

# Barchester Healthcare Homes Limited

# Brook House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Brook House is a care home with nursing registered for a maximum of 47 people. People living in the home may have health and mobility issues associated with old age, physical disabilities or sensory impairment. At the time of our visit, there were 47 people living in the home.

People's experience of using this service and what we found  
Medicines were not always managed safely.

People were safeguarded from the risk of harm or abuse. Staff were recruited safely. People had risk assessments to reduce the risk of harm they may face.

Care workers we spoke with told us that there was a lack of staff on the 2nd floor. We raised this with management who said that they would review this.

People and their family members told us they were happy with the care provided and living at the home. People were supported by a team of consistent staff who knew them well and who had the right skills, experience and knowledge to look after them.

People's needs were assessed including risks to people's health and the environment they lived in which was monitored to ensure safety. The service was well maintained, clean and homely. People were protected from the risks associated from the spread of infection.

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.

We observed caring interactions between staff and people using the service. People's cultural and religious needs were met. Staff understood how to form positive relationships with the people they supported. Staff promoted people's privacy, dignity and independence.

There was a variety of activities available for people to get involved with. Care plans contained information about people's preferences and needs.

Staff spoke highly of the registered manager and said they felt well supported. Staff were able to approach the management team and felt valued and happy in their role.

There were systems in place for communicating with people, their family members, and staff to collect their views and feedback regarding people's care and support.

For more details, please see the full report which is on the Care Quality Commission (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 07 June 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. 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.

#### Enforcement and recommendations

We have identified 1 breach of regulation in relation to medicines management at this inspection.

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

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Brook House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by 1 inspector, 1 medicines inspector, 1 bank inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Brook House 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. Brook House 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 CQC 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. We visited the home on 2 and 4 October 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 met and spoke with 8 people using the service and 8 family members. We also met and spoke with 14 members of staff which included the registered manager, regional director, clinical lead, registered nurses, care workers, activity coordinator, kitchen and domestic staff. We reviewed a range of records which related to people's individual care and the running of the service. This included 16 people's care files, 5 staff files and 10 medicine administration records (MARs) and protocols. We also looked at a variety of records relating to the management and quality assurance of the service including policies and procedures and a range of audits. We also obtained feedback from 4 care professionals.

# 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 good. At this inspection the rating has changed to 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.

### Using medicines safely

- Medicines were not always managed safely in the home. Medicines including controlled drugs (CD's) were stored securely and at appropriate temperatures. The staff had carried out regular stock checks of CDs. However, during the inspection spot check we found two broken injection ampules of prescribed palliative care medicines for 1 person. Also, for another person we found a prescribed liquid pain relief medicine had passed its shelf life, it was stored with currently prescribed medicines. The staff had administered this to the person and did not check the shelf life before administering it. Medicines that pass their shelf life may not have the desired effect.
- Some people at the home were prescribed insulin for their diabetes. Staff regularly monitored their blood glucose before giving them their prescribed insulin. However, staff did not always quality check the blood glucose monitors as per the manufacturer's instructions. This meant the blood glucose readings may not have always been accurate.
- Some people were prescribed medicines such as pain killers, laxatives and inhalers to be taken on a when required (PRN) basis. Guidance in the form of PRN protocols were in place to help staff give these medicines. However, the protocols were not always personalised or person-centred. For example, 1 person who experienced seizures and was prescribed a rescue medicine, their PRN protocol did not specify this medicine was to be administered for seizures. For another person, who experienced seizures the information on when to contact the emergency services was not consistent with their care plan.
- Medicine care plans did not always have the required information to help guide staff to support people's health needs. For example, 1 person who was prescribed an anticoagulant (medicines that help prevent blood clots), there was no guidance for staff on how to monitor or manage its side effects. For another person who experienced seizures, the information on when to contact emergency services was not consistent. For another person who experienced seizures, there was no information in their care plan about the prescribed rescue medicine. Some people living at the home were prescribed medicines for Parkinson's disease to be administered at specific times. However, information for time-specific medicines was not always recorded in their care plans.
- We observed staff administer medicines to people. The staff were polite, gained consent, and signed for each medicine after administration. However, we found that 1 person who was prescribed an injection for severe illness to be administered at regular intervals had not been administered this as per the dosage regimen. Staff had failed to identify this and inform the GP. After the inspection, the provider told us that the injection to be administered was the responsibility of the GP, although at the time of the inspection staff had not explained this to us and had not followed through the fact that it had not been administered by the GP.

