

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Brooklyn House

22-24 Nelson Road, Clacton On Sea, CO15 1LU

Tel: 01255430324

Date of Inspection: 02 August 2013

Date of Publication: August 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Mrs Eileen Morley
Registered Managers	Mrs. Eileen Theresa Morley Miss Nicola Wells
Overview of the service	Brooklyn House provides accommodation and personal care for up to 17 older people who may also have dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Requirements relating to workers	10
Supporting workers	11
Assessing and monitoring the quality of service provision	12
Records	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 August 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We gathered evidence of people's experiences of the service by talking with people who lived in the home and with visiting relatives. We observed how people spent their time and noted how they interacted with other people and with staff. We saw that people were comfortable with staff and others who lived in the home and that there was a relaxed atmosphere.

Relatives told us they were happy with the standard of care and comments in the home's quality monitoring surveys were also complimentary. One relative stated: "Overall I am extremely happy with Brooklyn House. I think it shows in [my relative] the way they are looked after." Another said: "It is impossible to find any faults or failings within the home or with the staff."

We saw that staff were knowledgeable about the needs of people who lived in the home, treated them with respect and provided care in ways that people preferred and that met their needs.

There were recruitment processes in place that ensured staff were suitable to work with vulnerable people; staff received support and training to make sure they had the skills and knowledge to care for people safely. Relatives told us they were confident their relative was safe living at Brooklyn House.

The management team had effective processes in place to monitor the quality of the service. They consulted with people and took their views into account to make improvements to the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. Their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Relatives told us the staff were very good and treated their relatives well. We saw that staff on duty spoke with people in a courteous manner and treated them with respect.

People were involved in making decisions about their care and treatment where they were able to do so. During the course of our inspection we saw that people were encouraged to express their views. Members of staff consulted with people about their wishes and preferences such as what they wanted to do or what they wanted to eat.

People who used the service or relatives who acted on their behalf were given appropriate information regarding their care or treatment. We saw from the care plans that people who lived in the home or their representatives were consulted in the planning of the person's care. On the day of our inspection relatives told us they were involved in making decisions. One said: "Communication is good, they keep us informed."

We noted from the care plans that staff were given guidance about how to provide care and support in ways that maintained people's privacy, dignity and independence. During our inspection we saw that staff were discreet and respectful when attending to people's needs.

The management team had a good understanding of the Mental Capacity Act (MCA) 2005. We saw that care plans contained MCA assessments around people's ability to make day-to-day decisions.

These processes ensured that people were consulted and involved in making choices and decisions to the best of their ability and were treated with respect.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. We looked at the care records for three people during our inspection. These showed us that an assessment of the person's needs was carried out and their care plans were developed from the information gathered through the assessment process. We saw care plans relating to nutrition, personal care, moving and handling, falls, hobbies and interests, continence and mental health.

Care plans were well organised and the information was clear. They recorded what the person could do for themselves and identified areas where the person required support. The care plans had sufficient detail to ensure staff were able to provide care consistently. A relative who completed a survey as part of the home's quality monitoring process was complimentary about how the staff provided care and support. They said: "Everyone at Brooklyn is pleasant and helpful at all times and in all circumstances."

There were risk assessments in place which identified the risks for the individual and how these could be reduced or managed. We saw risk assessments relating to falls, malnutrition, pain and pressure areas.

The care plans identified any health issues and people were referred to health professionals according to their individual needs. We saw evidence of input from district nursing services, doctors, opticians and the memory monitoring clinic. Relatives told us that their loved one's health needs were well met. They explained that their relative was cared for in bed but had no problems with pressure areas because staff were attentive to their relative's needs and regularly changed their position in the bed.

We saw from people's care records that they had a preferred priorities for care (PPC) document in place. The PPC was compiled with input from community nursing services and recorded the person's preferences about how and where they wished to be cared for should they become ill. This ensured that people's wishes were carried out if their health deteriorated and they were unable to communicate.

The atmosphere throughout the home was relaxed and we saw that staff took time to talk to people. Activities were centred on the individual and what the person preferred to do.

A relative who completed a survey as part of the home's quality monitoring process said: "I am pleased that the staff communicate with the residents as individuals and acknowledge individual needs."

