

Little Brook House Ltd

Little Brook House

Inspection report

Brook Lane
Warsash
Southampton
Hampshire
SO31 9FE

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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

About the service

Little Brook House is a care home that provides accommodation and personal care for up to 20 older people.

People's experience of using this service and what we found

At our last inspection we identified governance systems were not consistently effective in driving development. At this inspection we found improvements had been made. Quality assurance systems were effectively in place and helped to ensure the quality and safety of care was routinely monitored, assessed and improved upon accordingly.

Staffing levels were based on individual support needs of the people who were living at the home. Safe recruitment procedures were in place. People received safe and effective care from staff who had been appropriately recruited and had undergone the correct recruitment checks.

Staff received regular supervisions and appraisals. Staff were also supported with a variety of different training, learning and development opportunities to support their skills and abilities.

Medication processes and procedures were safely in place. Staff were appropriately trained, and care records contained the relevant information in relation to medicine support people needed. We identified several administrative errors which the registered manager responded to and immediately rectified.

People's support needs and areas of risk management were assessed and determined from the outset. Support needs and areas of risk were regularly reviewed, and staff were provided with the most relevant and up to date information they needed.

People were protected from avoidable harm; safeguarding and whistleblowing procedures were in place and staff knew how to report any concerns they had as a way of keeping people safe.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

It was evident during the inspection that the staff team were familiar with the people who lived at Little Brook House. We discussed with the registered manager how more detailed, person-centred care information would be beneficial.

Activities and stimulation were primarily offered on a one to one basis. Staff provided activity support that was tailored around individual choice and preference.

There was an up to date complaints policy in place. Complaints were responded to and managed in line with company policy.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was 'good' (report was published on 18 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Little Brook House

Detailed findings

Background to this inspection

The 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 registered 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Little Brook Care Home is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service had a manager registered with CQC. Registered managers and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. We used the information the provider sent us in the 'provider information return'. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection

We spoke with the provider, registered manager, five members of care staff, four people and one relative. After our inspection visit we obtained feedback from seven relatives, three healthcare professionals and five staff members.

We looked at care records of three people receiving support, a sample of staff recruitment files, medication records, and other records and documentation relating to the management and quality monitoring of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. A relative commented, "All care homes could benefit from more staff, fewer agency staff and better facilities. Little Brook House is no different, but in comparison with every other home that I have visited, it is well up there with the best and incomparably better than most."
- Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs. Staff provided care in a timely manner to people throughout our inspection.
- Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post.
- A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- People's support needs and areas of risk management were assessed and well managed from the outset.
- Risk assessments were individually designed and were regularly reviewed by staff.
- Staff had good knowledge of the people they supported. They were aware of risks associated with their care, how to monitor for these and the action to take to reduce these risks, meaning that the risk to people was minimised. A relative commented, "On one occasion, my mother threatened another resident and struck out at a staff member. This was dealt with very calmly and professionally and all relevant parties were involved including the other resident's family, the staff member and us. There was a logical action plan in place to respond to issues such as this and this was followed to a sensible conclusion. As a family we were reassured and impressed."
- Staff received the most up to date and current information in relation to the health and support needs of people.
- One person told us, "They remind me to use my frame because I can be unsteady on my feet."
- Each person had a personal emergency evacuation plan (PEEP) in place; effective evacuation procedures were in place in the event of an emergency situation.

- All regulatory health and safety checks and compliance certificates were in place.

Preventing and controlling infection

- The service managed the control and prevention of infection well.
- Staff received infection control training.
- Staff had access to and used appropriate personal protective equipment.
- The home was clean, tidy and free from bad odours.

