

# Surrey and Borders Partnership NHS Foundation Trust

## Brook House

### Inspection report

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Date of inspection visit:  
23 January 2020

Date of publication:  
12 February 2020

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Brook House is a care home providing accommodation, personal and nursing care for up to four people with a learning disability, such as autism. At the time of our inspection four people were living at the service. Each person had their own bedsit which consisted of a lounge/dining/kitchenette area, bathroom and bedroom.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People had access to activities and although there were more opportunities for people since our last inspection, people would benefit from additional individualised activities. We have issued a recommendation to the registered manager in relation to this.

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 and their relatives said staff were kind and caring. People were encouraged to make their own decisions and develop new skills around day to day living. People lived in an environment that was clean, suitable for their needs, giving them privacy and a sense of ownership.

People received the medicines they required and staff followed guidance in order to keep people safe and free from harm. Information in people's support plans gave enough guidance to staff to enable them to provide responsive care.

People were cared for by staff who received training and who were competent in their role. People had access to professional support and staff supported people to eat a range of different foods of their choosing in order to keep healthy.

Staff checked the service was working well and involved people, their relatives and staff in decisions. Staff were looking for ways to strengthen community engagement.

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 September 2017). We found at this inspection, the

service had sustained the Good rating.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Brook House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Brook House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a new manager who was in the process of registering with the Care Quality Commission. This means that when they have they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed any notifications or information we had received at CQC about the service since our last inspection.

#### During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the provider's care services manager, the manager,

a senior care worker and care workers.

We reviewed a range of records. This included two people's care records and medication records. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included the manager sending us evidence of capacity assessments and best interests discussions with regard to people. The manager also sent us some additional information regarding people living at Brook House that we requested. We received feedback from two social care professionals.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they did not worry about anything living at Brook House. They said they would speak to, "Anyone (staff)" if they were worried or unhappy. A relative told us, "He would say if he was unhappy about anything."
- There was clear guidance for staff on what to do should they suspect abuse had taken place. A staff member told us, "I would report it and document it. If nothing was done, I would raise it again or speak to social services."
- Incidents of potential abuse had been reported appropriately to the local safeguarding team as well as CQC and the service had worked with the authorities to carry out investigations.

Assessing risk, safety monitoring and management

- Risks to people were clearly recorded in their support plans and guidance was available for staff on how to reduce the risk. This included using child locks on the service vehicle when taking one person out as they were at risk of opening the doors when the car was moving.
- One person's support plan noted, 'black tea, cooled to drinking temperature as I will drink it all in one go very quickly.' A staff member said, "There are always risks everywhere. We have to be conscious of leaving things around and locking doors."
- Each person had their own individual evacuation plan in the event of an emergency and regular fire drills were carried out.

Staffing and recruitment

- People were cared for by a sufficient number of staff. Some people required one to one staffing or two to one when leaving Brook House. Staff told us, we observed and the records demonstrated this happened. A relative said, "There's always enough staff there."
- People were not seen to wait for support and there were enough staff to enable those who wished to go out to do so, and those wishing to remain in their home to have their needs met. A staff member told us, "There is enough staff. Everyone is a driver and people are going out more now." A second said, "We always have the number of staff required. It makes you confident when taking people out."
- We had no concerns in relation to recruitment processes of staff. Checks were carried out to help ensure they were suitable to work at the service, were fit for the job, had the right to work in the UK and had appropriate skills and qualities. Some people living at Brook House were invited to sit in on prospective staff interviews to give their contribution.

Using medicines safely

- People's medicines were managed safely and one person told us staff helped them with their medicines.
- Each person had a medicine administration record (MAR) which contained a photograph of the person for identification, any allergies they had and information relating to their GP. Where hand written medicines information was included on the MAR this was countersigned by a second staff member to confirm its accuracy.
- Some people had 'as required' (PRN) medicines and these were accompanied by protocols which gave information to staff on when they should be taken, how much could be taken and what signs a person may display to indicate they needed them.
- Storage, auditing, disposal and checking of medicines was robust and helped to ensure medicines were at their optimum. Staff demonstrated their competency when they described to us what they would do if someone refused their medicines.

#### Preventing and controlling infection

- People lived in a clean environment. Main areas of the service were cleaned by a contractor company, but care staff completed cleaning tasks in between. A staff member told us, "We use wipes and stickers to indicate something has been cleaned." We saw these placed around the service. A second staff member said, "We use gloves, protective clothing such as aprons. I know about the different chopping boards and food hygiene."

#### Learning lessons when things go wrong

- When people had accidents or incidents these were recorded and analysed. Regular 'huddles' (where staff got together) were held to review incidents happening in a particular month and what learning could be taken from them.
- Incidents were discussed with staff and any professionals involved in the person's care. As a result of several incidents relating to one person their medicines were reviewed and staff training in managing challenging behaviour was refreshed.

