

Brooklands Care Home Ltd

Brooklands Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Brooklands Nursing Home is a residential care home providing the regulated activity of personal and nursing care for up to 45 people in a purpose built building. The service provides support to older people and people living with dementia. At the time of our inspection there were 39 people using the service.

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

Whilst some improvements were noted since our last inspection in June 2019, not all risks were robustly assessed or recorded in sufficient detail to mitigate the risk or potential harm for people using the service. Not all information relating to people's fire evacuation arrangements in an emergency were accurate, up to date or easily accessible. Although the premises was odour free, not all areas of the home environment were clean. Governance arrangements at the service continued to require improvement to ensure improvements were sustained in the longer term. Following the inspection the registered manager forwarded an action plan detailing the steps being taken to make the required improvements.

People told us they were safe. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff demonstrated a basic understanding of safeguarding and how to raise concerns. Whilst comments from people and their relatives relating to staffing levels were variable, the deployment of staff was appropriate. Staff recruitment practices at Brooklands Nursing Home were safe. Medication practices ensured people received their prescribed medication.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement [published August 2019].

Why we inspected

We carried out an unannounced comprehensive inspection of this service between 10 and 18 June 2019. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection although improvements were still required, we found improvements had been made and the provider was no longer in breach of Regulations 12 [Safe care and treatment], Regulation 17 [Good governance] and Regulation 18 [Staffing].

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brooklands Nursing Home on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Brooklands Nursing Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was completed by 2 inspectors. An Expert by Experience made telephone calls to people's relatives. 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

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

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 7 people who use the service and 9 relatives about their experience of Brooklands Nursing Home. We spoke with 5 members of staff, the registered manager and qualified nurse. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included 6 people's care records and 10 people's medication administration records. We looked at 4 staff files in relation to recruitment, and a further 3 staff files relating to training and supervision records. A variety of records relating to the management of the service, quality assurance information and policies and procedures were viewed.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "Yes, I'm safe" and, "I feel safe enough." Relatives' comments included, "I never come away worried about [family member's] safety" and, "[Family member] used to fall a lot, a sensor mat is now in place, and this helps to keep them safe."
- Staff were able to tell us about the different types of abuse and describe the actions they would take to protect people from harm. Although staff confirmed they would escalate concerns about a person's safety to the management team, not all staff were able to tell us which external agencies would need to be notified, such as the Local Authority and Care Quality Commission. Following the inspection the registered manager confirmed additional safeguarding training was booked for staff.
- The registered manager was aware of their role and responsibility to inform us and the Local Authority of safeguarding concerns.

At our last inspection in 2019, risks to people's safety and wellbeing were either not in place or robust enough to manage and mitigate risk. This referred to freestanding wardrobes not being secured to the wall and actions to be followed up to the service's fire risk assessment. Although improvements were required in other areas, enough improvement had been made at this inspection and the provider no longer remained in breach of Regulation 12 [Safe care and treatment].

Assessing risk, safety monitoring and management

- The majority of risks associated with people's individual care and support needs were assessed and recorded to make sure people were safe. Although there was no impact for people using the service, where these were in place, they provided basic information detailing how risks to people's safety and wellbeing were to be reduced and the actions required to keep them safe.
- Where a person's care records demonstrated they could become anxious and distressed and their behaviours impacted on others, risks relating to the above were not robust to mitigate the risk or potential harm for people using the service. This meant we could not be assured staff had all information required to manage the person's risks in a safe and effective way. Following the inspection the registered manager confirmed staff training was booked for April 2023.
- Where people had a catheter in place, not all risks associated with the catheter had been considered or recorded, for example, bladder spasms, leakage around the catheter, blood or debris in the catheter tube, dehydration and the importance of monitoring people's fluid intake and output. A catheter is a medical device used to empty the bladder and collect urine in a drainage bag.
- Personal Emergency Evacuation Plans [PEEPs] were stored within people's care plan and the service's 'emergency grab' folder. This is a bespoke plan for people who may have difficulties evacuating to a place of

safety without support or assistance from others. Not all information held within the emergency grab bag was accurate, up to date or easily accessible. Not all staff were aware of the fire grab bags location and confused this with the fire evacuation chair. This placed people, staff, and fire personnel at risk of harm, compromising their safety. Following the inspection the registered manager confirmed the PEEP'S folder had been reviewed and was now up to date.

- Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured the provider was able to respond effectively to fire related emergencies that could occur at the service.
- Hot water outlets were tested at regular intervals to ensure hot water emitted remained safe and within recommended guidelines. An analysis for legionella had been carried out and this confirmed no bacteria was detected.

Preventing and controlling infection

- People were not routinely protected by the provider's prevention and control of infection procedures. Whilst the premises was odour free, not all areas of the home environment were clean. Toilet brushes throughout the service were unhygienic and dirty with faecal matter. Not all bathroom floors were impermeable or in a good state of repair. This can increase the spread of germs and place people at higher risk of infections and disease.
- Issues as highlighted above were not picked up as part of the provider's infection, prevention, and control audits. Following the inspection the registered manager confirmed discussions had been held with housekeeping staff and toilet brushes removed and replaced. The provider was obtaining quotes for the bathroom floors to be replaced.
- Comments from people's relatives relating to the hygiene of the service were variable. Comments included, "The home could be cleaner" and, "The home is well managed, I just wish the hygiene was better."
- Personal Protective Equipment [PPE] such as gloves, aprons and liquid soap were available to staff to prevent and control infection.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People's capacity to make decisions were assessed and these were individual to the person.
- Staff asked for people's consent before providing care and support.

At our last inspection in 2019, concerns were identified relating to staffing levels, including staff response times to answering people's call alarm facility. Enough improvement had been made at this inspection and the provider no longer remained in breach of Regulation 18 [Staffing].

Staffing and recruitment

- Comments from people and their relatives relating to staffing levels were variable. Where comments were

positive these included, "Most of the time there are enough staff and you can always find somebody when you need them" and, "There are enough staff, there seems to be loads of them, you always see them walking about." Less favourable comments included, "[Relative] has told us they have pressed the button and staff do not come. We often find their buzzer is not in reach" and, "I don't think there are always enough staff."

- Despite the above variable comments, at the time of inspection, the deployment of staff was appropriate and there were enough staff to meet people's needs and to keep people safe, including where people were assigned 1 to 1 staff support.
- Staff recruitment records for 4 members of staff were viewed. Relevant checks were completed before a new member of staff started working at the service. This included an application form, written references, proof of identification and Disclosure and Barring Service [DBS] checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Safe practices were in place to ensure the proper and safe use of medicines.
- The Medication Administration Records [MAR] for 10 out of 39 people were viewed and these showed people received their medication as prescribed. A relative told us, "[Relative] had a virus recently and needed medication, they [staff] got it quickly."
- Medicines were stored securely to prevent others not authorised from accessing them. The medication rounds were evenly spaced out throughout the day to ensure people did not receive their medication too close together or too late. Observation of staff practice showed staff undertook this task with dignity and respect for the people being supported.
- Staff who administered medication were trained and had their competency assessed to ensure they remained competent to undertake this task.
- Medication audits were completed and indicated a good level of compliance had been achieved with few corrective actions required.

Visiting in care homes

- Relatives were able to visit their family member without any restrictions imposed and in line with current government guidance. We observed a steady flow of visitors to Brooklands Nursing Home throughout both days of inspection.

Learning lessons when things go wrong

- The registered manager was open and honest about the shortfalls found during the inspection and acknowledged there was still work to do to improve the shortfalls identified as a result of this inspection.
- Improvements had been made to address the shortfalls identified during our inspection in 2019.
- Accident and incidents were logged and monitored to identify potential trends and themes.
- Where significant incidents had taken place, the registered manager confirmed an investigation was in progress to ensure lessons were learned and improvements made when things go wrong.

Is the service well-led?

Our findings

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

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

At our last inspection in 2019, systems were not robust enough to evidence effective oversight of the service or ensure suitable arrangements were in place to assess and monitor the quality of the service. Although some improvements were still required, enough improvement had been made at this inspection and the provider no longer remained in breach of Regulation 17 [Good governance].

