

Mr & Mrs H Rajabali

# Brooklands Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Brooklands Nursing Home is a care home which provides nursing care and accommodation.. The service is set over two floors and has communal lounge areas on both floors and a dining area on the ground floor. Lifts connect both levels. Most people living at Brooklands are living with dementia or have a nursing need. The service can accommodate up to 29 people. At the time of our inspection 19 people were living at the service.

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

People said they felt safe living at Brooklands and staff were kind to them. However, people said at times they had to wait a long time for staff and staff said they were rushed. The provider took action in relation to this following our inspection. Although there was some good information relating to risks to people, we found people's pressure mattresses were not always on the correct setting and people's call bells were not within their reach. This could leave people at risk of coming to harm.

People received the medicines they needed, but we identified some shortfalls in medicines records. In addition, the provider did not meet the full requirements in relation to the recruitment of new staff. We raised these with the provider at our inspection who took action in response.

People and their relatives said staff were kind and in particular the deputy manager was very supportive of them. We did identify however that staff were not always receiving the training and support they should expect in order to equip them for the role.

Where people had an incident or accident these were responded to, lessons learnt and action taken to prevent further accidents. Staff knew how to recognise and report any safeguarding concerns.

Changes had been made to the service during the pandemic to help reduce any risk of infection. We had no concerns about the infection prevention and control practices of staff.

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 (report published 29 August 2018).

### Why we inspected

This targeted inspection was prompted due to concerns we received about some aspects of the service. This included medicines management, unsafe care for people and management oversight. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. The overall rating for the service has not changed following this targeted inspection and remains Good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

At this inspection we reviewed selected Key Lines of Enquiry in the key questions of Safe and Well-Led only and this report covers our findings in relation to those.

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

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme when we will carry out a fully comprehensive inspection looking at all key questions. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

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

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

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

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Brooklands Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection prompted by specific concerns we had received about the quality of care people received. These concerns indicated people may be at risk of harm. During the inspection we looked at some elements of the key questions of Safe and Well-Led. This included risks, staffing levels and competency, accidents and incidents and the culture within the service.

Whilst at the inspection, we also completed an infection prevention and control assessment. This was part of a thematic review which is seeking to identify examples of good practice in infection prevention and control.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Brooklands 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 did not have a manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

#### Notice of inspection

This was an announced inspection. We announced the inspection on the day of inspection to discuss the safety of people, staff and inspectors with reference to the COVID-19 pandemic.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This was because this was a targeted inspection prompted

due to specific concerns received.

We reviewed information we had received about the service since the last inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the provider, the deputy manager and care staff.

We reviewed a range of records. This included six people's care records and medicines records. We looked at four staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures..

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked the provider to remedy some shortfalls we identified, such as the personal evacuation information for people and gaps in staff training.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check on concerns we had received about risks to people, medicines and infection control practices.

We will assess all of the key questions at the next comprehensive inspection of the service.

### Staffing and recruitment

#### Staffing

- We received mixed views on staffing levels within the service. One person told us, "I can wait up to half an hour. The other day the person who does the tea had to help me." A second person said, "They are very good to me, but I don't think there are enough staff, particularly in the mornings. I have to wait ages." A relative told us, "Staff here are like her family, but I think there should be more staff." However, a second relative said, "I see quite a lot of staff. They always have time to talk."
- Staff also gave differing views. One staff member said, "We need some more assistance. Not enough staff. 10 people need a lot of support. People don't get the care when they need it and are not being supported with their emotional needs." A second staff member told us, "There is not enough staff. We are struggling at the moment. We don't have enough time to give them. People's needs are high." Two other staff told us however they felt there was enough of them.
- The provider said they always met their minimum staffing levels and they used agency staff to fill any shortfalls in staff rotas. Although they had agency staff living on site who could step in when needed a staff member told us, "The provider bases staffing levels on the number of people living here, not on their needs. It's really hard going and makes you feel guilty as you can't get to people as quickly as they'd like. We're so rushed, we don't have time to speak with them."
- At our inspection, particularly during the morning, we were aware of people's call bells ringing for long periods of time. Staff were seen to be busy however, there were not enough of them to ensure people's needs were being met in a timely manner as we observed people waiting. We reviewed the needs of people from the handover sheet used by staff. This showed 15 people required two staff members for personal care. In addition, at lunch time one person who should have been supervised with their meal did not receive it because of a lack of staff. We talked to the provider about this being an area for improvement.
- Following our inspection, the provider informed us they had introduced a mid-afternoon staff shift to assist people, especially during the lunch period. They also said they were in the process of implementing the nationally recognised dependency tool for the service and electronic care planning. Both would assist with determining staffing levels based on people's dependency.
- We reviewed the recruitment records for a selection of staff and found an application form, references and

a Disclosure and Barring Service (DBS) check. A DBS check helps ensure prospective staff are suitable to work in this type of service. Some of the documentation was held electronically which the provider sent to us following our inspection. We did identify that the provider was not asking prospective staff for a declaration of their fitness to undertake the role, which is a requirement of Schedule 3 of the Health and Social Care Act. We sent information to the provider following our inspection in relation to this necessity in order they could address this.

