

Alexandra Specialist Care Limited

# Brooklands Nursing and Care Home

## Inspection report

Rounday  
Blackpool  
Lancashire  
FY4 4LY

Date of inspection visit:  
30 September 2022

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08 November 2022

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Brooklands Nursing and Care Home is a small residential care home providing personal and nursing care to up to 8 people. The service provides support to people with acquired brain injuries and complex care needs. At the time of our inspection there were 7 people using the service.

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

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.

People were supported safely, and the provider had plans in place in case of emergencies. There were enough staff to meet people's needs and the provider ensured staff were of good character. One person told us, "Staff are kind, caring, welcoming. They are good. Every single one of them." The premises were clean, tidy and maintained.

The service put people at the centre of the care they received and was focussed on delivering person-centred care and support which met people's complex needs. Feedback we received included, "I cannot fault them. They are absolutely fantastic." And, "I would say the care is excellent." Staff understood their roles and responsibilities. The provider monitored the quality of the service using a range of systems.

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 and update

The last rating for this service was outstanding (published 2 April 2019).

### 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 by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls and post falls management. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

We carried out a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained outstanding based on the findings of this inspection.

#### Recommendations

We have made a recommendation to the provider about learning from adverse events and sharing lessons learned with the staff team. We have also made a recommendation to the provider about ensuring the effective operation of their quality assurance systems.

#### 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.

# Brooklands Nursing and Care Home

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Brooklands Nursing and Care Home is a 'care home' with nursing care. 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. They had recently left their post.

The service was being managed by a new manager, whilst the provider recruited a new registered manager.

#### 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority. We used all this information to plan our inspection.

#### During the inspection

During our visit to the home, we spoke with 2 people who used the service and 6 staff, including the manager, nurse, care staff and maintenance. Following the inspection visit, we spoke with 4 people's relatives and 2 professionals to gain their feedback about the service.

We looked around each area of the home to make sure it was safe, homely and suitable. We spent time observing the care and support people received. This helped us to understand the experience of people who could not or chose not to speak with us.

We reviewed 2 people's care documentation and multiple medicines administration records, along with associated medicines documentation.

We reviewed a range of records related to the management of the service, including safety certificates and quality assurance systems.

# 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.

### Learning lessons when things go wrong

- The provider had a process to learn and make improvements when something went wrong. Staff recorded accidents and incidents, which the manager reviewed on a regular basis to identify any trends, themes and areas for improvement. Part of the process was sharing any lessons learned with the staff team, to reduce the risk of similar incidents happening again and improve the safety of the service. However, the process had not been followed fully after a recent accident.

We recommend the provider reviews their processes around learning from adverse events and sharing lessons learned with the staff team.

### Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse. Staff received training to understand what abuse was, how to recognise it and steps to take to keep people safe. The provider had policies and procedures to support staff to keep people safe.
- People, their relatives and external professionals spoke positively about how safe the service was. One person's relative told us, "Never had any concerns. We're happy with everything." Another said, "Yes, I think it's very safe."

### Assessing risk, safety monitoring and management

- Staff managed risks to people's safety. They assessed and regularly reviewed risks to people, to manage any identified risks and keep people safe from avoidable harm. Staff were familiar with people's individual risk management plans. We received positive feedback from professionals about how risks were managed. Staff completed training to meet people's specific needs safely.
- The provider ensured the environment and equipment were safe. We saw the premises were maintained. The provider ensured equipment was inspected and serviced when it needed to be and had plans to keep people safe in the event of an emergency. The manager was working to improve fire drills and practice evacuations.

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

- There were enough staff on duty to meet people's needs safely. Staff told us there were enough of them to ensure people received the care they needed and explained staffing increased if people's dependency increased. One person's relative told us, "The staff are lovely, they are really good. [Manager] is new, she seems pleasant enough." And, "The staff are all pretty regular. From time to time you see a new one, but on the whole they've been there a quite a while and all know [Person] well."
- Staff were recruited safely. The provider followed safe systems to recruit staff who were of good character and had the skills and knowledge to carry out their role safely. A relative told us, "The staff appear to be well-trained." An agency nurse told us, "[Staff] all know the job and are highly trained."

#### Using medicines safely

- Medicines were managed safely and properly. People received their medicines when they should. Only staff who had been trained, and had their competence assessed, administered people's medicines. Where people were prescribed medicines for use 'when required', staff produced written instructions and information about how and when these medicines could be given to people, to ensure they were used safely.

#### Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. We have signposted the provider to resources to help develop their approach.
- 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 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 service facilitated safe visits into the home. The manager supported visits in line with government guidance. We spoke with relatives who confirmed they were able to visit and felt safe doing so.

# 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 outstanding. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- The provider used a variety of method to assess, monitor and improve the quality of the service provided. The home accommodated a small number of people and had a stable staff team. This meant assessing and monitoring the quality of the service was able to be achieved through day to day contact with people, their relatives, staff and professionals. The provider also used audits, and formal feedback to identify areas for improvement.
- Audits had not always highlighted areas for improvement. During the inspection we noted minor issues with records related to people's care and found the provider's process to learn lessons had not been followed following a recent event. The manager began addressing these issues immediately when we shared our findings.

We recommend the provider reviews their quality assurance systems to ensure they are being operated effectively.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The culture of the service was focussed on delivering person-centred care and support which met people's complex needs. One person's relative told us, "We've always felt they are really good and really caring. Because it's only small, it makes a difference; staff spend more time with people. It's always been spot on." Another said, "I find it absolutely brilliant. She has come on leaps and bounds. They are very good. When she first went in, she was doing nothing; now she is smiling, trying to reach out to you. It's down to the care she has received."
- Staff worked well together and supported people toward positive outcomes. Staff enjoyed their work and spoke positively about the service, each other and the support they received. One staff member told us, "I feel supported. If I had any issues I would go to [Manager]. We are a good team."
- Staff worked in partnership with external professionals. They ensured people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve positive outcomes for people. Professionals told us communication with the home was very good and staff followed their guidance and advice. An agency nurse said, "The personalised care is brilliant, because they know the residents down to the last detail."
- We received positive feedback from professionals including, "Care staff are extremely knowledgeable about people and follow guidance and regimes. They are very good at responding and providing updates." And, "The service users are challenging, with multiple complex needs. They [staff] give 110%, treat everyone

equally. Quality of life is as optimal as it can be. It's important for families to know their loved ones are treated as if they were fully able. It's extremely demanding to not only manage the level of need but to give [people] a high quality of life. Brooklands tries to achieve that."

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 had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The manager knew how to share information with relevant parties, when necessary.

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

- The service did not have a registered manager. They had recently left their post. The provider was taking action to recruit a suitable manager. In the interim, the service was being managed by a manager from one of the provider's other homes.
- The manager had only been in post for a short time when we inspected, but they had a good grasp of the service, how the service operated, and the care people needed. They had a good understanding of their role and responsibilities. Staff told us they found the manager approachable and supportive.

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

- The service engaged with people who used the service through day to day contact. Communication plans were tailored to each person, to try to maximise their engagement. A healthcare professional told us, "The staff really do know people and engage really well."
- The service engaged with people's families and others who were important to them. Relatives told us they were kept updated by staff and regularly asked for their thoughts and opinions through informal contact and by way of satisfaction surveys. They told us if ever they needed to discuss something, they could speak with the manager or a staff member.