Using medicines safely

- The registered manager investigated the errors, provided a timely response and demonstrated the actions they had taken to strengthen procedures.
- People had received their medicines as prescribed and records confirmed this. A relative commented, "When mum is unwell the staff are very attentive. Recently they had her medication adjusted when she became depressed. Mum is now very happy, she loves living at the home and has made friends with other residents".
- Where medicines were prescribed to be administered on an 'as required' basis, clear protocols to guide staff about the use of this were in place. Staff ensured medicines were reviewed with people's GP's on a regular basis. The clinical lead monitored the usage of medicines for mental health conditions and behaviours to ensure this was effective and still required.
- People received a safe level of support with their medicines from staff who were appropriately trained.

Systems and processes to safeguard people from risk of abuse

- Effective safeguarding and whistleblowing policies and procedures were in place.
- Staff received safeguarding training and could recognise the signs of abuse. Staff knew how to report their concerns and the importance of keeping people safe.
- Safeguarding incidents were reported to the Care Quality Commission, (CQC) and local authority as required.

Learning lessons when things go wrong

- Accident and incidents were routinely recorded and investigated as and when needed.
- Accidents and incidents were routinely reviewed; trends were monitored as a way of identifying further safety measures.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered provider was complying with the principles of the MCA; people were appropriately assessed, and levels of capacity were determined.
- Where possible, people were involved in the decisions that needed to be made around the care and support they needed.
- People receiving care were not unlawfully restricted; best interest decisions were made.
- Applications for DoLS had been submitted to the supervisory body responsible for assessing and approving these. At the time of our visit two people had conditions associated with their DoLS which were being met.

Staff support: induction, training, skills and experience

- Training compliance continued to be well managed by the registered manager.
- Competency assessments had been carried out in relation to moving and handling, personal care, risk management and infection control.
- New employees completed a 12-week induction programme and were supported to complete The Care Certificate. This is an agreed set of standards that staff within the health and social care sector are expected to complete.
- There was a consistent approach to supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff received regular one to one supervision, annual appraisal and on-going support from the registered manager. This provided staff with the opportunity to discuss their responsibilities and the care of people living at the home. Records of supervisions detailed discussions and there were plans in place to schedule appointments for the

supervision meetings. Staff had annual appraisals of their work performance and a formal opportunity to review their training and development needs.

- We received positive feedback about the skills, abilities and knowledge of the staff team. One relative told us, "I have heard staff speaking about the training they have had, and I am confident in their ability."

Adapting service, design, decoration to meet people's needs

- The design and facilities of the home met the needs of the people who lived there.
- Parts of the home had been especially adapted as a way of providing the most effective level of support. For instance, there were areas particularly environmentally friendly for people who were living with dementia.
- The home offered spacious communal areas, garden facilities and people could personalise their bedrooms as they wished.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager consulted best practice, guidance and law in relation to the care and support people needed.
- People and relatives helped to develop individual care plans and risk assessments as a way of ensuring the most effective level of tailored care was provided.
- People received a holistic level of care from healthcare professionals. For example, people received support from occupational therapists, physiotherapists, dieticians and local GPs.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported with effective nutrition and hydration support.
- Care records contained important information in relation to the support people required as well as their dietary likes and dislikes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received positive feedback about the caring approach of staff.
- Staff were familiar with the people they supported. We observed staff providing respectful and compassionate care.
- Staff interacted and engaged with people in a kind and friendly way. It was clear that positive relationships had developed between staff and people receiving support.
- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was evidence that people's preferences and choices regarding these characteristics had been explored with people and had been documented in their care plans. For example, gender, race and sexual orientation.

Supporting people to express their views and be involved in making decisions about their care

