

London Residential Healthcare Limited

# London Residential Health Care Limited - Brook House Nursing Home

## Inspection report

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18 April 2023  
21 April 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Brook House Nursing Home is a care home that provides nursing and personal care for up to 32 older people in one adapted building. At the time of our inspection there were 31 people using the service including those living with dementia.

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

People, their relatives and staff told us the home was a place where people could safely live and staff work in. Risks to people were regularly assessed, reviewed and minimised. This meant they were able to take acceptable risks, and enjoy their lives in a safe way. Safeguarding concerns, accidents, and incidents were reported, investigated and recorded. There were enough staff to support people and meet their needs. Staff had been appropriately recruited and trained. This included how to safely administer medicines. The home used Personal Protection Equipment (PPE) safely, effectively and the infection prevention and control policy was up to date.

Brook House Nursing Home was led and managed in a transparent, open, and positive way and had an honest culture. The provider had a clearly set out vision and values that staff understood and followed. Areas of responsibility and accountability for management and staff were identified, clearly set out and a good service was maintained and regularly reviewed. Records were kept up to date and thorough audits conducted. When possible, community links and working partnerships were established and kept up to minimise social isolation. The provider met Care Quality Commission (CQC) registration requirements. Healthcare professionals said that the service was well managed and met people's needs in a professional, open and friendly way.

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](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 6 May 2021). The overall rating for the service remains good. This is based on the findings at this inspection.

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

We did not inspect the key questions of effective, caring and responsive.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brook House Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# London Residential Health Care Limited - Brook House 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 Care Act 2014.

### Inspection team

This inspection was carried out by 1 inspector.

### Service and service type

Brook House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

Inspection activity started on 17 April and ended on 2 May 2023. The inspection visit on 18 April 2023 was unannounced and the visit on 21 April 2023 was announced.

#### 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 health professionals who work with the service. We used information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke in person with the registered manager, people using the service, 4 relatives, 9 staff and 3 health professionals to get their experience and views about the care provided. We reviewed a range of records. They included 4 people's care plans and risk records and 5 staff files in relation to recruitment, training and supervision. We also checked a variety of records relating to the management of the service, including staff rotas, audits, quality assurance, policies and procedures. We observed activities and lunch.

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.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People and their relatives said they were well treated by staff and the home was safe for people to live in. This was reflected in the care and support we saw people receiving and their positive body language, towards staff. This was relaxed and indicated that people felt safe. A person said, "Staff are brilliant and that makes me feel safe." A relative told us, "The service is very very good with the girls [staff] really trying their best and that makes me feel [Person using the service] is safe."
- Staff were trained and understood how to identify abuse towards people, safeguard them and the appropriate action to take if encountered. This included how to raise a safeguarding alert. A staff member said, "This place is very much safe for residents [People using the service] and staff." Staff had access to the provider's safeguarding policy and procedure.
- People were advised by staff how to keep safe and any areas of concern about people, was recorded in their care plans.

Assessing risk, safety monitoring and management

- People were risk assessed and their safety monitored.
- People were enabled to take acceptable risks and enjoy their lives safely by staff following people's risk assessments. The risk assessments included all aspects of people's health, daily living and social activities. In order to keep people safe, their risk assessments were regularly reviewed and updated as people's needs, interests and pursuits changed.
- Staff understood the risks people might face and the action required to prevent or safely manage those risks. We observed staff working well as a team. They were patient and continuously explained to people they were supporting what they were doing and why. A staff member told us, "We are like a family here. It is like looking after my mum and dad so of course we keep everyone safe"
- People's care plans were kept up to date and contained detailed risk assessments and management plans to help keep people safe. They addressed important areas such as people's mobility, nutrition and hydration needs, risk of falls and personal care.
- There was a well-established staff team who were familiar with people's routines, preferences, and identified situations where people may be at risk and acted to minimise those risks.
- There were regularly reviewed and updated general risk assessments that included reference to equipment used to support people. This equipment was regularly serviced and maintained.

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 was being met.

#### Staffing and recruitment

- The staff recruitment process was thorough, and records demonstrated that it was followed. There were enough staff to meet people's needs.
- During our visit the staffing levels matched the rota and enabled people's needs to be met safely. People told us the home had enough staff to meet their support needs. Staff were visibly present throughout the inspection providing people with the care and support they needed. A person told us, "We [People using the service] are so lucky to have such a nice group of people [Staff]. We have a good laugh."
- Staff responded quickly to people's requests for assistance or to answer their questions, throughout this inspection. Staff said the care home was suitably staffed.
- The recruitment interview process included scenario-based questions to identify prospective staffs' skills, experience, knowledge of care and support for older people including those with dementia. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a 6 months probationary period with a review. This could be extended if required so that staff can achieve the required standard of care skills.

#### Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited by the care home's management team and nursing staff and appropriately stored and disposed of. People's medicine records were kept up to date with no recording errors or omissions found on any of the MAR sheets we looked at. People told us staff ensured they took their prescribed medicine's as and when they should. A person said, "Always get my meds on time."
- Nurses understood their roles and responsibilities in relation to the safe management of medicines. The registered manager and nursing staff authorised to manage medicine's were trained and assessed as competent to safely do so, and training was refreshed annually.
- People's prescribed medicines, including controlled drugs were securely stored in locked medicines trollies and cabinets located in the clinical room, which remained locked when not in use.
- People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered. Where appropriate, people were encouraged and supported to administer their own medicines. People told us staff made sure they took their prescribed medicines as and when they should.

#### Preventing and controlling infection

- We were assured that the care home was using PPE effectively and safely.
- We were assured that the care home infection prevention and control policy was up to date, and regular



audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons, as required.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We observed that staff wore masks in line with current guidance and wore gloves and aprons appropriately when required. People told us staff always wore personal protective equipment in the care home. Managers and staff confirmed they had ample supplies of PPE and were routinely tested for COVID-19.
- People told us, and we saw that the home environment was kept clean and hygienic.

#### Visiting Care Homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely. A relative told us, "I visit everyday and am always made welcome."

#### Learning lessons when things go wrong

- The home learnt lessons when things went wrong.
- The home's accident and incident records were regularly reviewed to reduce the possibility of reoccurrence. There was a whistle-blowing procedure that staff said they were confident in and prepared to use.
- Any safeguarding concerns and complaints were reviewed, responded to and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of avoiding them from happening again. This was shared and discussed with staff during team meetings and handovers.
- Healthcare professionals thought the home provided a safe environment for people to live in.

# Is the service well-led?

## Our findings

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

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

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

- The home had a culture that was person-centred, open, inclusive, and empowering.
- People and their relatives said that the home was very well run, and the registered manager very good. This was reflected in people's positive, relaxed body language towards the registered manager and staff. It indicated the service was provided in a way that met their needs. People felt the registered manager and staff worked hard to meet their needs and make their lives enjoyable. A person told us, "The [registered] manager is excellent. They listen, is interested and that makes such a difference" A relative remarked, "The [registered] manager is very attentive and If I want something done, it gets done."
- People and their relatives had the services that the home provided explained to them, so that they understood what they could and could not expect from the home and staff. This was reiterated in the statement of purpose and guide for people that also set out the organisation's vision and values. Staff understood the vision and values and people said this was reflected in staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour responsibilities and was open and honest with people.
- People and their relatives were kept informed if things went wrong with their care and support and provided with an apology. This was due to the positive and proactive attitude of the registered manager and staff.
- The registered manager, deputy and nursing staff met every morning to discuss changes made to people's packages of care and do a walkabout tour of the premises to observe staffs working practices. There was also an afternoon catch up session and heads of department meeting each Monday.

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

- The registered manager and staff knew and were clear about their roles, the quality assurance systems and there were clear lines of communication. This meant the service ran smoothly.
- People living at the care home and staff working there were positive about the way the service was managed. A person told us, "The manager is great, a very nice person and gets things done."
- We received positive feedback from staff regarding the home's leadership style and how well run the care home was. A staff member said, "There have been 4 managers since I started here and they [Registered

Manager] are by far the best. Their door is always open if I want to talk to them."

- The quality assurance systems contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents. Staff were aware that they had specific areas of responsibility such as record keeping and medicines management and carried them out well. This was reflected by the praise from people and their relatives.
- Thorough, regularly reviewed audits took place by the provider, registered manager, and staff. The audits were up to date and included care plans, mealtime experience, documentation and health and safety. There was also a regional manager service visit report, development plan and visits from the provider quality assurance team. This meant people received an efficiently run service.
- The provider displayed their previous CQC inspection report and rating conspicuously in a communal area, ensuring this information was accessible to everyone living or visiting the care home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- People, relatives, and staff were engaged by the provider, listened to and their wishes acted upon.
- The provider encouraged an open and inclusive culture that sought the views of people using the service, their relatives and staff. This meant people could have their say about the service. The provider used a range of methods to gather people's views about what the care home did well or might do better. This included regular group meetings, care plan reviews, and annual satisfaction surveys.
- Staff could contribute their ideas about what the service did well and what they could do better during regular individual and group supervision, work performance appraisal meetings and staff meetings. They also had ongoing opportunities to reflect on their working practices and professional development. Staff told us they received the support they needed from the home's management.
- During the inspection visit, the registered manager, and staff regularly checked that people were happy and getting the care and support they needed, within a friendly family environment.
- Relatives said they had frequent contact with the home and made regular visits. They also said that they were kept informed, and updated with anything about people, good or detrimental and adjustments were made from the feedback they gave. The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.

Continuous learning and improving care

- The service improved care through continuous learning.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the registered manager, staff and the provider to learn from and improve the service.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- The home maintained close links with services, such as care support teams, continuing healthcare practitioners and social workers. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.

- The provider worked in partnership with various community health and social care professionals and external agencies, including local authorities.
- Healthcare professionals told us the home was well managed and there were good lines of communication.