

Yelverton Care LLP

# The Long Brook Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Long Brook Residential Home is a care home that provides care and accommodation for up to 24 older people. At the time of the inspection, 24 people lived at the home.

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

Without exception, people told us they were happy living at The Long Brook Residential Home, and were well cared for by kind, caring and compassionate staff. Relatives we spoke with were very complimentary about the standard of care and told us they would recommend the service to others.

We found the service was not always operating in accordance with the regulations and best practice guidance. Systems were either not in place or undertaken robustly to identify and monitor the quality of the service and drive improvements. This meant systems operated by the provider had failed to identify concerns and shortfalls we found during this inspection and could not be relied upon as a source to measure quality and risk.

People were not always protected from the risk of avoidable harm. We found where some risks had been identified, enough action had not always been taken to mitigate those risks and keep people safe.

People's medicines were not always managed or stored safely.

People were not supported to have maximum choice and control of their lives and staff were not supporting people in the least restrictive way possible and in their best interests.

People were not always protected by safe recruitment procedures.

People were protected from the risk of abuse and received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service.

All of the people we spoke with had confidence in the provider and staff team and told us the service was well managed.

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

This service was registered with us on 9th February 2021 and this is the first rating inspection.

### Why we inspected

This was a planned inspection for a newly registered service.

### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, recruitment, MCA, staffing and governance at this inspection. We have also made recommendations in relation to the wearing of PPE (personal protective equipment) and management of complaints.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Long Brook Residential 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.

#### Inspection team

The inspection team was made up of 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

The Long Brook Residential 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. 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

Before the inspection we reviewed information, we held about the service including notifications we had received. We used the information sent to 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.

### During the inspection

We spent time with and spoke with ten people living at the service, three relatives, eight staff members and the registered manager. To help us assess and understand how people's care needs were being met we reviewed four people's care records. We also reviewed a number of records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first rated inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People were at risk of avoidable harm as staff did not always have all of the information needed to meet people's needs safely. For example, one person's incident records indicated this person could at times of emotional distress, present a risk of harm to themselves as well as others. This information did not form part of this person's care plan and there was no risk assessment in place to guide staff as to any actions they should take to keep this person, themselves and others safe. The failure to assess and mitigate these risks placed this person, staff and others at an increased risk of avoidable harm.
- People were not always protected from risks associated with their environment as the provider could not be assured that routine environmental checks were regularly taking place.
- We reviewed the service's fire safety precautions. Records showed that routine checks on fire and premises safety were not always carried out within the required period, which the service is legally required to complete.
- Records showed accidents and incidents were being recorded. However, this information was not being analysed or reviewed. This meant the provider could not be assured that lessons had been learnt or enough action had been taken to keep people, staff and others safe from harm.

The failure to effectively manage and mitigate risks placed people at an increased risk of harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risks to people's health, safety and well-being were managed safely. The service obtained information about people's care needs and associated risks prior to their arrival. Care records provided guidance for staff about how to provide support to minimise these risks.

### Using medicines safely

- On the first day of the inspection we found people's medicines were not being stored safely and securely. We brought this to the attention of the provider who took immediate action.
- Some people were prescribed medicines to be given 'when required.' Protocols to help staff to decide when to give these medicines were not always in place or included enough information to ensure the medicines could be given safely.
- We looked at ten people's medicine administration records (MAR) and found the process for booking in and carrying over ongoing medicines at the beginning of a new recording cycle was not robust. For example, one person's medicine administration records (MAR) showed the service had not received any paracetamol on 25/07/22 (current cycle). No paracetamol had been logged as being carried over from the previous cycle. Upon checking we found this person had 272 paracetamols in stock. This meant the provider could not be

assured they had the correct amount of medicines in stock.

- We found some medicines had not been booked in following receipt and some medicines without an identification label. Staff were not able to tell us who these medicines belonged to.
- There were systems in place to audit medicine practices. However, they had not identified the issues we found at this inspection.