Systems in place were not always effective to ensure the safe management of medicines. This is a breach of

Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised the above concerns with management and they immediately commenced an investigation looking into the areas identified. We will follow up on this at the next inspection.
- There was a medicine policy in place.
- There was a process in place to report and investigate medicine incidents.
- Staff received training and were regularly competency assessed for handling medicines.

#### Staffing and recruitment

- During the inspection there appeared to be enough staff on the ground and 1st floor to safely support people. We spoke with staff about staffing levels. They told us that during the morning shift there was a lack of staff on the 2nd floor. They explained that people on this floor had high support needs and the current staffing numbers meant that they were rushed. We observed on the 2nd floor there was a lack of staff presence during lunch as staff were busy supporting people who were in their rooms.
- The provider used a dependency tool to calculate how many staff were needed to support people in line with their assessed needs. The registered manager explained this was reviewed monthly and as and when needed.
- We raised the feedback we received from care workers with management and they advised that care workers had raised this with them and they were currently reviewing staffing on the 2nd floor.
- People were supported by a consistent team of staff. Staff knew people's needs well which enabled them to build meaningful positive relationships.
- Staff were recruited safely. Various checks had been undertaken on new staff, including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place to help protect the people who lived at the home. There were clear procedures for dealing with suspected abuse.
- People told us they were well looked after in the home and this was confirmed by family members.
- Staff understood their responsibilities to report any concerns and received safeguarding training.
- The provider notified the appropriate authorities about any safeguarding concerns.
- During our site visit, on arrival at the home, we observed the front entrance was secure. This helped ensure that people in the home were safe.

#### Assessing risk, safety monitoring and management

- People's care records included risk assessments for example on falls, moving and handling and skin integrity amongst others. Malnutrition Universal Screening Tool (MUST) risk assessments were in place where necessary. These are used to assess people with a history of weight loss or poor appetite. Risk assessments included information for staff about actions to be taken to keep people safe. Care plans and risk assessments were kept under review and updated when necessary.
- Personal Emergency Evacuation Plans (PEEPS) were in place for each person. PEEPS provide staff and the emergency services with detailed instructions about the level of support a person would require in an emergency such as a fire evacuation.
- Do not attempt resuscitation (DNAR) records were in people's care files. These had been signed by a GP and involved others in the decision. The home had a system of using two fruits on care plans and bedroom doors to indicate whether someone had a DNAR in place or not. However, we found that some care plans



and doors did not have such a picture. Therefore, this system was not applied consistently throughout the home. We raised this with management who said that they would review this but also explained that daily written handovers had the DNAR status of each person in the home.

- There were regular checks and an effective maintenance system to make sure the home remained a safe place to live. These included a legionella and water safety risk assessment. Regular checks on appliances and equipment and checks on safety items such as window restrictors were carried out.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service promoted safety through the layout of the premises and staff's hygiene practices.

#### Visiting in care homes

- The service supported visits for people living in the home in line with current guidance.

#### Learning lessons when things go wrong

- There was a system in place to record accidents and incidents. These were recorded and audited to identify trends and implement strategies to prevent any further or similar occurrences.
- Staff recognised incidents and reported them appropriately. They were investigated by management and lessons learnt were shared with staff.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 care and support needs were assessed prior to using the service. Health and social care professionals provided referral information to the service and the registered manager carried out assessments to consider if the service could meet people's needs safely.
- Assessments covered people's needs in areas such as medicines, health care and social activities. Assessment information was used to draw-up individualised care plans and risk assessments.
- People's care support plans were reviewed monthly and updated when required. A family member said, "Communication is very good. I always get an update on [my family member] if there is an issue they [staff] will call me at home and keep me informed."

Staff support: induction, training, skills and experience

- People were supported by suitably qualified staff who had received relevant and informative training. Staff spoke positively about the training they received.
- As part of the induction process, staff completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff competency was checked to ensure they understood and applied training and best practice. This happened through supervision meetings, observations and staff meetings.