#### Assessing risk, safety monitoring and management

- People told us they felt safe with staff. One person said, "I feel safe." A second said, "Most staff know what they're doing and I feel safe." A relative said, "I feel she is 100% safe. I don't even have to think about that."
- Individual risks to people had been identified and guidance was in place for staff to reduce these. However, we found some areas that could be improved upon. People who spent the majority of time being cared for in bed slept on pressure mattresses to help reduce the risk of harm to their skin. We found one person's mattress was not set at the correct weight, despite staff being required to check mattress settings twice a day.
- Two people's care plans included, 'ensure sitting up properly when given meals' (to avoid the risk of choking) and a third person's stated, 'requires supervision while he eats due to risk of choking'. However, at lunch time we observed the first two people either being fed, or eating independently, not seated/sitting upright. The third person was not receiving supervision. In addition, although people's care plans included, 'ensure call bell always in reach' we found four people's call bells were placed in a way that they could not have reached them.
- On the personal evacuation (PEEP) list which staff would give to the emergency services, we noted incorrect information. People were recorded against different rooms and some people were not on the list. The provider explained that due to the pandemic, people had moved rooms so the service could enable people to isolate if needed. Immediately following our inspection they sent us evidence to show the PEEP information had been updated.
- We did however see some good risk information in people's care records. This included risk assessments related to bed rails, information on how people should be moved or assisted to reposition in bed and consultation with the person's GP where they had a malnutrition risk. A relative told us, "His thickener has increased as he has an ongoing choking problem."

We recommend the registered provider assesses and records all risks relating to people so staff have guidance in place to assist them to provide appropriate care.

#### Using medicines safely

- People had medicine administration records (MARs) which recorded their medicines, the dosage and when they should be given. On each person's MAR there was details of the GP, allergies and how people preferred to take their medicines. Where people had pain patches, there were clear records of where the patch was applied and when it was changed.
- We did identify some shortfalls in people's medicines records however. We found gaps in two people's MAR charts. People's photographs were not dated. It is good practice to date a photograph for good identification purposes and to update photographs as people change.
- In addition, one person was prescribed specific timed medicines. Their MAR stated, 'give at the same time every time'. Although their MAR had pre-populated times and was signed by staff, they did not record the actual time the medicine was given. This is important, as this particular medicine should be given at specific intervals. NICE guidance gives information on best practice in relation to timed medicines. We reported these shortfalls to the provider at the end of our inspection who told us these would be address immediately.



Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns had been raised with the appropriate authority and the service worked with the safeguarding team to investigate or provide additional information when required. A relative said, "Staff are kind, they speak to him very nicely." A second relative told us, "She is well looked after. We have no concerns."
- Staff had a good understanding of what constituted a safeguarding concern and told us they would report these to the office. A staff member said, "I would take it to the manager or get in touch with the owner."

Preventing and controlling infection

- People lived in a clean environment and we observed housekeeping staff carrying out cleaning tasks during our inspection.
- As part of this inspection we carried out an infection prevention and control assessment which did not identify any major concerns about the service.
- We were assured the provider was preventing visitors from catching and spreading infections. They were meeting shielding and social distancing rules and admitting people safely to the service.
- Protective Personal Equipment was being used effectively and safely by staff and the provider was accessing testing for people and staff.
- The provider was promoting safety through the layout and hygiene practices of the premises and their infection control policy was up to date.
- The deputy manager told us, "When staff enter rooms they should use hand sanitiser at the very least." However, we observed this not to always be the case as we saw some staff going between different people's rooms without sanitising their hands in between. We raised this with the provider at the end of our inspection who said they would address this.

Learning lessons when things go wrong

- Where people had incidents or accidents, these were recorded, discussed and action taken. One person had the input of a physiotherapist following a series of falls.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check on concerns we had received about the culture within the service and the competency of staff.

We will assess all of the key questions at the next comprehensive inspection of the service.

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

- People told us staff were kind at Brooklands and it was evident staff worked well together. A relative told us, "[Name] is very good. I can't think of anything that could be better and a staff member said, "[Deputy manager] is fantastic and we have good communication with the nurses." A second staff member reiterated this saying, "The deputy manager is fantastic – he has such a calm approach."
- A relative told us, "We get update emails, but they are generally about the home. It's very difficult to get hold of the same person when you phone and [deputy manager] although he's fabulous he's up against it. I know though I can send him an email and he will update me."
- We reviewed staff training and supervision records and received mixed feedback from staff. One staff member said, "Training was pretty basic. I haven't had hoist training here and no formal induction." Yet other staff said the training they received was good. According to the records of 20 staff this showed 10 staff had not received safeguarding, eight first aid training, nine food hygiene and three staff had not undertaken fire safety training. The provider told us staff were expected to complete their e-learning training modules and we saw a sign up for staff reminding them of this. The provider said they would check that this was being done.
- Staff were not receiving supervision in line with the provider's policy and the provider said that staff supervision was not up to date. We identified from the records three staff having last received supervision in 2018 and a further two in 2019. Staff gave us mixed feedback with one saying they had supervision, "Roughly once a month" and another told us every six months.
- We had received comments from people that there had been a problem with the hot water in the service. Three people said there were periods when they had no hot water. The provider explained to us a new boiler system had been installed and this had caused some airlocks resulting in issues with the hot water. They were aware there were still a couple of areas where the water was a problem but was confident this would be resolved as the plumbers were working their way methodically through the system.

We recommend the provider reviews the status of staffs training and supervision to enable staff to receive the support and skills they need for their role.