# Is the service effective?

## Our findings

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

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

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the need to ensure people's care was the least restrictive possible and a relative told us, "She is not restrained." However, we could not locate all of the documentation with regard to capacity assessments and best interests decisions for people.
- One person had a capacity assessment for living at Brook House, but not for the locked front door. Another person only had capacity assessments for finance and attending hospital for treatment. A third person had capacity assessments and a DoLS application and yet they had been determined to have capacity so this was not relevant.
- There was no impact to people based on our observations on the day, but we did raise this with the manager. Immediately following our inspection the manager sent us the missing documentation which clearly showed assessments and decisions had taken place when people moved into Brook House. They told us, "We have now printed the MCA/best interests documentation to put on their individual files for ease of access."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- One person had moved into Brook House since our last inspection and staff made sure the transition from their old placement to this service was as smooth as possible. This was achieved by staff from Brook House spending time with the person at their previous service, and in turn staff who worked with the person visiting Brook House. Visits and liaison took place over a period of two weeks and involved the person's family member. Their relative said, "The move was as smooth as it could have been."

- Staff worked across disciplines to help provide effective care to people. They worked with the community learning disability team, occupational therapist and the speech and language therapy team to develop guidance for one person.

Staff support: induction, training, skills and experience

- When staff started working at the service they underwent an induction which included showing them around the service, running through fire procedures, health and safety requirements and reading people's individual support plans.
- Training was on-going and staff said they had sufficient training to make them feel confident in their role. A staff member said, "Absolutely brilliant training."
- Staff met with their line manager regularly to talk about their job, any concerns or training requirements. A staff member told us, "We have supervision."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they liked the food they had. Weekly menus had been developed in conjunction with people and these offered a wide range of foods which reflected people's dietary preferences.
- Staff said each day people were given a choice of the meals on the menu. We saw this at our inspection, when people were invited to choose their own individual lunch. This resulted in one person having sandwiches and another having bread, fruit and rice pudding.
- No one living at the service had any specific dietary requirements, either for medical or cultural reasons. However, staff weighed people regularly to help ensure they remained a healthy weight.

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

- People lived in an environment that was suitable for their requirements. Each person had their own private bathroom, living area and kitchenette area. Each flatlet had its own front door, giving them space and privacy and a sense of independent living.
- A relative told us, "Her flat was totally redesigned for [name]. I'm now happy her quality of life is good." A second relative said, "I am very pleased with Brook House and his accommodation. It's the best thing he's ever had." A professional told us, "Each flat is personalised."

Supporting people to live healthier lives, access healthcare services and support

- People had access to a wide range of health professionals to help them receive effective care. The provider had their own in-house mental health and speech and language therapy team and as well as working closely with them, staff supported people to see the optician, dentist or attend hospital appointments.
- One person had been diagnosed with high blood pressure and borderline diabetes and staff encouraged the person to eat a more healthy diet and take regular exercise. Through this the person had lost weight and was healthier.
- A second person had been unwell and required a hospital stay. Their relative said, "The staff were extremely good during this period."

# Is the service caring?

## Our findings

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

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

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

- Without exception people told us staff were kind and caring towards them. One person told us, "I need help with things and they give me help. The staff are kind to me." A relative said, "[Name] seems so much happier than he has been for a long time. All the staff are very caring."
- Staff were attentive to people, spoke with them in an appropriate manner and let them take the lead. One person had received some post and a staff member showed this to them and asked, "Should I open it and read it to you?" When the person consented to this the staff member read the contents of the letter to the person, explaining its meaning.
- A second person also received some post which they opened themselves and they and a staff member discussed the letter and what it meant to them.
- One person became slightly unsettled as they were not feeling well and did not wish to talk much. Staff gave the person space, letting them take the lead in order for them to feel better. Although this person was given their own space, staff were on hand and observing them to ensure they stayed safe.
- People were encouraged and supported to remain in contact with people important to them, such as family. This included using technology to contact family or spending time with them on visits.
- A professional told us, "The staff team show a level of respect to each and recognise individual strengths and desires. Outcomes for each are positive and care is personalised."

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

- People were encouraged to express their views and wishes. One person told us they always felt they could make their own decisions and staff let them do this. A professional told us, "The people there are seen very much as individuals and this is reflected in the way choice is supported and the people are enabled to express themselves."
- At lunch time, we heard people making choices about their food, where they wished to eat and what they planned to do for the afternoon.
- A relative told us they had meetings with staff to discuss care needs. They told us, "Last year we had a meeting. We talked about everything."

Respecting and promoting people's privacy, dignity and independence

- People were respected by staff. Staff were heard to knock on people's doors before entering. Staff introduced us to people before we spoke with them and checked they were happy to be on their own with someone they did not know. One person told us how they liked their flat and the fact they could be there on their own and have privacy. A professional told us, "The people living there are respected and there are good

therapeutic and warm relationships between them and staff."

- Staff promoted dignity. We observed people looked smart, well cared for and dressed appropriately for the weather. A relative said, "He looks well cared for. People (staff) seem to be very nice."
- People were encouraged in their independence and were supported to undertake day to day tasks of daily living. This included cleaning and tidying their own flatlet's, doing their own laundry, or making their lunch. One person made their own sandwiches and although a staff member was at hand, they did not take over, only offering at the end to assist the person with cutting their sandwich. A professional told us, "Within their own flats people are supported to be as autonomous and independent as they are able and comfortable to be."
- Some people were able to make their own drinks in their kitchenette areas without staff support. A relative told us, "She likes going into the kitchen to do some cooking and things like that."

