Bridge Pole Limited

Brooklyn House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Brooklyn House is a registered service providing accommodation personal care and support, on a short stay basis, for up to two adults with a learning disability. The service focuses on promoting people's independent living skills. The service is situated within a residential area of Frecheville and has good bus service links to the city centre.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

This is the first inspection of Brooklyn House. The service was registered with CQC in February 2014.

This inspection took place on 7 December 2015 and was announced. The provider was given 48 hours' notice of our inspection because the location was a small care home for people who are often out during the day; we needed to be sure that someone would be in.

Summary of findings

On the day of our inspection there were two people being supported at Brooklyn House.

At this inspection we found that people who used this service were safe. The support staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs.

Staff recruitment procedures were thorough and ensured people's safety was promoted.

We found the home was clean, with no obvious hazards noticeable, such as the unsafe storage of chemicals or fire safety risks.

Systems for managing medicines were safe.

Stakeholders and health professionals contacted before the inspection said they had no concerns about the safety of people or care and support people received at Brooklyn House. A health professional spoken with told us, "This service is well regarded by the family's they support."

Staff knew the people they were supporting very well and the choices they had made about their care, support and their lives.

People who used the service said they could speak with a manager or staff if they had any worries or concerns and they would be listened to.

People participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

There were systems in place to monitor and improve the quality of the service provided. Regular

checks and audits were undertaken to make sure procedures to maintain safe practice were adhered to.

People and their relatives had been asked their opinion of the quality of the service via surveys and by the regular meetings with the registered manager.

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 had a good understanding of protecting people from potential harm or abuse. People told us they felt safe at Brooklyn House.

Safe procedures for the administration of medicines were followed and medicine records were accurately maintained.

There were effective staff recruitment and selection procedures in place.

Good

Is the service effective?
The service was effective.

People were supported with access to relevant health professionals to support their health needs.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Good

Is the service caring?
The service was caring.

People and their relatives made positive comments about the staff and told us they were caring and treated them with respect.

All the interactions we observed between staff and people were kind and caring. People were treated with respect and their privacy, dignity and independence were protected.

Good

Is the service responsive?
The service was responsive.

People's support plans contained a range of information and had been reviewed to keep them up to date.

A range of activities were provided for people inside and outside the home which were meaningful and promoted independence.

People and relatives were confident in reporting concerns to the staff and managers and felt they would be listened to.

Good

Is the service well-led?
The service was well led.

Staff told us they felt they had a very good team. Staff said the registered manager and other managers in the organisation were approachable and communication was good within the service.

There were quality assurance and audit processes in place.

Good

Summary of findings

The service had a range of up to date policies and procedures available to staff.

Brooklyn House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 took place on 7 December 2015 and was announced. The provider was given 48 hours' notice of our inspection because the location was a small care home for people who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by two adult social care inspectors.

Prior to our inspection, we contacted six stakeholders and spoke with three, including the local authority contracts and commissioning unit, a health professional and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Stakeholders we spoke with told us they had no current concerns about Brooklyn House and made positive comments about the support the service provided to people. We also checked any previous notifications or concerns we had received about the service, so that we could check they had been dealt with appropriately. This information was reviewed and used to assist with our inspection.

The service was not asked to complete a provider information return (PIR) for this inspection because we had changed the inspection date. A PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of the inspection there were two people being supported at the Brooklyn House. During our inspection we spoke with both people and two of their relatives to obtain their views of the support provided. We spoke with two support workers and an operations manager who were supporting people at the service and the registered manager and company director.

We spent time observing daily life in the home including the support being offered to people. We spent time looking at records, which included three people's care records, four staff records and other records relating to the management of the home such as training records and quality assurance audits and reports.

Good

Is the service safe?

Our findings

People and their representatives told us they felt safe and comfortable when staying at Brooklyn House. We asked people if they felt safe. People said, "Yes I do," "Even when I get annoyed staff are OK with me" and "It's alright here, I feel safe with staff."

Relatives said "I know [name] is happy about staying here, I know them, they would tell me and would not want to come," "We feel [name] is very safe with staff" and "I have no worries at all when [name] comes to stay."

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff knew about whistleblowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to a manager and they felt confident that management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe.

We saw that a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

A policy on handling people's money was in place and this described the responsibilities of staff to ensure people were protected. We saw that staff completed financial transaction records and these were returned to the office for auditing purposes and safekeeping.

