Birmingham City Council

Brook House

Inspection report

30 Berners Street
Lozells
Birmingham
B19 2DR
Tel: 0121 675 7079
Website: www.birmingham.gov.uk

Date of inspection visit: 9 and 14 April 2015
Date of publication: 12/05/2015

Ratings

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

Overall summary

The inspection took place on 9 and 14 April 2015 and was unannounced.

Brook House is a care home for up to 14 adults who have a learning disability. Emergency care and short term breaks are provided. One the first day of our inspection there were seven people staying at the home.

At the last inspection, in August 2014 we found that the provider had breached the Health and Social Care Act 2008 in relation to the care and welfare of people, safeguarding people from abuse, medicines, staffing, assessing and monitoring the quality of service provision and record keeping. Following that inspection we met with the provider and they sent us an action plan informing us of the action they would take to address the breaches we found. At this inspection we found that improvements had been made and that there were no breaches of regulation. Further improvement was needed to ensure people consistently received a good service.

Since our last inspection a new manager had been employed and had recently been registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 we spoke with told us they felt safe in the home and felt that the staff made sure they were kept safe. People were supported by sufficient numbers of staff who knew how to protect people from abuse. Medicines were being well managed and we found people were receiving their prescribed medicines at the correct time, in the correct dose. Care plans contained guidelines and risk assessments to provide staff with information that would protect people from harm but not all risks to people had been assessed.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The associated safeguards to the Act require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. We looked at whether the service was applying the safeguards appropriately. The registered manager and staff we spoke with understood the principles of the MCA and associated safeguards. They understood the importance of making decisions for people using formal legal safeguards but some improvements were needed to protect the legal and civil rights of people using the service.

People told us they were supported to eat and drink sufficient amounts to maintain their health but we found systems to monitor that people were getting enough to drink needed improvement. Risks to people's nutrition were minimised because staff understood the importance of offering appetising meals that were suitable for people's individual dietary needs. People had access to healthcare professionals when this was required.

We observed positive interaction between staff and people who used the service and saw people were relaxed with staff and confident to approach them for support. It was evident from the staff we spoke with that they knew the people who used the service well and had learned their likes and dislikes. Staff told us they felt supported and received regular supervision. There were some gaps in the training that staff had received and we were informed that action was being taken to address this.

People who lived at the home, their relatives and staff were encouraged to share their opinions about the quality of the service. We saw that the provider had a system in place for dealing with people's concerns and complaints.

We found that whilst there were systems in place to monitor and improve the quality of the service provided, these were not always effective in ensuring the home was consistently well led. We found that some improvements were needed. The provider was not using the Code of Practice on the prevention and control of infections issued by the Department of Health. This sets out what care services need to do to ensure good infection control procedures are in place.

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?

Good

The service was safe.

There were sufficient numbers of staff available to meet people's individual needs.

There were arrangements for the identification and referral of safeguarding concerns and the manager reported incidents appropriately.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

Some staff needed additional training to make sure they had sufficient knowledge and were skilled to meet people's needs effectively.

Improvements were needed to protect the legal and civil rights of people using the service.

People were supported to have enough suitable food and drink when they wanted it and staff understood people's nutritional needs.

People had access to health care professionals to meet their specific needs but people's weight was not monitored to establish if they were at a healthy weight.

Is the service caring?

Good

The service was caring.

Staff had positive caring relationships with people using the service. Staff knew the people who used the service well and knew what was important in their lives.

People had been involved in decisions about their care and support and their dignity and privacy had been promoted and respected.

Is the service responsive?

Good

The service was responsive.

Staff we spoke with knew the needs of people they were supporting. We saw there were activities and events which people took part in that matched their interests.

People told us they were aware of how to make a complaint and were confident they could express any concerns.

Summary of findings

Is the service well-led?

The service was not consistently well-led.

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these. These had not identified that improvement was need to some areas of including records.

The provider was not using the Code of Practice on the prevention and control of infections issued by the Department of Health. This sets out what care services need to do to ensure good infection control procures are in place.

People, relatives and staff said the registered manager was approachable and available to speak with if they had any concerns. We were also informed the registered manager was taking action to improve the service.

Requires Improvement 

Brook 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 9 and 14 April 2015 and was unannounced. The inspection team comprised two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. The provider was asked to complete 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. This information was received after the date we requested.