The failure to store people's medicines safely and to established safe processes to manage people's medicines is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they received their medicine on time and as prescribed. One person said, "Absolutely, medicines are given on time and any urgent medications are ordered quickly. Staff won't leave until their sure that I have taken my meds."

### Recruitment

- People were not always protected by safe recruitment practices.
- We looked at the recruitment information for three members of staff. Whilst some recruitment checks had been carried out, others had not. For example, one person did not have an application form. Another person's references and DBS check were obtained the day after they started working at the service. This meant the provider was unable to demonstrate they had followed a thorough recruitment process in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- We discussed what we found with the provider, who told us the omissions had occurred due to the introduction of a new computerised recruitment system.

The failure to establish and operate safe and effective recruitment procedures is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Learning lessons when things go wrong

- Systems were not fully embedded or robust enough to demonstrate accidents and incidents were effectively monitored, reviewed or used as a learning opportunity. This meant, the potential for re-occurrence was high because insufficient action had been taken to review, investigate or learn lessons.

Systems to assess and improve the quality and safety of the service were ineffective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing

- People were supported by a regular team of staff who knew them and their needs well.
- Throughout the inspection we saw people's call bells were answered promptly and staff assisted people in an unhurried manner. However, people told us more staff were needed. Comments included, "No, short staffed on many occasions but succeed despite of it with no levelling off of care," "Not always, could do with more" and "Enough but could be more." A relative said "Generally ok but on occasions they struggle."
- Staff told us there were generally enough staff if everyone helped out.
- We discussed staffing levels with the provider who told us they felt there were now enough staff on duty to meet people's needs following a recent recruitment drive.

### Preventing and controlling infection

- People were not always protected from the risk and spread of infection.
- We were not fully assured that all staff were using PPE effectively, safely and in line with best practice



guidance. During the inspection we observed some staff not wearing their face masks correctly. We brought this to the attention of the provider who spoke with the staff team.

We recommend the provider reviews staff's understanding of how to wear PPE in line with best practice guidance.

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.

The provider was facilitating visits for people living in the home in accordance with the current guidance. People told us they were able to have regular visits from friends and family. One person said, "My daughter visits me every week." Relatives we spoke with, told us they had been able to visit their relations regularly. One relative said, "They have always been fine about us visiting, and we understand there may be times when we can't visit due to COVID 19." Another said, "I'm aware of the visiting arrangements and we are always made to feel welcome when we come."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us they felt safe living at The Long Brook Residential Home and confirmed that they had not witnessed any abuse or been spoken to in a manner that made them feel uncomfortable. Comments included, "I feel safe here and people look after me well," "Yes, definitely" and "Absolutely, staff look after me well."
- Relatives we spoke with, did not raise any concerns about their loved one's safety. One relative said, "Yes definitely, I do not have any concerns about [person's name] safety."
- Most staff had completed training in relation to safeguarding and all staff we spoke with were aware of how to report concerns both within the organisation and externally. One staff member said, "If I suspected anyone was at risk of abuse, I would contact my manager, the CQC or the local authority."
- Throughout the service there were posters advising people, staff and visitors of the action they should take, should they witness any form of abuse.

# 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.

This is the first rated inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and experience to meet their needs safely.
- The provider monitored staff training on a training matrix, the training matrix provided to us identified staff had received training in a variety of subjects. However, we found staff had not completed an induction in line with the Care Certificate Standards. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider told us that staff had opportunities for regular supervision and appraisal of their work performance. However, we found these were not regularly taking place.
- Some staff told us they felt supported, valued and appreciated by the service's management team, while others told us they did not. We discussed this feedback with the provider, who was sad to hear that some staff did not feel supported and assured us they would make sure that all new staff were provided with an appropriate induction and regular ongoing support.

The failure to provide an adequate induction and ongoing support to staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 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 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.