The registered manager explained that each person brought some of their own money to Brooklyn House when they came to stay. A sum of money was also provided to people by the service to buy, with support from staff, food to cook a meal of their choice at lunchtime and in the evening. Staple foods such as milk, bread, tins of beans etc. were already provided at the home. We checked the financial records and receipts of two people and found the records and receipts tallied. We discussed with the registered manager and company director further measures that could be introduced to improve financial safeguards. They confirmed they would introduce these procedures immediately.

At the time of this visit, two people were being supported at Brooklyn House. There were two support workers and an operations manager on site and all were highly visible. There were sufficient staff that were available who responded to people's needs and kept people safe.

People and their relatives said they were happy with the ratios and number of staff who supported them.

We spoke with the registered manager and staff who gave us details of the usual staffing levels for the service. People were supported on a one to one basis at all times by staff. The ethos of the service is for staff to promote people's independence whether in the home or in the community.

People usually only stayed at Brooklyn House for short periods of one or two nights before returning to their family home. The registered manager confirmed that staffing hours and the ratio of staff to people would be increased if people's support needs required the extra support.

All of the staff spoken with said the staffing numbers allowed them to safely support people.

We looked at the home's staffing rota for the week prior to this visit, which showed these identified numbers of staff were maintained in order to provide appropriate staffing levels, so people's support needs could be met.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Staff had signed the policy to confirm they had read it and understood it.

We found medicines were securely stored in a locked cupboard within a locked room. Regular audit checks were completed by the staff and registered manager to ensure there was safe storage and accurate record keeping of medicine.

We checked four people's Medication Administration Records (MAR) and found they had been fully completed and signed by staff and countersigned by the registered manager as an additional audit.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff told us they were also

Good

Is the service safe?

monitored when dispensing medicines as part of the 'observation in practice' process which was undertaken by the registered manager or senior manager. We saw records which provided additional evidence that these observations were occurring on a regular basis. These checks were undertaken on a more frequent basis for newly recruited or less experienced staff.

Staff we spoke with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed that staff had understood their training and were following the correct procedure for administering and managing medicines.

We looked at three people's care records, two of these records were of people currently using the service. The plans contained individual risk assessments in relation to people's support and care provision. People said they were involved in discussions about their support plan. Support plans were designed to minimise risk whilst allowing independence, and to ensure people's safety. Relatives said they were continually involved in the review of their relatives support plan and risk assessment. One relative said, "The staff involve me and [name of person using service] we are continually looking at the plans including risk."

We looked at three staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. We saw a policy was in place so that important information was provided to managers who recruited staff. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

We found that a policy and procedures were in place for infection control. Training records seen showed that all staff were provided with training in infection control.

From our observations we did not identify any concerns regarding people who used the service being at risk of harm. We found the home was clean with no obvious hazards noticeable such as the unsafe storage of chemicals or fire safety risks.

Good

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff that had the right skills and competencies. People who used the service and relatives we spoke with told us they thought the support staff were well trained to meet their or their family member's individual needs. One relative said, "The training the staff get is excellent" and "The staff are very well trained, they keep me fully informed."

A health professional spoken with told us, "The service is well regarded by the family's they support. They have successfully supported young people where other providers hadn't managed to."

People said sometimes they shopped and prepared their own meals with support from staff. Staple foods such as milk, bread, tins of beans etc. were provided at the home. This provided the opportunity for people to choose meals and to promote independent living skills. People said they generally only stayed for one or two nights at Brooklyn House before returning to their family home. They told us they sometimes did not feel like cooking and said they ate out or had a takeaway meal. People told us they chose what they wanted to eat and staff supported these choices.

The hub of the home seemed to centre on the kitchen. On the day of our inspection people and staff were sat around the kitchen table chatting to each other and making Christmas decorations. There was a nice atmosphere in the home with shared humour and laughter between staff, people and their relatives.

All of the staff spoken with said that the training provided by the service was 'very good.' Comments included, "We get loads of training, no worries," "Training is available for what I want and if there is anything I need for the future" and "We get lots of training on how to support people, brilliant."

Training records showed induction training was provided that covered mandatory subjects such as health and safety, safeguarding, first aid and also included subjects such as care in supporting people living with a learning disability and alternatives to restraint.

New support workers were given a comprehensive induction to prepare them for their roles. The induction was completed over several months and covered the 15 standards of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff told us that they shadowed experienced workers for a set period of time when they started working at Brooklyn House and were continually supported and monitored by a manager until both the employer and employee were comfortable to be more independent in providing support to people.

