

Brook Lodge (Deal) Limited

Brook Lodge

Inspection report

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Deal
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Date of inspection visit:
03 June 2021

Date of publication:
29 June 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Brook Lodge is a residential care home providing personal and nursing care to 36 older people who may be living with dementia at the time of the inspection. The service can support up to 55 people in two large units.

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

People told us they felt safe living at the service. Relatives told us they were happy their loved ones lived at the service and felt they were safe and well cared for.

The service was clean and hygienic and personal protective equipment was available following government guidelines. However, we observed some staff were not wearing face masks as required, staff confirmed they understood the requirements to wear face masks. The provider took appropriate action immediately and there is a plan in place to make sure it did not happen again.

Potential risks to people's health, welfare and safety had been assessed and there was guidance in place to reduce the risk. Accidents and incidents had been recorded and analysed to identify patterns and trends; action had been taken to reduce the risk of them happening again. There were systems in place to protect people from discrimination and abuse.

People's medicines were managed safely. Staff monitored people's health and referred people to relevant health professionals. Staff followed the advice given to keep people as healthy as possible.

Staff had been recruited safely and received training appropriate to their role. Staff received supervision to develop their skills and practice.

The management team completed assessments before people moved into the service to check staff could meet their needs. People had care plans detailing their choices and preferences and these had been reviewed.

People were supported to eat a balanced diet; people had a choice of meals. People had access to activities they enjoyed. People were given information in a format they could understand.

People were treated with dignity and respect; they were supported to be as independent as possible. People's end of life wishes were recorded, staff worked with the GP and district nurse to support people at the end of their life.

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.

The management team completed checks and audits on the quality of the service and acted when shortfalls were found. There was an open and transparent culture within the service. Relatives told us they knew how to complain and were confident action would be taken.

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

Rating at last inspection

The last rating for the service under the previous provider was requires improvement, (published on 3 July 2019.)

Why we inspected

This was the first inspection under this provider since the service was registered on 10 October 2019.

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.

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

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 effective.
Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good 

Is the service well-led?

The service was Well Led.
Details are in our responsive findings below.

Good 

Brook Lodge

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.

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 one inspector.

Service and service type

Brook Lodge 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.

The service had a manager registered with the Care Quality Commission. 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.

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. The provider was not asked to complete a 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 with five people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the registered manager, two deputy managers, senior care worker, two care workers and clinical lead. We spoke with one visiting professional. 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 reviewed a range of records. This included multiple medication and safety records. We looked at three staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and five people's care plans. We spoke with six relatives.

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 inspection for this newly registered service; the provider of the service has remained the same, however, the legal entity of the company has changed. This is the first inspection of the service under its new legal entity. 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.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. On arrival at the service staff on the Jasmine unit were not wearing masks. The deputy manager overseeing the unit had not arrived. Staff knew they should be wearing masks and apologised. There were clear policies in place about mask wearing. Staff had been reminded of this at each supervision and signed to confirm they understood.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach. Following the inspection, the provider sent us an action plan, including spot checks on staff, to make sure staff wore face masks at all times.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from discrimination and abuse. The registered manager understood their responsibilities to report any concerns to the local safeguarding authority. The registered manager had referred incidents as required and taken appropriate action to keep people safe.
- Staff knew how to recognise signs of abuse and how to report their concerns. They were confident the registered manager would deal with the concern appropriately. Staff also understood the whistleblowing policy and who they could speak to if they thought people were at risk.

Assessing risk, safety monitoring and management; Lesson learnt when things go wrong

- Risks to people's health and welfare had been assessed and there was detailed guidance for staff to

mitigate the risks. Some people were living with diabetes, there was information about what signs staff should look for and action to take when people were unwell. Staff understood these guidelines and told us how they would support people.

- When people had a catheter to drain urine from their bladder, there were detailed plans in place to make sure people were supported. Staff explained how they supported people and when they would call the district nurse. Some people were at risk of falls or required equipment to assist them to move around the service. There were systems to keep people safe and staff understood how to support people. We observed people being moved safely and people told they felt safe when being supported.
- There was guidance in place for staff when people were at risk of seizures following an illness. Though the person had not experienced a seizure there was guidance about what to observe for and the action to take if observed.
- Risks within the environment had been assessed. Regular checks had been completed on the equipment used by people. Checks had been completed on fire equipment and there were emergency evacuation plans for each person, to make sure they would be evacuated safely.
- Accidents and incidents had been recorded and analysed to identify any patterns. Action had been taken to reduce the risk of them happening again. This included putting equipment in place to reduce the risk of falls.

Staffing and recruitment

- Staff were recruited safely. There were effective systems in place to recruit staff, checks were made to make sure staff were suitable to work with people. Staff completed an application form with a full employment history and references about their conduct in previous employment. Disclosure and Barring Service (DBS) checks were made before staff began work at the service. DBS checks identified if prospective staff had a criminal record or were barred from working with adults.
- There were enough staff to meet people's needs. The registered manager calculated how many staff were required using people's dependency score. People told us there were enough staff. They told staff were available to support them when they wanted. We observed staff spending time with people and call bells were answered quickly.