- People were not always supported to have maximum choice and control of their lives.
- We reviewed a number of people's capacity assessments and best interests decisions and found the forms had been poorly completed. Some of the information recorded showed a lack of knowledge and

understanding of the principles of the MCA.

- None of the MCA's contained any information about how people were being supported to understand, retain, weigh up or communicate their decision.
- We found where some restrictions had been placed on people's liberty to keep them safe, staff did not recognise their actions as restrictive practice. For example, the use of bedrails or being able to leave the service unaccompanied if they wished to do so. People's capacity to consent to these arrangements had not been assessed nor had staff followed a best interests process.
- We discussed what we found with the provider, who acknowledged there was still some learning that needed to take place and accepted that this was reflected in the quality and standard of documentation. Following the inspection the provider confirmed the action they were taking to address these issues.

The failure to properly assess and record people's capacity and best interest decisions risked compromising people's rights. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed prior to admission. Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practice. Information from these assessments were used to develop individualised care plans and risk assessments which provided staff with guidance about how best to meet those needs in line with people's preferences.
- People and their relatives told us they were involved in assessments and were supported to make choices about their care. One person said, "My son is happy with my care. My plan is discussed with staff and regularly reviewed." Another said, "I was involved with my care plan with my family." A relative said, "They were very good they involved us both and asked mum how she wanted to be supported."
- People were supported to access a range of health professionals to enable them to live healthier lives. This included access to GP, physiotherapist, occupational therapist, dietitian and speech and language therapist (SALT). One person said, "Very good and efficient for getting a doctor with no delays." Another said, "No delay in getting a medical response if required."

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

- People were supported to maintain a balanced healthy diet. People and their relatives praised the variety of food on offer. Comments included, "The food is excellent," "Very good food, choice given" and "Food is excellent, you get a choice or can get anything else you want."
- One person said, "Food absolutely excellent. I was only 7 stone when I came here and I have gained weight since I have been here. There is generally a choice. My wife has eaten here too."
- Staff had a good awareness of people's dietary needs and preferences and encouraged and supported people to maintain a balanced healthy diet. The chef was provided with detailed guidance on people's preferences, nutritional needs, and allergies. Where people needed a specialised diet such as diabetic, vegetarian or gluten free we saw this was provided. A person who had recently stayed at the service said, "Being gluten-free plus other food allergies, I was catered for very well with the help of my daughters and the chef."

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

- The Long Brook Residential Home is a detached property situated in a quiet residential area of Plympton. The service was warm, clean throughout and maintained to a high standard.
- People told us the service was kept to a very high standard. Comments included "Well maintained, brilliant, will sort out any problems quickly," "Well maintained, room is cleaned daily" and "Wonderful cleaners, cleaning all the time, wonderful laundry service."

- All the bedrooms offered single occupancy and had en-suite facilities. Communal toilets and bathrooms were available throughout the service. Corridors had been adapted to meet the needs of people living in the home including people who used walking aids or a wheelchair.
- Communal areas included a 'coffee lounge', a sun terrace and two dining rooms.
- An attractive chapel fitted with stained glass windows was situated towards the rear of the building and was used daily by one person who wanted to draw or paint as well as to hold religious services which people could attend should they wish.
- A large sized well-kept garden offered a peaceful place for residents to relax and spend time with their families and friends.

# 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.

This is the first rated inspection for this newly registered service. This question has been rated good. 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

- People were well cared for by kind, caring and compassionate staff. Without exception, people told us they were happy living at The Long Brook Residential Home. Comments included: "Absolutely caring, amazing what they do", "Marvellous, welcoming, friendly, can't fault it", "Definitely, treated with respect, treated with dignity and with a sense of humour" and "I am treated with respect and they respect my privacy." Relatives we spoke with were very complimentary about the standard of care. One relative said, "Totally kind, I recommend this place to others."
- We noted the service had also received a number of extremely positive reviews on carehomes.co.uk. One recent reviewer wrote, "This is a care home that certainly cares, not just for its residents but also for their families." Another wrote, "My mum is cared for with care and respect."
- The service respected and promoted people's diversity and was open to people of all faiths, belief systems, cultures, backgrounds and sexualities.