Staff spoken with said they were up to date with all aspects of training. We looked at the training records and these showed that a range of training was provided that included safeguarding people, infection control and the safe administration of medication. We found a system was in place to identify when refresher training was due so that staff skills were maintained.

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Staff said they received one to one supervision every two months. Staff told us how useful and supportive they found these sessions. Records seen showed that staff were provided with individual supervision on two monthly basis, and an annual appraisal for development and support. The registered manager also made frequent 'observation in practice' visits to the service when they also provided advice and support to staff. Staff commented, "Supervisions give you chance to express your feelings and get honest feedback on how you are doing."

We checked three people's support plans. They all contained a detailed and person-centred assessment of their support needs which had been carried out prior to receiving care. People's preferences were documented and there was contact information for other health professionals involved in the person's care such as GP, NHS Staff and Support Workers. The plans contained information about people's health so that staff could provide appropriate support. People told us support workers sometimes helped them access health appointments.

All support plans were signed by the person supported. They each contained a signed consent form to show their

Good

Is the service effective?

agreement to the support provided. This showed that people had been consulted and agreed to the support provided. People said, "I know I have some notes, we talk about things with [staff name]."

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.

Staff we spoke with had a good understanding of the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The registered manager informed us that where needed DoLS would be referred to the local authority in line with guidance. They confirmed that they had previously sought advice from the local authority. The registered manager confirmed the service was not currently providing support to anybody who was subject to a DoLS authorisation.

Good

Is the service caring?

Our findings

All the people asked said they could make choices and their privacy was respected. People said staff asked them for their views and listened to what they said.

People commented, “It’s alright here, I quite like it” and “[Named staff] are nice, they’re alright.”

People said if staff wanted to talk to them in their bedroom they would knock on the door first and wait to be invited in.

We found ‘satisfaction surveys’ had been sent by the service to relatives during 2015, to obtain their views of the support provided. Respondents all answered ‘yes’ when asked if their relatives privacy and dignity was respected. Comments from relatives included, “Staff treat him with respect,” “[Name] receives good support from people that know them well” and “Staff speak to him in manner which [name] understands, very good.”

We saw interactions between the staff were courteous and respectful and the staff knew people very well and communicated with them about their plans, their activities and all aspects of their daily lives. We observed people seemed happy.

Throughout our inspection we saw that people’s independence was promoted and people’s opinion was sought. We saw staff asking people about their choices and plans so that these could be respected. One member of staff told us, “It’s all about people’s choices, I think staff support people brilliantly” and “People choose what to do, we just support them to do it. We offer suggestions but the choice is theirs.”

A relative said, “People are given so many choices, it’s about the person here.”

All of the staff spoken with said they would be happy for their relative to live at Brooklyn House. Staff said, “I would certainly recommend it, I would be more than happy for a friend or relative to be supported here.”

We saw people’s privacy and dignity was promoted so that people felt respected. We did not see or hear staff discussing any personal information openly or compromising privacy. Staff were able to describe how they treated people with dignity. Comments included, “We always ask how people want to be supported, always ask.”

The registered manager told us information on advocacy services was available should a person need this support. An advocate is a person who would support and speak up for a person who doesn’t have any family members or friends that can act on their behalf and when they are unable to do so for themselves. We saw advocacy information leaflets were available in the kitchen of the home.

Good

Is the service responsive?

Our findings

People who used the service said they were aware they had a support plan and that they were involved in regular discussions about their care and support. When asked if they got involved with their care all the people asked said "Yes."

Relatives said they were also involved in people's care and support and had regular 'input' in discussions with staff. Relatives said, "Everything is discussed with us, the staff are excellent they keep me fully informed what is happening with [Name]."

We checked three care plans. The support plans seen contained information about the person's preferences and identified how they would like their care and support to be delivered. There was a section titled 'All about me' which provided lots of detail about the person. The plans focussed on promoting independence. The plans showed that people and their relatives had been involved in developing their support plans so that their wishes and opinions could be respected.

Staff spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a very good knowledge of people's individual health, support and personal care needs and could clearly describe, in detail, the history and preferences of the people they supported.

We found all the support plans we checked held evidence that reviews had taken place regularly to reflect changes. Staff told us and records showed that reviews occur at least six monthly but more regularly if needed. The support plans were also audited monthly by the registered manager.

