

Brooklyn Care Homes Limited

# Brooklyn Care Homes Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Brooklyn Care Home is a residential care home providing personal care to up to six people. The service provides support to five people with a learning disability and/or autism. The home consists of two bungalows with bedrooms, kitchens, living areas and bathrooms.

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

Based on our review of safe and well-led the service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

### Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff delivered care and support tailored to people's strengths and needs. People's interests, abilities and wishes were at the heart of the service and truly promoted, ensuring people had fulfilling and meaningful everyday lives.

### Right Care

Staff were dedicated to people and fully understood how to protect them from poor care, neglect and abuse. Staff completed safeguarding training and recognised and reported abuse. People were empowered by staff, the manager and provider to recognise and report any safeguarding concerns. Staff assessed, identified and mitigated individual risks. People were supported and encouraged to set goals in order to achieve personal change and growth.

### Right Culture

People's quality of life was improved by the services dedicated, positive, transparent culture and wish to continually improve. People received support and care from staff who were, kind and caring. People were actively involved in interviewing potential staff. People received quality care, support and treatment because there were enough trained staff to meet each persons' needs and wishes. Staff ensured people were fully involved in planning their care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 21 December 2018).

#### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about staffing and management. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brooklyn Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Brooklyn Care Homes Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was completed by one inspector 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.

#### Service and service type

Brooklyn Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brooklyn Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for two months and had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with three people using the service, two relatives and nine staff including the manager, deputy manager, senior carer, carer, agency carer and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included three peoples care and medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including incident records were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse because staff knew them well and could identify any potential safeguarding concerns. Staff understood what action to take to safeguard people from potential risks.
- People were empowered to raise concerns and share any worries. For example, one person we spoke with told us about a safeguarding incident, they told us what they were worried about and what staff had done to support them.
- Relatives we spoke with told us people were safe and well cared for. For example, a relative we spoke with told us, "I know my [relative] is 100% safe, any issues I would speak to the manager but I've never had to, they also gave me contact details for social services and CQC, in case I needed to raise anything."
- Staff received training in safeguarding and were dedicated in protecting people from the risk of abuse. For example, one staff told us, "Our job is to protect them, I take my responsibility to safeguard people seriously, I would report anything to keep people safe."
- Throughout the home safeguarding information was displayed for people, staff and their relatives which detailed the safeguarding process in a format they could understand.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Care plans and risk assessments were accurate and legible which helped people get the support they needed. Staff ensured all risk assessments were updated as people's needs changed.
- Staff encouraged people to take positive risks in order to live fulfilled independent lives. For example, a person was supported by staff to take a foreign holiday which they had never done before due to the risk this posed. Staff told us the person had a wonderful time and plans had already started for another trip.
- Risk assessments relating to health conditions were particularly detailed and directed staff what action they should take if an emergency occurred. For example, a person living with epilepsy had a detailed risk assessment in place instructing staff how they should support the person and what risk reduction measures were in place.
- Staff managed the safety of the living environment and equipment in it through regular checks and actions to minimise risk. Plans were in place to ensure all people could evacuate in case of an emergency.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- People were supported by enough suitably trained staff to safely meet their needs. This included staff to provide one-to-one support to ensure people took part in activities they enjoyed when they wanted. Where there were shortfalls due to vacancies, experienced agency staff were appointed.
- People and their relatives told us they were supported by kind staff who knew them well. For example, a relative we spoke with told us, "Staff are wonderful. I know they're kind and caring, I see how my [relative] responds to staff which shows how good they are."
- Staff were passionate about the care and support they provided to people using the service. Staff demonstrated dedicated and empowering attitudes which enabled people to live fulfilled independent lives. One staff we spoke with told us, "We do our best to empower people and help with their goals, all of the team come every day and do their absolute best for people."
- Agency staff in place received a robust induction and people told us agency staff knew them well. For example, a person we spoke with said, "[staff] is agency but I like to go out with them, they know me and we do have a laugh."
- Staff were recruited safely, all staff received safety checks prior to employment including a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were actively involved in interviewing potential staff. This meant people were empowered to exert greater control and influence over who would support them.

#### Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff received training in medicine and had their competency assessed.
- Staff completed medicine audits to ensure any issues with medicines were acted on without delay. When medicine errors occurred, processes were reviewed to ensure the risk of repetition was minimised.
- People had medicine care plans in place. These reflected any support needs, what medicines were prescribed for and how they liked to take them.
- Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles. Records we reviewed demonstrated there had been a decrease in the use of medicines used 'as needed' for when people experience distress or anxiety.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of



infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visiting in line with current guidance.

Learning lessons when things go wrong

- Staff managed incidents affecting people's safety well. Staff recognised incidents and reported them without delay, the manager investigated incidents and shared lessons learned.
- Incidents were used as a learning opportunity and shared during regular staff meetings.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider, manager and deputy manager worked hard to ensure the culture was one of openness and inclusivity. Staff ensured people's rights were respected and their individuality promoted.
- People described their home as being safe and caring. For example, a person we spoke with told us, "I like living here especially my bedroom, staff are kind and help me if I get upset."
- Management were visible in the service, approachable and took an interest in what people and staff had to say. People knew all the management team by their first name and spoke at ease with them during our inspection.
- Staff felt exceptionally well supported by the manager and provider and said they felt able to raise concerns with them. Staff told us, "The manager and owners have such high standards, they genuinely care about everyone here, anything they need it's just never questioned; I've never worked anywhere like here, we are a family." Staff were supported by a detailed whistleblowing policy.

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

- At the time of our inspection there was not a registered manager at the service. The provider has a legal requirement to have a registered manager. The provider had appointed a manager who had applied to become registered.
- The manager and deputy manager with the additional support from the provider had the knowledge and experience to ensure the home was well led.
- The manager had been extensively mentored by the previous registered manager to ensure they fully understood their role.
- The manager, deputy manager and staff were clear about their roles and knew people well. Staff were able to discuss their role without referring to documentation.
- The manager, deputy manager and staff completed audits in areas such as medicines, infection control and care plan reviews. Action was taken following audits to drive service improvement.

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

- The provider was open and honest with people following incidents.
- People and their relatives told us, staff said sorry when things went wrong. For example, a relative we

spoke with told us, "After an incident they told me about it, and sent us a report about what happened and what was done, they take incidents very seriously and always say sorry."

- The manager displayed excellent knowledge and was aware of their legal responsibility under the duty of candour.

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

- People, and those important to them worked alongside staff and the management team to develop and improve both the service and support they receive.
- People were actively involved in shaping the service. For example, one person was appointed as the homes 'Expert by Experience', they undertook audits in order to improve the quality of care and staff supported them in gaining feedback from other people living at the home.
- Care and support plans were fully developed and reviewed with people, their families and external services. This ensured support people received considered all of their individual needs.
- People's protected equality characteristics were fully considered and documented within care plans. For example, one person was only supported by staff of a particular gender, this was fully respected which ensured their needs were met safely.
- The provider ensured feedback was sought from staff, people and those important to them. For example, staff were encouraged to share their views in staff meetings and regular supervision sessions. People and their relatives told us they had regular meetings with staff and the management team to give feedback on their support.

Continuous learning and improving care; Working in partnership with others

- The manager, deputy manager, staff and provider were dedicated to people and the service. Staff and management were passionate and had a desire to continually improve the service, to ensure people using the service lived fulfilled, empowered and independent lives.
- The provider used lessons learnt following incidents as training opportunities in order to improve the quality of care people received.
- Staff worked well with health and social care professionals in order to improve people's quality of life. For example, staff worked closely with specialist mental healthcare professionals in order to manage and reduce symptoms associated with mental health conditions. A professional we spoke with told us, staff were passionate about the care they provided and felt people were well supported.