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

- People mostly had control over their lives and were actively involved in making decisions about how they wanted to be cared for (see effective section of this report). Throughout the inspection we observed people being asked and involved in their care. For example, we heard staff asking people's opinions, how they would like to spend their time, when they would like to do things and if they would like to join in an activity.
- People told us they were involved in decisions and encouraged to share their views through regular reviews and meetings. One person said, "I have discussed my care plan and been involved." Another said, "My care plan is reviewed regularly and I am fully involved and so is my daughter."
- The providers electronic care planning system meant people, and/or their families could access their care plan and consistently review the content, making sure it was in line with their wishes and preferences.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were proactive in encouraging them to maintain and improve their independence whilst respecting their wishes. One person said, "I'm encouraged to be independent. I can choose if I want to go out and I shower independently." Another said, "I'm encouraged to do activities but happy to be alone which the staff respect."
- People's care plans contained information about what each person could do for themselves and staff described how they encouraged and supported people to be as independent as possible.
- People's right to privacy and confidentiality was respected and people were supported to maintain and develop relationships with those close to them. Relatives told us there were no restrictions placed on visiting and whenever they visited, they were always made welcome.

- People's personal records were kept secure and confidential. Staff understood the need to respect people's privacy including information held about them in accordance with their human rights. Staff described how they checked with people before sharing information with loved ones.

# Is the service responsive?

## Our findings

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

This is the first rated inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service.
- Care plans were informative and provided staff with detailed information on people's likes, dislikes, personal preferences, care needs and medical history. This enabled staff to support people in the way they wished. However, we found more work was needed to ensure people's needs were fully recorded and reflective of their individual needs. For example, in relation to nutrition and hydration, life histories etc.
- Some people's wishes were known about how they wished to be cared for at the end of their lives, and this was recorded within their care plans. However, we found more work was needed to ensure that all the people living at the service received the right support in line with their wishes.
- We discussed what we found with the provider who had recognised that more work was needed and showed us an audit they were undertaking with senior staff to identify areas of improvement.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded.
- Staff had a good understanding about how people communicated and used this knowledge to support people to make choices and have control over their care and lifestyles. However, more work was needed to ensure people's computerised care records were fully accessible.
- Information was available to help keep people informed. However, this was not always in an accessible format. For example, we noted a number of posters displaying information around the service, but these were not easy to read as the type was small and there were no pictorial or large typed versions displayed/available.

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

- Staff described how they worked with people to ensure they were not socially isolated, but also respected some people needed to have time to themselves.
- Activities were designed to be personal, encourage social interaction, provide mental stimulation and

promoted people's well-being. We heard how the activities coordinator was developing an activities programme which included quizzes and crafts, as well as holding regular music sessions with children from the local community which people particularly enjoyed. However, people and their relatives commented on the lack of current activities due to some planned leave. We discussed what we were told with the provider who said there had been some unexpected challenges due to some planned absence but they hoped to have this resolved soon. They described how they had recently taken a number of people on a boat trip around Plymouth.

- People were supported and encouraged to maintain relationships with friends and family and we saw during the inspection, relatives and people were able to come and go without any restrictions.

Improving care quality in response to complaints or concerns

- People and their relatives told us they were aware of how to make a complaint and felt able to raise concerns if something was not right. One person said, "I had a problem with my bedding which I complained to the staff about. It was dealt with quickly." Another said, "I would complain via the carers. I have not raised any complaints."

- Relatives knew who to contact and were confident the provider would address any concerns. One relative said, "Any concerns are listened to no matter how many times I raise things." Another said, "I would go to the office."