During our inspection we spoke with five people who were receiving care at Brook House. Some people's needs meant that they were unable to verbally tell us how they found living at the home. We observed how staff supported people throughout the day. We spoke with the registered manager, a cook and six care staff. We looked at the care records of three people, the medicine management processes and at records maintained by the home about staffing, training and the quality of the service.

Following our inspection we spoke with the relatives and advocates of six people who had used the services of Brook House. We also received information from two social workers, an occupational therapist and two community nurses. The registered manager sent us further information which was used to support our judgement.

Good

Is the service safe?

Our findings

We last inspected this service in August 2014. At that time we found the home had breached the Health and Social Care Act 2008 regulations We found that people were not were not safeguarded against the risks associated with the unsafe management of medicines and that there were not always sufficient numbers of staff on duty. At this inspection we found there was no longer a breach of these regulations.

People who were able to talk to us told us that they felt safe in the home. Other people looked relaxed in the company of staff. One person told us that staff cared for them and protected them from harm and getting hurt. Another person told us, "It's not frightening here, it's more calm."

People's relatives and advocates did not raise any concerns about people's safety. One relative told us "I was quite nervous when [person's name] went there for the first time but I am now quite confident they are safe there."

There were policies and procedures available in the home regarding safeguarding and whistle-blowing. There was also information on display to people about how to contact the local authority if people felt they had been abused. Information was also available to people about local advocacy services. Staff demonstrated that they were aware of the signs of possible abuse of people and they knew what action to take, should they suspect that someone was being abused. Staff told us that they were confident to report any suspicions they might have about possible abuse of people who lived at the home.

Since the last inspection some matters have been brought to our attention regarding events which were reported to the local authority for investigation under safeguarding procedures. These had been reported by the registered manager or staff of the home and this showed that the registered manager and staff were aware of the procedure to follow when there were incidents or allegations. A care professional told us that the management team has been very proactive in raising any safeguarding concerns. We were also informed that safeguarding strategies had been put into place to help maintain the person's safety.

Care plans contained guidelines and risk assessments to provide staff with information that would protect people from harm but not all risks to people had been assessed. The registered manager had identified that not all people had a personal emergency evacuation plan in case of an emergency such as fire occurring. The registered manager provided evidence that this was an issue which was being addressed. Some people had recently been swimming with the support of staff. Whilst their records showed staff had made sure there were lifeguards available at the pool a risk assessment had not been completed ahead of this activity. We were not provided with any evidence to show that issues such as the person's health needs, potential behaviours or staffing ratios had been assessed. The registered manager told us that these assessments would be completed before people went swimming in future.

Brook House is situated in an area of Birmingham where some years ago there had been some public order incidents occurring. As a consequence the provider had installed metal grilles at ground floor windows. The new registered manager had recognised that these metal grilles at the windows may have an impact on how people feel about the home and the public perception of the type of care the home was providing. Consultation had recently taken place with people and staff about the removal of the bars. The registered manager had also consulted with the local police to seek their advice. We were informed that after consulting with all parties a compromise agreement had been reached to open the metal grilles during the day and to keep them shut at night.

People told us there were enough staff to meet their needs. At our last inspection some people had told us they could not go out when they wanted as there were not enough staff to support them. At this inspection people did not raise any concerns. One person told us, "There are enough staff to help me if I need it." Another person told us they got to go out a lot with the support of staff.

People's relatives and health care professionals did not raise any concerns with us about staffing levels. One care professional told us that they had placed one person at the home who needed one to one support some of the time and that the registered manager had arranged funding to make sure this could be provided.

We spoke with staff about the staffing arrangements in the home. The majority of staff we spoke with told us that staffing levels were satisfactory. One member of staff told us, "Staffing is much better. Previously we were never

Good

Is the service safe?

allowed to have more than five staff on duty but we have gone above this if people's needs dictate this." Another member of staff told us, "For the last four months we have not really been understaffed."

The registered manager told us that changes had been made to staffing arrangements so that they were now more flexible and that staffing levels were increased or decreased based on the needs and numbers of people staying at the home. This was supported by the staff rotas we sampled.