This showed important information was recorded in people's plans so staff were aware and could act on this.

We did note that on four occasions staff had failed to sign and record the time they made a record in a person's support plan. All records should be dated, timed and signed at the time the information is recorded. The registered manager confirmed they would increase the auditing of support plans and discuss, and remind staff on an individual and group basis about the staff's responsibility to maintain accurate records.

The registered manager confirmed the ethos of some of the occupational activities people are supported with is to promote people's independent living skills. These activities included what to do in the event of fire, managing money and budgets, cooking skills and being safe at home and in the community.

People told us that staff supported them to participate in meaningful training and activities and help them to maintain independence. People said, "We choose what I want to do when I come here. I go shopping, go to the cinema and out for a meal. Sometimes we stay in and cook, talk about money and fire safety. I am not too bothered about cooking, I prefer to go out" and "I went to see a film last week, and then went for a meal, we had a takeaway meal at night and watched television, it was good."

People and families said they maintained regular contact whilst they were staying at Brooklyn House. Relatives said," Any worries the staff or [Name of person] have they will call me .We stay in touch for the couple of days [Name] is at the house."

The staff clearly knew people very well and during our discussions and observations staff frequently made reference to family members, joined in discussions about plans for forthcoming events and plans for Christmas.

People and their relatives told us that they had no worries or concerns, but knew who to contact if they had. People said that the registered manager or a director of the service would listen to them and they met with them regularly. A relative said, "Any problems, and I have had none, I am sure would be sorted, I have confidence in them."

Stakeholders we spoke with told us they had no current concerns about Brooklyn House

The service had a feedback and complaints management system in place and this was seen as an integral part of continuous improvement. The complaints policy included the details of relevant organisations such as the local authority should people wish to raise concerns directly to them. The policy included management timescales for responses to any complaints raised.

We saw information on how to make a complaint was provided to people in the service user guide and displayed

Good

Is the service responsive?

in the home. Comments slips which could be removed to fill out at a later date were available next to the complaints procedure. We asked for the complaints record and found there were no ongoing complaints.

Good

Is the service well-led?

Our findings

The manager was registered with CQC.

We observed people and staff knew the registered manager and company director well and freely approached them and exchanged views about what they had been doing and the service.

We saw a positive and inclusive culture in the home. All staff said they were a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the management was approachable and supportive. Comments included, “All the managers are very supportive,” “We can approach the manager any time” and “It is a fantastic team, I can ring a manager or another support worker and they are there for you.”

Staff said they were ‘proud’ to work at the service. Staff said, “It’s a good place to work, there is a good ethos and good team, it’s all person centred” and “The company really are all about the client.”

Throughout our inspection we saw people, relatives and support workers. They had a good relationship with each other and the registered manager and director of the company. There was a friendly and lively atmosphere within Brooklyn House.

During our inspection relatives were very positive about Brooklyn House and said, “I see [name] with staff, they don’t know I’m there, it’s usually when I have dropped them off to meet staff for an activity. Their body language is relaxed ,they want to be with the staff, they are similar ages, they are out with peers not care staff, they enjoy it ,” “We are very very lucky to have found this service,” “[Name] looks forward to coming” and “We wouldn’t look anywhere else for support, it’s a brilliant service, we couldn’t recommend it enough.”

We found the service had sent questionnaires to people, relatives and staff in May 2015 requesting feedback on the quality of the service. Some of the surveys were an ‘easy read’ version. The results of the survey were being audited and the registered manager said any issues that required attention would be addressed on an individual basis. Relatives we spoke with confirmed they had received surveys/questionnaires from the service and returned them.

Overall the results were very positive.

We found the service had a policy on quality assurance. We saw that regular checks and audits had been undertaken to make sure systems were safe and people’s opinion was sought and responded to.

We saw records of ‘observation in practice’ visits the registered manager undertook to observe support workers providing support, and to ask the opinion of people being supported. Records showed these visits were conducted at a higher frequency during the support staffs first few months of employment. All of the staff spoken with said the registered manager undertook these regular visits.

We saw records of staff meetings and staff confirmed that staff meetings took place on a regular basis to share information and obtain feedback from staff. Staff spoken with said they felt able to talk with the registered manager when they needed to. This helped to ensure good communication within the service.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. This meant any changes in current practices were reflected in the services policies. All policies were chronologically filed and electronically available and accessible to staff.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The manager confirmed that any notifications required to be forwarded to CQC would be submitted.