would let me know as soon as possible. I can only say that all I have seen here is kindness and caring.”

The same family member told us, “There is lots of laughter too. You don’t find that often these days. One of the reasons we chose Brooklodge was because [relative] likes to be made a fuss of, and that certainly happens here. We visited one day to find [they] had been taken to the beach. We went there and found them all having a jolly good time down by the beach eating ice-creams.”

We observed that people living in the home were treated with respect and dignity. The staff knew people well and therefore were able to identify when someone was unwell or needed staff to spend time with them just talking. More than one person told us that there was a really homely atmosphere in the home.



# Is the service responsive?

## Our findings

Relatives told us how unique and well managed Brooklodge was, each of them adding that care was individualised and based on the staff's knowledge and understanding of each person's needs.

During the inspection we observed and noted that the provider and registered manager worked hard to maintain a family atmosphere for people living in the home and which they knew to be important to them. Personalised care was at the centre of everything they did and this was supported by the care staff.

We looked at three people's care plans and risk assessments. These contained regular reviews and risk assessments and had been completed regularly. Any changes to the care provided were discussed with all concerned, recorded and acted on.

People's likes and dislikes were noted and if changes occurred again these were discussed as a family unit. The close-knit community within Brooklodge resulted in it being easy for staff to identify changes in people's behaviour or general health and to respond appropriately. Staff immediately responded to people's questions or requests and information about changes to people's needs were effectively handed over between staff.

Staff were fully aware of people's personal choices as regards socialising. They knew what was important to them and what wasn't. People told us that they were supported to take part in activities that interested them.

One person living in the home told us that they had never had reason to be unhappy and did not want to complain about anything. A family member told us, "I have no concerns or complaints but if I did I know that [registered manager] would listen and deal with it immediately". They added, "Besides, [registered manager] is always asking me how I am and is everything okay".

# Is the service well-led?

## Our findings

Brooklodge is run and managed by the provider and registered manager who live on site. They are supported by a part time assistant manager and cleaner. The home itself runs as a “family home” and as such provides both internal and external stimulation for people living there. People told us that there was always something going on, always people to speak with, always something to be entertained by. Speaking with family members this was identified as one of the key factors why they chose Brooklodge. One family member said, “It’s really a home-from-home place”.

Another family member told us, “I trust [the provider and registered manager] to do a good job of looking after [person using the service] and I believe they do just that. They run it as a home, and it doesn’t feel like a traditional care home does. Perhaps that is why [person using the service] is doing so well here”.

Audits were carried out regularly, particularly medication audits and care plan audits. Where accidents and incidents affected people’s safety in the home they were reported appropriately both in people’s care plans and in

management records. The manager shared learning from accidents and incidents with people living in the home and staff so that they could avoid reoccurrence and reduce the risk of harm to people.

The manager told us how, as well as by using quality survey forms, they captured people’s thoughts and ideas for improvements as part of everyday life in the home. They welcomed feedback from people living there, family members, other healthcare professionals and staff.

Staff told us about the complaints process although no complaints had been received. People living at the home and relatives told us that they would speak with the manager if anything troubled them.

Staff meetings took place and where meetings with family members took place these were recorded and the minutes shared. Ideas for improving the service or the lives of people using the service were discussed and acted on where appropriate and safe to do so.

Records that we looked at were kept up-to-date, contained relevant information and were kept in a secure office.