Using medicines safely

- Medicines were managed safely. Senior care staff had completed training and their competency had been checked before they were able to administer medicines. Some staff had received additional training to administer insulin.
- There were systems in place to order, record and store medicines safely. An electronic system was in place to record the administration of medicines, which had been completed accurately. Some people were prescribed medicines on an 'when required' basis such as pain relief. There were protocols in place about when to give the medicine, how often and what to do if it was not effective.
- Some medicines had specific storage and administration requirements; these requirements had been followed by staff. Room and fridge temperatures had been recorded to make sure medicines were stored at the correct temperature to remain effective.

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 inspection for this newly registered service; the provider of the service has remained the same, however, the legal entity of the company has changed. This is the first inspection of the service under its new legal entity. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service, to check staff could meet their needs. The assessments had been completed by phone due to Covid-19 restrictions. They covered all areas of people's lives, including protected characteristics under the Equalities Act 2010, such as sexual orientation. Relatives told us staff had spoken to them to discuss their loved ones needs and preferences.
- People's needs were assessed using recognised tools following national guidelines such as skin integrity and nutritional needs. Staff had followed the recommendations from the assessment tools.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role. Staff told us they were supported to complete training and improve their skills. Training covered a wide range of topics including moving and handling, mental capacity and safeguarding. Staff had received training on additional subjects such as mouth care, epilepsy and diabetes.
- New staff completed an induction. They worked with more experienced staff to learn about people's choices and preferences.
- Staff received regular supervision to develop their practice. Staff told us they felt supported by the registered and deputy managers and could discuss any concerns they had. Staff had been supported to develop and take on more responsibility.

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

- People were supported to eat a balanced diet. Snacks and drinks were provided throughout the day. People told us they enjoyed the food and there was plenty of it. One person told us, "If I don't like something, they will make me something else."
- People were supported to eat their meals. Some people had been provided with specialised equipment such as a plate guard or different cutlery to remain independent with their meals. People were given the choice of where they wanted to eat their meals, some people chose to eat in their rooms.
- Staff knew people's dietary needs and preferences; these were catered for including soft and pureed diets. When people were at risk of weight loss, their meals were fortified with cream and butter.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health and weight was monitored, staff referred people to healthcare professionals when their

needs changed. Staff followed the guidance provided including giving dietary supplements. Some people had gained enough weight to be discharged from the dieticians' care.

- People had access to the GP and district nurse. People were reviewed regularly, one relative told us, "They always manage to contact the GP quickly and get what she needs." The district nurse told us staff referred people to them quickly and followed guidance.
- People were supported to live as healthy lives as possible. People were encouraged to be active and mobile around the service.

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

- The service had been adapted to meet people's needs. Some rooms had been adapted to enable people in wheelchairs to be as independent as possible. The rooms had extra wide doors and a button to push to open the door. There was also a keypad lock for the door so people could lock the door.
- There were passenger lifts to all floors, so people could move safely around the service. There were pictorial signs around the service and memory boxes outside people's rooms to assist them to find their way around the building. Bathrooms had been adapted to enable people requiring assistance to use them safely.

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people had a DoLS authorisations in place. Care plans recorded if there were conditions in place, when there were, these had been met.
- Staff supported people to make decisions about how and where they spent their time. People told us, they were always asked what they wanted to do, and their views were respected. We observed staff supporting people with decisions and explaining the options. For example, one person was sitting in the conservatory and it was a hot day. Staff took time to explain why it would be a good idea to go inside for a short while. The person listened and decided to stay in the conservatory, staff explained again a short time later, this time they decided to go inside.
- When people had been assessed as not being able to make decisions a best interest discussion was held. These included people such as relatives and the GP who knew the person well. People's past decisions had been considered; one person refused the Covid-19 vaccination. They had constantly refused vaccinations all their adult life so the decision was for them not to have the vaccination.

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 inspection for this newly registered service; the provider of the service has remained the same, however, the legal entity of the company has changed. This is the first inspection of the service under its new legal entity. This key 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 treated with kindness and compassion. Staff knew people well and their choices and preferences. People and relatives told us staff supported them as they wanted. One relative told us, "They want him to have all the things he likes and makes sure he does."
- People's religious choices were met. Representatives the church were supported to visit, and people's wishes for religious support had been recorded in their end of life care plans.
- We observed people being supported discreetly in the communal lounges. Staff anticipated people's needs and spoke to them quietly when offering support.