We saw that people were relaxed and appeared happy. Someone who lived in the home who had completed a survey as part of the home's quality monitoring system said: "I get the help I need with my walking frame. I am quite content." Relatives were also very positive about the lifestyle in Brooklyn House and complimentary about the food. They told us: "Everything is cooked fresh and home-made." At lunchtime we saw someone who was unable to eat independently being supported to eat. The member of staff followed good practices; they sat beside the person, spoke with them and gave them sufficient time to eat.

These processes showed us that people received care and support according to their individual needs and preferences.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We did not speak with people directly about abuse, but we saw that there were respectful and appropriate interactions between members of staff and people living in the home. Relatives spoken with were confident their relative was kept safe in the home.

Brooklyn House had policies and procedures in place to guide staff on adult protection and their responsibilities around keeping people safe. This included policies about complaints and whistle blowing.

During our inspection members of staff were able to demonstrate that they understood what constituted abuse or poor practice and they knew what to do if they saw or suspected abuse. Staff told us they had received safeguarding training and knew they had a responsibility to report any concerns to the management.

These processes ensured that staff had the skills and knowledge to support people safely.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We did not speak with people directly about requirements relating to workers. However, we saw there were good interactions between staff and people who lived in the home and people appeared confident in their exchanges with members of staff. This showed us that staff had the skills to communicate well with people and understood their individual needs.

Relatives spoken with during our inspection were complimentary about staff and were confident they had the skills to care for their relative. A relative who completed a survey as part of the home's quality monitoring system said: "Caring for those who have dementia requires such patience and dedication. I think that the staff carry out their duties extremely well."

Staff files examined confirmed that there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Disclosure and Barring Service checks were carried out to confirm that newly recruited staff were suitable to work with vulnerable people.

We saw from staff records that newly recruited members of staff received a comprehensive induction. Training records showed that staff received a range of core training such as moving and handling, safeguarding of vulnerable adults, health and safety, infection control and dementia awareness. A health professional who completed a survey as part of the home's quality monitoring system said: "Staff are always receptive to ideas and keen to try new things."

This showed us that people who used the service had their health and welfare needs met by staff who were appropriately recruited and who had received appropriate training to enable them to do their job.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

From discussions with the management team and records reviewed we saw that there was a robust process in place for supervising and supporting staff. Formal supervisions were carried out on a one-to-one basis every two months. In addition to formal supervisions the managers carried out competency assessments including observations of staff performance. We saw records in staff files of direct observations of how staff administered medication.

Staff were positive about the training provided and said they felt well supported by the management team.

During our inspection we saw that staff followed good care practices and communicated well with the people who lived in the home. This showed us that people were supported by staff who had the skills and knowledge to provide appropriate care.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

During our inspection we saw that staff asked people's opinions and listened to them.

On the day of our inspection we spoke with relatives who visited the home regularly. They told us they were consulted about their relative's care and felt that their opinions were valued.

People who used the service and relatives were asked for their views about the care and treatment and they were acted on. We saw that people's feedback was sought through surveys; the management team explained that they sent surveys to relatives and other stakeholders every year. We reviewed the most recently completed surveys and saw that relatives made positive and complimentary comments about the staff, the standard of care and how the home was managed.

Where issues were raised or suggestions made through the quality monitoring process actions were taken to implement changes to address the issues. Records reviewed confirmed the actions taken and we saw a business plan for the year that identified improvements. One improvement for the current year was to purchase a new car with easier access for people with limited mobility.

The service had procedures in place for dealing with concerns and complaints. On the day of our inspection relatives told us they had not had any problems or complaints but they were confident they could raise any issues with the management team. A relative who completed a survey as part of the home's quality monitoring system said: "In the year my [relative] has been at Brooklyn we have not had a problem."

As part of the quality monitoring process the manager carried out a range of audits that included medication, care plans and health and safety. These checks enabled the manager to identify any areas for improvement and put measures in place to improve the quality of the service.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We did not speak with people directly about record keeping.

During our inspection we saw that records were well organised and stored securely. Any information we required could be located promptly when needed.

The management team explained their processes for monitoring people's care records and we saw evidence that they were up-to-date and were subject to regular review.

We saw that people's personal information, including medical records, was regularly updated and factual. Staff records and other information relevant to the management of the service were accurate and fit for purpose.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