## Is the service responsive?

### Our findings

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

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

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

- People had access to a range of activities, both within the service as well as outside. People told us they felt they had enough to do and one person told us about the holiday they had last year and how they had enjoyed it. A second person had gone to London by public transport for the first time. One person told us, "I like going to the cinema and going out in the car."
- Some people went to a local day centre during the week and there were outreach cookery sessions for another person. Following some events relating to one person their family member wrote, 'I was impressed to see how much effort was made in making it a special day for [name] and me. It was also wonderful to include the other residents of Brook House, and staff members, who certainly seemed to enjoy themselves as I did'.
- We read from the daily care notes however, that although activities had increased in their variety since our last inspection, there was still work to do to help ensure people were kept stimulated through individualised, person-centred activities of their choosing. One person, for example, had expressed a wish to learn to swim, but this had not progressed. Another person's notes indicated they had spent much of their time watching television, or going for a drive in the car. One relative told us, "I think he could do more."
- We noted in a provider's 'walk-around' around they had written, 'advised that they do go out frequently during the day. Activities record book for [name] did not reflect that.' We spoke with the manager and provider's services manager about this. They told us, "The main thing we are focussing on is the structure of activities. We are developing more links for activities." We will check at our next inspection that this has happened.

We recommend the registered provider enables people to access more individualised meaningful activities to help reduce the risk of social isolation.

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

- Relatives felt their family member received appropriate and responsive care. A relative told us, "She has dramatically improved. She's calm now and when we're out she is okay. Staff have put in a lot of effort."
- Staff demonstrated responsive support and care to people. Some people had positive behaviour plans in place. These outlined how staff should respond to a person becoming aggressive, agitated or anxious and we observed staff use these techniques at one point during the day.
- People's support plans were comprehensive and contained guidance, advice and direction for staff in how to meet the person's individual needs in the best way. A relative told us, "Staff are getting to know her." A staff member told us, "I definitely read the support plans. They are so well laid out." A professional told us, "I

can see the positive change in the wellbeing of this person and how she has grown in confidence since living at Brook House."

- Each person's care plan included information on their health should they need to go into hospital. Useful information was recorded about the person should other professionals need to be involved in their care.

#### Meeting people's communication needs

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

- Each person's support plan was in pictorial format so they could understand the information contained in it. In addition, menus had pictures of foods on them and other guidance, such as the complaints policy was produced in a way people would know what it meant.
- Individual's had their own communication care plan which recorded what actions, signs or body language they may use, depending on what they needed at the time. We observed staff communicating with people in an appropriate manner.

#### Improving care quality in response to complaints or concerns

- People told us they would speak to staff if they were unhappy and said they knew that staff would listen to them. A relative told us, "I have no complaints."
- One complaint had been received by the service since our last inspection and we read this had been addressed appropriately.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Services registered with CQC are required to notify us of any significant incidents or safeguarding concerns. We reviewed the records held at CQC prior to our inspection and found notifications had been received in line with requirements.
- The registered provider understood their responsibilities under their duty of candour and the provider's services manager and manager were open about areas where they wanted to improve the service.
- The registered provider was aware of the need to have a registered manager at the service. The service had a new manager who had applied to become registered manager. Their application was being processed by CQC. The
- Regular audits took place within the service to help ensure people were receiving a good quality of care. This included infection control, medicines, mattress checks and hand washing audits. In addition there was an external medicines audit completed.

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

- There was a good culture within the service which had a positive impact on people. Staff were friendly and open with people and as such people responded to staff. There was easy-going conversation between people and staff and staff were heard to encourage and praise people, taking an interest in them. A professional told us, "I was impressed by the level of care, professionalism, attention to detail, openness and leadership." A professional told us, "They (management) communicate well with us and proactively work towards positive outcomes for all."
- Staff told us they felt supported and listened to. They said they worked well together as a team and that the manager was open, friendly and approachable. One staff member told us, "[Manager] is very, very supportive. We work together and have team building sessions." A second said, "She (the manager) is supportive and quite friendly."
- Staff were recognised and we received positive feedback about the staff the provider employed. The Brook House care team won the provider's 'Team of the Year' award in 2017. A relative told us, "Some of the staff they have now are excellent."

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

- Staff were good at keeping relative's informed. A relative told us, "I am fully informed of what's going on."
- Although feedback was not sought through a formal process, we were told, "We currently do not have satisfaction surveys in place. We do have very regular contact with families who attend people's reviews and also annual quality reviews for each individual with Surrey Downs Clinical Commissioning Group."

Continuous learning and improving care; working in partnership with others

- Since commencing at the service the manager had looked at ways in which the service could improve. They told us, "Key workers are leading on improvements, particularly in relation to activities."
- Staff supported people to access the wider community and within the provider's organisation there was access to health care staff, day centres and external activities. The manager told us, "We are trying to develop more links with the local community which will help."