- However, we found the provider was not formally recording complaints and did not have a system in place to ensure that all complaints were documented, actioned and reviewed in order to identify any improvements that could be made. We discussed what we found with the provider who was keen to develop their management of complaints and compliments to better understand what improvements could be made but also to celebrate what the service does well.

We recommend the provider reviews the effectiveness of the current complaints systems.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Systems were either not in place or undertaken robustly to identify and monitor the quality of the service and drive improvements. This meant systems operated by the provider had failed to identify concerns and shortfalls we found during this inspection and could not be relied upon as a source to measure quality and risk. Issues included concerns with regards to recruitment, staff induction, staff supervision, care planning, management of risk, the management and storage of people's medicines, infection prevention and control and environmental safety checks.
- The service did not have an effective system in place to review staff practice and learn lessons. For example, the provider had not ensured that staff understood the principles of the MCA. This lack of knowledge risked compromising people's rights.
- Records showed accidents and incidents were recorded, however, systems were not in place to analyse and identify any patterns or trends. This meant the provider could not be assured sufficient action had been taken to mitigate those risks, keep people safe and/or prevent/reduce re-occurrence.
- The provider had not ensured the transition from paper to electronic records was effectively managed. As a result, information including people's care records, quality assurance systems, complaints and compliments were not easily accessible or easy for the provider or staff to navigate.
- Records were not always accurate and had not always been updated to reflect changes in people's needs.
- We discussed what we found with the provider who acknowledged that some areas of concern had been a direct result of their lack of oversight; the failure to implement their existing quality assurance system and the poor introductions of some computerised systems. Whilst they had not been fully aware of all the concerns we identified, they were aware of the need to improve and were committed to make the improvements needed.

Robust systems and processes were not in place to demonstrate the provider had effective oversight of the service. This demonstrates a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear management structure within the service and staff understood their roles and responsibilities.

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 registered manager was aware of their responsibilities in relation to duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- The management team shared information with external agencies such as healthcare professional's when things had gone wrong as well as liaising with families.

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

- Although we were unable to view any formal feedback undertaken by the service. All of the people we spoke with had confidence in the provider and staff team and told us they were happy living at The Long Brook Residential Home. Comments included: "Definitely well run, you feel like you are in a family or hotel," "[Providers name], is an excellent manager and a wonderful fellow" and "It's a well-run friendly home."
- Staff felt able to raise concerns, although some said they did not always feel they had been supported as new members of staff. Other staff were more positive about the provider and told us they felt there had been many positive changes over recent weeks. One staff member said, "I really enjoy working here, it really is a lovely place to work."

Continuous learning and improving care; Working in partnership with others

- Throughout the inspection, the provider was open with us, acknowledged any areas for improvement and was keen to put processes in place to address any areas of concern.
- Regular meetings and handovers helped to ensure learning was shared between staff at all levels.
- Staff told us they had a handover at the start of each shift to share information about people, this helped to ensure people received safe care and support.
- The provider and senior staff had good working relationships with partner agencies which promoted good outcomes for people. This included working with people, their relatives, commissioners as well as other health and social care professionals such as GP, community nurses and pharmacists.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not acted in accordance with the principles of the Mental Capacity Act 2005.</p> <p>Regulation 11 (1)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's health and safety had not been identified or mitigated.</p> <p>The provider failed to store people's medicines safely or established safe processes to manage people's medicines.</p> <p>Regulation 12(1)(2)(a)(b)(d)(g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor and improve the safety and quality of the service.</p> <p>The provider had failed to maintain accurate, complete and contemporaneous records for each person living in the home.</p> <p>Regulation 17 (1)(2)(a)(b)(e)(f)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider had failed to ensure that recruitment procedures are established and operated effectively.

Regulation 19(2)

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider has failed to ensure that staff had been provided with an appropriate induction and ongoing supervision in their role.

Regulation 18 (2)(a)