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

- Quality assurance arrangements were in place to assess and monitor the quality of the service provided. Whilst there was evidence available to demonstrate some improvements had been made since our last inspection to the service in June 2019, improvements were still required to ensure risks and regulatory requirements were understood, managed, and actioned. This related to the ongoing improvements required relating to risk management and the service's infection, prevention and control practices and procedures.
- Audits were completed to inform the service's quality monitoring and assurance processes. However, audits completed had not picked up the shortfalls identified as part of this inspection. Where audits had identified areas for improvement and follow up actions were required, action plans were not completed detailing how this was to be actioned and addressed. Following the inspection the registered manager confirmed action plans had been completed.
- Following the inspection, the registered manager forwarded a detailed plan to the Care Quality Commission, describing the actions they would take or had taken to make the required improvements.
- The provider had a duty of candour policy and procedure and understood their responsibility to be open and honest if something went wrong. The registered manager was fully aware of their legal responsibilities to be open and transparent. They submitted statutory notifications to us for significant events that had occurred at the service.

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

- The registered manager demonstrated an understanding of their key role and responsibilities. The registered manager confirmed they had enrolled on the Care Home Assistant Practitioner [CHAPs] training course as they did not have a clinical background and were unable to supervise the registered nurses. This course is aimed to enable the registered manager to better supervise nursing staff. In addition the

registered manager had completed a one day course entitled 'Clinical Skills for Nurses'. The registered manager was also making enquiries about how best to provide clinical support to the service's registered nurses.

- The registered manager accepted our findings and suggestions and demonstrated a commitment to improving the service to enable better oversight and governance of the service and to ensure people received safe care and treatment. The provider and registered manager told us they were in the process of engaging advice and support from the chair of South Essex Care and Health Association [SECHA].
- The registered manager had identified several staff as 'workplace champions' in key roles. The aim of the champion is to improve the quality of care for people living at Brooklands Nursing Home and to provide advice, guidance, and support to staff in their key area of interest and/or expertise, for example, dementia or dignity. However, not all staff had received a higher level of training in these areas. Following the inspection the registered manager confirmed additional training had been and was in the process of being sourced for these members of staff.
- Relatives were generally complimentary about the management of the service. Relatives told us, "I think it's [Brooklands Nursing Home] well managed", "I am satisfied, nothing to improve" and, "I am comfortable with how the home performs. It is a well-managed service, and I feel fortunate about the level of care and am happy with it." Relatives told us they would recommend the service to others. Comments included, "I would definitely recommend it" and, "Yes, I would recommend the service."
- Where less favourable comments were made by relatives, they told us that although the registered manager was pleasant, they could not always speak to them using the telephone, stating, "You can't get through to the manager, it's hit and miss." Another relative told us the manager was pleasant and easy to talk to but told us, "I'm not sure much changes."

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

- Since our last inspection in 2019, people and their relatives had been given the opportunity to provide feedback about the service through the completion of a satisfaction questionnaire in 2022.
- The report of the findings from the satisfaction questionnaires recorded variable responses that were both positive and requiring corrective actions. Although the report demonstrated the actions and date completed, not all improvements made had been sustained in the longer term. For example, the feedback report recorded staff communication was not always good. Feedback from relatives at this inspection highlighted this was still an issue. Comments included, "The problem is when I phone, you never get a clear picture of what is happening. I don't get answers to my questions", "Communication can be difficult as a lot of staff are not English" and, "They [staff] could improve their communication." Following the inspection the registered manager confirmed meetings would be held with staff around better communication.
- Staff had also been given the opportunity to provide feedback about the service through the completion of a satisfaction questionnaire in 2022. The report of the findings from the satisfaction questionnaires recorded variable responses that were both positive and requiring corrective actions. An action plan had been devised, detailing the actions and date to be completed.
- Although staff were now receiving regular formal supervision, where areas for improvement, monitoring and follow-up were required, information was not routinely available to demonstrate this was happening. For example, a member of staff repeatedly raised concerns relating to the lack of communication and respect between some members of staff. No information was recorded detailing how this was to be actioned and addressed. Following the inspection the registered manager confirmed a better system to improve the service's communication arrangements was being explored.
- Complaints about the service had been reviewed and investigated. A record of compliments was maintained to capture the service's achievements. These recorded relatives were happy with the care and support provided for their member of family.

Working in partnership with others

- Information showed the service worked with others, for example, the Local Authority, healthcare professionals and services to support care provision.