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

- When people were unable to express themselves verbally, staff understood people's non-verbal cues. For example, staff recognised when people needed to use the bathroom by their behaviour.
- People's care plans recorded who had been involved in developing the plan including people and relatives. There were records about how decisions were made if the person was not able to make their own decisions.
- Some people expressed a wish for more information about fire safety. People were invited to attend fire awareness training. Some people attended and completed the training and received a certificate. People felt more involved and had a better understanding of how they would be kept safe.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible, people and relatives confirmed this. One relative told us, "I can't thank the staff enough, he is back to being as independent as before and enjoying the things I never thought he would do again." We observed staff reminded people to put sun cream on, there was a lot of laughter when the person put cream on their nose and ears.
- We observed staff respecting people's privacy. Staff knocked on people's doors and waited to be asked in. People were supported to go to their room when the district nurse attended.
- People's records were kept securely, and staff understood their role to maintain people's confidentiality.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service; the provider of the service has remained the same, however, the legal entity of the company has changed. This is the first inspection of the service under its new legal entity. 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

- Each person had a care plan in place that had been developed with people or their families. This included information about their family and previous preferences before they moved to the service. One relative told us they had been contacted to find out what their loved liked, and they received the drink they liked each evening.
- People's care plans included details about people's choices and preferences. These included when people liked to go to bed and get up. People told us staff supported them when they wanted, "They know I like to get up early and make sure I do."
- Staff were observed supporting people in the way they preferred. Staff made sure people had the items they liked with them in the lounge.

Meeting people's communication needs

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

- People received information in the way they could understand, information was provided in pictorial form.
- Staff knew how people liked to have their information. One person showed us how the menu had been especially presented for them as staff knew that they might forget it.

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

- People were supported to maintain relationships that were important to them. During the recent lockdowns, relatives had been encouraged to video call people. One relative told us; they had seen their relative at the window which had helped to reduce their loved one's anxiety.
- Since the restrictions had been eased, relatives told us they had been supported to visit regularly. They described the precautions required to reduce the risk of infection before and during a visit. They told us they were made to feel welcome and spent quality time with their loved ones.
- People took part in activities they enjoyed. We observed people enjoying a quiz in the communal lounge, there was rivalry between people which they appeared to enjoy. People had been supported to make plant boxes out of delivery palettes, these had been painted and flowers planted. People were able to go out into the enclosed garden to care for these, one person told us how much they enjoyed spending their time

gardening.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. This was displayed around the service in both written and pictorial form. In the passenger lifts there were posters with photos of the registered and deputy managers reminding people who to speak to if they were unhappy.
- There had been no complaints received by the service. People and relatives told us they knew who to speak to if they had any concerns. One relative told us, "The deputy manager is the most open person and I am happy to speak to her about anything."

End of life care and support

- People had been asked about their end of life wishes and these had been recorded. This included if people or their families did not want to discuss the subject. There were clear anticipatory care plans in place to recognise when people were becoming frail and changes in care needs.
- Medicines were available as soon as someone was known to be coming to the end of their life. Staff worked with the GP and district nurses to keep people comfortable. Relatives told us they had been supported to visit safely when people were unwell which had been appreciated.

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; the provider of the service has remained the same, however, the legal entity of the company has changed. This is the first inspection of the service under its new legal entity. This key question has been rated good. 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

- Staff promoted a person-centred approach to people's care and support. People and their relatives were involved as much as possible in the development of care plans. When people's needs changed their care was reviewed to make sure people's care remained centred upon them.
- There was an open and transparent culture within the service. People and relatives told us both deputy managers were approachable and easy to talk to. They thought the service was well led and had a positive impact on people. One relative told us, "My Mum has done remarkably well, staff know her well and how to cheer her up. She is stimulated with the activities they have."

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 management team had an 'open door' policy. We observed people speaking to the management team and they were laughing and at ease in each other's company. Relatives told us the management team were always available to speak to them and contacted them if when things had gone wrong. They were confident any concerns they had would be dealt with.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

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

- Checks and audits had been completed on all aspects of the service, including medicines and infection control. When shortfalls were identified, an action plan was put in place and signed off when completed. There was an overall action plan showing the improvements planned for all areas of the service.
- The deputy managers completed spot checks on staff and their practice, any issues were tackled immediately. The deputy managers were a constant presence within the service, staff told us they often worked with them to support people. Staff understood their roles and responsibilities, they had access to policies and procedures to guide their practice.

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

characteristics

- People and staff attended regular meetings. People were asked their opinions about what they wanted to do and the menus. People's views were collated, and a plan put in place to accommodate people's wishes. The registered manager had explained about restrictions but as soon as possible people would be taken out in the minibus.
- Staff were supported to discuss their practice and current government guidelines. Staff told us they were asked for their opinions and ideas for the service and where possible these had been put into practice.
- Relatives and professionals had completed surveys about the quality of the service. These had been analysed and the outcome had been positive.

Continuous learning and improving care; Working in partnership with others

- The registered manager had been part of the local manager forums to keep up to date during the Covid-19 restrictions. The registered manager received updates from national organisations.
- The service worked with other agencies such as the local commissioning group and local authority to improve the care provided for people.