The registered manager was supported in the recruitment and selection process by the provider's human resource department. The provider had not recruited new staff for some time however we saw that the provider had a robust recruitment processes when necessary. This included obtaining character references, confirming identification and checking people with the Disclosure and Barring Service (DBS). A DBS check identifies if a person has any criminal convictions or has been banned from working with people. Evidence was available to show that staff working in the home had a DBS check completed. This showed that checks had been completed to help reduce the risk of unsuitable staff being employed.

We looked at the way medicines were stored, administered and recorded. Medicines were only handled by staff who were trained to do so. There were suitable facilities for storing medicines. The records for each person's medication contained a photograph of the person and instructions for staff to explain when to give medicines which were prescribed 'as required'. The records of the administration of medicines were completed by staff to show that all prescribed doses had been given to people. People received the medicines which had been prescribed for them in the correct doses. One person told us, "Staff do my medication. They give me the right ones, I check."

Requires Improvement

Is the service effective?

Our findings

We inspected this service in August 2014. At that time we found the home had breached the Health and Social Care Act 2008. People were not experiencing effective, safe or appropriate care and the provider had not taken appropriate action to make sure people who had been deprived of their liberty had the appropriate safeguarding measures in place to protect their rights. At this inspection we found there was no longer a breach of these regulations but some improvements were needed to make sure people received a consistently good service.

During our inspection we observed staff seeking consent from people regarding their every day care needs. However there were some improvements needed with regards to consent. Some people had consent forms in their care files to cover areas such as medication administration, checks at night time and assistance with finances. For some people a relative had given consent on behalf of the person. There was no information to show if the person's capacity to consent had been assessed or if the relative had a power of attorney (POA). Unless a POA was in place a relative cannot give consent on behalf of another person.

We looked at whether the provider was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. At our last inspection we were concerned that two people may have been deprived of their liberty and that no DoLS applications had been made. At this visit the registered manager was able to evidence that a DoLS application had been made appropriately for one person when they had stayed at the home. However, this person was no longer staying at the home.

Some people were staying at the home as extended guests before they moved into more permanent accommodation. We were informed that they had the capacity to make a decision to be at Brook House. Some people who stay at Brook House do so for only a few days or weeks to give their carers a break. The registered manager told us that for anyone who did not have capacity they would be able to go home should they express a wish to do so. Consultation was needed with the local authority DoLS team regarding if applications were needed for people who were unable to go home if their relatives were unavailable to collect them.

At our last inspection we were concerned that people may not be offered enough to drink and were not always protected from the risk of dehydration. At this inspection there were choices of cold drinks available to people at all times. People told they had enough to drink and they could access the kitchen to make a hot drink when they wanted but needed support from staff to do this. Fluid and food intake charts had been completed for people assessed as being at risk of poor nutrition or dehydration. We found some examples when these records had not been completed fully enough. This had the potential to result in a delay to appropriate action being taken to respond to any changes in people's needs.

We asked people about the meals on offer. People us that they got choices and could choose from a menu. They said they had different foods each day and could have extras if they wanted. We observed a mealtime during our inspection. Staff appropriately supported people who needed assistance to cut up their food, or to eat their meal. People's likes, dislikes and food preferences were recorded and were known to all of the staff.

The service worked closely with other healthcare professionals involved in each individual person's care, to ensure their needs were met. People were supported to attend healthcare appointments such as visiting the GP during their respite stay. The outcome of the appointment and any action to be taken was recorded and communicated to the parents/carers of the person if appropriate . A person staying at the home told us that when he was unwell staff knew what to do and how to care for them. A relative told us, "If [Person's name] has been taken ill while they have been at Brook House staff have always made sure they have seen the GP." One person had previously expressed they had a painful tooth. We saw that there had been a delay in them attending the dentist. The registered manager told us that the person had seen the GP for pain relief but that there had been a delay in being able to register the person with a dentist. We were informed the person had not expressed that they were in pain following administration of pain relieving medication.

Some people had been at Brook House for several months on emergency placements whilst alternative placements

Requires Improvement

Is the service effective?

were sought for them. For these people it may be appropriate to monitor if they are at a healthy weight. We were not provided with evidence to show that this was currently being undertaken. The registered manager informed us that for one person they may have been weighed and their records archived. We were informed that a care professional had taken another person to a health check with their GP where they were weighed. However the registered manager did not know the outcome of this.