- Care records indicated that people were involved in the care planning process from the outset.
- People were encouraged to share their views and suggestions about the provision of care and were supported to live as full and enriched life as possible.
- People were encouraged to make decisions around the day to day support needs and how they wished for their support to be provided. A relative commented, "They went out of their way to carefully assess [person] by making a 450-mile round trip to her home. Other providers had simply offered a paper-based assessment and telephone call" and "They have arranged a complete holistic care package for her which is responsive to her needs. Her hair, nails and skin are now good, and she has new glasses and hearing aid."
- Staff understood peoples' communication needs and the registered manager assured us that information would be provided in a format that people needed to help them understand information.
- People said they felt listened to and confident to talk to any staff about any concerns they might have.
- People were encouraged to engage in their care planning and in the running of the home.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained and promoted. We observed staff knocking on people's doors before entering and asking for their consent before providing any support.
- People were encouraged and supported to remain as independent as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- It was evident during the inspection that the staff team knew people they supported well. We also received positive feedback about the level of tailored support the staff team provided.
- We observed staff actively encouraging people to have choice and control over the care and support they received.
- People received care that was relevant and consistent with their current support needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People received one to one support with a range of different activities of their choosing. Activities were tailored around people's likes, preferences and interests.
- Relative comments included, "We chose the home as we thought it had a warm, homely feel and liked the fact that there are plenty of different places to sit rather than one big day room. Dad really enjoys the garden where he can get air and stretch his legs independently and safely" and "We are impressed with the number of outings and activities provided compared to other homes. Mum loves the outings and events".
- Staff ensured they discussed and arranged weekly activities which were scheduled and supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's level of communication was established from the outset. People were supported to communicate in a variety of different methods.
- People were supported with 'easy read' material and alternative methods of communication were provided on request.
- Care records contained visual images and different methods of communication that staff needed to use as a way of supporting people to communicate their needs and wishes.

Improving care quality in response to complaints or concerns

- The provider had an up to date complaints policy and procedure in place.
- Complaints were recorded, investigated and responded to in line with organisational policy.
- People and their relatives were provided with complaint procedure information from the outset and told us they would feel confident raising any concerns with the staff team.

- Any complaints made were appropriately investigated and responded to.

End of life care and support

- When people were nearing the end of the life or were admitted for end of life care, staff assessed their needs and developed detailed end of life care plans with information about how their symptoms would be managed, and their choices and wishes in relation to their future care.
- Detailed information was available as to how to keep the person comfortable and maximise their wellbeing.
- Staff ensured medicines were obtained to manage any future symptoms such as pain, so they were available when needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question improved to good. This meant the service was managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Effective quality assurance measures were in place. Audit tools and checks were regularly completed, these helped to ensure the quality and safety of care provided was well maintained.
- The registered manager and the staff team understood the importance of providing high-quality, person centred care as well as managing and monitoring risks.
- The registered manager was aware of their regulatory responsibilities and the importance of submitting statutory notifications to CQC.
- Accessible policies and procedures were in place. Policies contained up to date and relevant guidance for staff to follow.
- We received positive feedback about the registered manager. Comments from staff and relatives included, "The home had a period of management instability, but I'm pleased to say that since [name] became manager things have become much more stable".

Continuous learning and improving care

- Measures were in place to effectively identify areas for improvement.
- Areas of improvement were addressed; action plans were created as a way of improving the standard and quality of care being delivered.
- Accident and incidents were closely monitored; trends were monitored as way of managing any emerging trends.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were familiar with the people they supported. Staff knew people's likes, dislikes, wishes and enjoyments and supported people to achieve their goals.
- The registered manager was committed to enhancing the experiences of people living at the service and ensured people's requests and suggestions were acted upon.
- We received positive feedback about the culture and delivery of care people were receiving. Relatives commented, "In terms of the quality of its care, it is excellent".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice. A relative commented, "We have no concerns about probity or duty of candour".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Equality and diversity support needs were assessed and supported from the outset.
- People, relatives and visitors had the opportunity to offer feedback about the provision of care people received.
- Staff meetings were regularly taking place; staff told us this was an effective way of communicating with each other.
- 'Resident' meetings were arranged; meetings were designed around the needs, ideas and suggestions of people receiving care.

Working in partnership with others

- People received a holistic level of care; external healthcare professionals provided the necessary support to people when required.
- The registered manager worked closely with the local authority, families and people using the service; ensuring the quality and safety of care was reviewed and assessed.