We asked staff about their induction, training and development. Staff told us they felt supported and received regular supervision. Brook House had several staff who had recently transferred from another of the provider's care homes. Two of the three staff we spoke with told us that their induction could have been improved. One member of staff told us their induction had consisted of being provided with written information only. The registered manager told us that staff had been issued with an induction booklet but had not been assigned a mentor to work through this with them. We spoke with staff about the training they received and the majority of staff told us that the availability of training had recently improved. Recent training attended by staff had included moving and handling, health and safety and medication administration.

We were informed it was the policy of the provider to only offer first aid training to senior staff at the home and so the majority of care staff had not received either first aid or emergency aid training. Skills for Care is the employer-led workforce development body for adult social care in England. They recommend that all care staff should receive some form of training in first aid as part of their induction. The registered manager told us that first aid training for staff was an area she had already identified as needing improvement.

We talked to staff about how they delivered effective care to individuals with differing needs. They showed that they knew each person's needs and preferences well. At our last inspection some staff told us they were not confident in managing people's behaviour. Staff did not raise this as an issue at this inspection and the registered manager told us they had worked with staff to help them gain more confidence in managing behaviour that challenged the service. Formal training for staff had not yet taken place but was scheduled to take place in the month after our inspection. A care professional told us they had identified there were some gaps in training for staff but they told us the registered manager had recognised this and was taking action.

Good

Is the service caring?

Our findings

People we spoke with told us they really liked staying at Brook House and that all of the staff were very caring and polite. One person gave us an example of staff always saying, "good morning" to them when they get up. One person told us they had been coming to Brook House for many years and really looked forward to it and spending time with the staff team. They told us "Staff are always happy to listen if I am feeling upset or unhappy and nothing is too much trouble for them."

Relatives and advocates of people who had used the services of Brook House were very complimentary about the staff who worked there. Comments we received included, "It's a brilliant home. Staff have all been kind, caring and professional." "I would be loathe to give up this service. I hope that any long term care home in the future is as good as Brook House." Care professionals we spoke with shared the view that staff at the home were caring.

We observed positive interaction between staff and people who used the service and saw people were relaxed with staff and confident to approach them for support. We saw that some people had difficulty in expressing their needs. However, throughout the inspection we saw and heard staff respond to people in a patient and sensitive manner. It was evident from the staff we spoke with that they knew the people who used the service well and had learned their likes and dislikes.

Staff demonstrated that they respected people's privacy by, for example, knocking on doors and asking people's permission before going into rooms. One person told us that when they had a shower staff stood outside the bathroom door to ensure that they were safe due to their health condition and that this respected their privacy. We saw one member of staff ask a person if they needed to use the toilet. This was done as discreetly as possible by whispering in the person's ear so that other people in the room did not hear what was being said.

During the inspection we observed staff assisting people in making choices about what they would like to eat and drink and the activities they wanted to do. A photographic menu had been developed to assist people who had difficulties in communicating to choose what they wanted to eat. During our inspection some people chose to spend time in their rooms and staff respected this.

Some opportunities were available to people to promote their independence. One person told us they enjoyed setting the tables ready for meal times and that staff would always encourage and remind them to do it. The person told us that staff were really good in encouraging and supporting them. A care professional told us that staff supported a person to remain independent, to include assisting them to withdraw their money from the post office.

Regular group meetings were held with people at the home where they were informed and consulted about some aspects of the running of the home. We saw that the minutes of some of these meetings were available in large print using simple sentences so that people who had the ability to read could understand them easily. However not all of the minutes were available in this format. The registered manager told us this was something she intended to improve.

Good

Is the service responsive?

Our findings

We were informed that since our last inspection the provider had introduced new care plan documentation. Some people had new care plan formats in place. For one person staying at the home we found the new format was incomplete but staff were working on updating this during our visit. Not all of the people staying at the home understood what a care plan was. One person told us they had a care plan and they were involved in making any changes to their care plan.

Relatives of people told us that staff were responsive to the person's needs and that review meetings were arranged at least annually. One relative told us, "[Person's name] has particular needs and the staff all do things the way the [person's name] needs them to." A care professional gave an example of how staff had responded well to a person's needs in regards to their behaviour.

We found that people were supported to stay in touch with their family and people important to them. Relatives we spoke with told us that they were made to feel welcome, that people living in the home were supported to make visits to their family home if this was required and that the staff kept them informed of any changes in the person's well-being.

People told us staff encouraged them to do different activities when they stayed at the home. During our inspection staff spent time with the people encouraging them to do activities such going out to the shops for a walk. Two people spent time playing a game of pool. One person told us they enjoyed playing football and staff supported them to do this. A care professional told us that staff supported a person to participate in activities and interests that were important to them to include purchasing a daily newspaper and attending their chosen place of worship.

We found that there was a variety of activities available for people each day based on what people had expressed they liked doing. People had the opportunity to undertake activities as a group and to pursue specific activities that were of individual interest to them. Some people continued to attend their day centre placements when they came to stay at Brook House, although for some people this was not always possible if their day centre was some distance away from the home. The home had a wide range of board games, jigsaws and arts and crafts equipment. We observed these were kept in a locked room and not available unless people requested these.

People told us that they could go to the manager if they wanted to complain about anything. One person told us they had made complaints in the past and they had always been happy with the outcome. They told us that staff have always sat with them and ensured they were happy with how the complaint had been dealt with. Relatives and advocates told us that the manager made herself available and was receptive to comments. None of them had raised any formal complaints. Relatives told us that they felt able to raise issues with any of the staff and they had confidence that they would act, should they raise concerns. One relative told us, "If there was a problem I would speak to the staff as they are all very approachable."

The registered manager told us that there had not been any formal complaints received since our last inspection. An informal concern had been received from a person staying at Brook House and we were shown evidence that this had been responded to and resolved. This showed that people's concerns were listened to.

Requires Improvement

Is the service well-led?

Our findings

We inspected this service in August 2014. At that time we found the home had breached the Health and Social Care Act 2008. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. At this inspection we found there was no longer a breach of these regulations but some improvements were needed to make sure people received a consistently good service.

Prior to our inspection the provider was asked to complete 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. Our request was sent to the nominated individual for the provider as at the time of our request we had not registered the manager of the service. This information was received after the date we requested. The provider told us they had not received our original request.

Since our last inspection a new manager had been appointed and had registered with us. We received positive comments from staff, relatives and care professionals about the new registered manager. Care professionals gave examples of improvements that the registered manager had made. These included improved communication from the staff team and the implementation of procedures and processes to make things more clear for staff. One care professional commented that the registered manager was leading the service and staff well.

All of the staff we spoke with told us that the registered manager was approachable. One member of staff told us, "I feel able to raise any concerns." Another staff told us, "The manager is very constructive with her feedback and very passionate about staff development."

Our discussions with the registered manager showed they had a good understanding of the requirements of the Health and Social Care Act 2008. Our findings from this inspection showed that improvements had been made to people's experiences at Brook House. We did note that the registered manager was not aware of the Code of Practice on the prevention and control of infections issued by the Department of Health. This sets out what care services need to do to ensure good infection control procures are in place. We asked what audits were currently in place regarding infection control. We were informed this was an area that was not currently audited. The registered manager told us they would ensure they made themselves aware of this guidance.

Since our last inspection the provider had improved the systems that were in place to assess the quality of the services that were being provided to people. The provider's own group manager for the home now visited and completed a management report alongside the registered manager. The report highlighted areas that needed improvement and the progress being made towards improving people's experience. A development plan was in place and this was updated on a regular basis.

People had the opportunity to complete a survey about their satisfaction with the home. Those we looked at indicated people were happy. A recent survey had been undertaken to obtain the views of staff. Some completed surveys had been received but at the time of our inspection there was no completed report available with the overall outcome of the survey.

Although systems to assess the quality of the service provided in the home had improved we found that these were not consistently effective in ensuring records were well maintained. For example, systems had not identified and ensured action had been taken to make sure people's weight, food and fluid intake was being monitored effectively. We also identified that some people's care plans lacked detail or contained conflicting information.

At our last inspection we found the provider did not complete an analysis of incidents and accidents in the home. At this inspection we found that the registered manager had introduced a monthly report of any accidents and incidents. There was evidence that learning from incidents and accidents and investigations had taken place and appropriate changes were implemented. The registered manager compiled a report on the incidents that had occurred including any action they had taken to reduce the risks of the incident reoccurring.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.