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

- People received support to eat and drink enough to maintain a balanced diet. People spoke positively about the food provided in the home. A person told us, "Excellent, good variety." A family member told us, "Good with exceptional homemade soups." Another family member said, "The food standard is brilliant. The only thing I would ask for is a few more vegetarian dishes in the evening."
- People's support plans clearly detailed their eating and drinking needs and preferences.
- People were supported to eat and drink safely in line with recommendations received from Speech and Language Therapists (SALT) and dieticians. People were protected from risks of choking with modified food and fluids following appropriate assessments.
- During the site visit, we observed that the food menu was displayed at the entrance of the home and included a variety of options for people to choose from. Kitchen staff consulted with people daily offering them a choice of meals and alternatives if they didn't want what was on offer.
- On the 1st day of the inspection, we observed people having their lunch in the dining area on the ground floor. There was a relaxed atmosphere and dining tables were laid attractively. People sat at tables with one

another and were able to engage with staff and people.

- Monthly nutritional meetings were attended by management, kitchen staff, nurses and care workers. This enabled staff to discuss changes in people's health relating to their nutritional needs. People's diets were discussed and necessary changes to people's diet were made.

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

- People's care and support was provided in a safe, clean, well equipped and well-furnished environment which met people's sensory and physical needs.
- Since the previous inspection, the provider had undertaken a programme of refurbishment in communal areas in the home. These areas were homely, bright and clean.

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

- People were supported to access health and social care services when required.
- Staff worked in partnership with health and social care professionals to plan and deliver positive outcomes for people. Information and guidance from health and social care professionals such as the visiting GP, dietitians and occupational therapists were documented within people's care plans.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld.
- We saw the registered manager was working with the supervising body (the local authority) in assessing where people required applications to be made under DoLS. Where the supervising body had authorised applications to deprive people of their liberty for their protection, we found authorisations were in place and kept under review by staff.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. 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 supported by staff who treated them with kindness and respect. They told us staff were kind, caring, and responsive to their needs. A person said, "The staff are fantastic." A family member said, "I have found all the staff very polite." Another family member said, "Carers always available to assist with personal needs treating residents with dignity and respect."
- We observed caring interactions where staff treated people respectfully and with kindness. Interactions were positive, gentle, and centred on the person.
- Staff knew people and their preferences well but told us they would always check with the person what assistance they would like.
- People's diverse needs were considered, planned for, and met. The service catered for people from a variety of religious and cultural backgrounds. They celebrated different faiths and special events, organising for religious leaders to visit and lead worship. A person told us, "I feel good, the staff helped me back to good health, when I came I could not have a conversation. I am back to Church." The registered manager helped support some people to attend a Church service on Sundays. People spoke positively about the support they received with this.

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

- People were encouraged to make their own choices and decisions, and these were respected.
- Staff supported people in the way they wanted and respected their daily routines.
- People's care records included information about each person's wishes and how they communicated their choices.
- No concerns were raised by people about involvement or contributing to their care. They said that staff listened to them and respected their thoughts and opinions.
- There were meetings for people to discuss the service, including plans for activities, food, staffing and any concerns they had.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, and their independence was promoted. People were cared for in private. Staff knocked on doors before entering. They used appropriate terms of address when speaking with and about people.
- We observed staff show genuine warmth and respect when interacting with people. They took the time to communicate with people and did not rush them and instead encouraged people to do things for themselves.

# Is the service responsive?

## Our findings

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

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

- People received a personalised service that met their individual abilities and needs. Staff were familiar with people's individual wishes, capabilities and their preferred way of being supported.
- Records showed care plans were periodically reviewed and reflected any changes in a person's care needs.
- People's care plans included information about their previous occupations, interests and lifestyle choices described. This helped staff to understand people more and to aid in conversation.
- Verbal and written handovers were completed at the start and end of each shift, these gave an overview of the care people had received and summarised any changes in people's health and well-being.

Improving care quality in response to complaints or concerns

- Policies and processes were in place to support the service to respond to complaints. We noted that complaints had been documented but the action taken to resolve these was not always recorded. It was therefore not always clear what the outcome of a complaint was. We raised this with the registered manager who advised that they would review this and ensure such information was documented.
- People and family members we spoke with told us they were aware how to make a complaint and felt comfortable doing this.

Meeting people's communication needs

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

- People's communication needs were assessed. Where people needed specific support, this was recorded and made available through staff support.
- Staff had a good understanding of people's individual communication needs and described how they helped people to understand written and verbal information.

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 keep in touch with their family members and the wider community.
- The home had an activity co-ordinator who arranged various events, activities and trips out as well as providing 1-2-1 activities support to people.

- The home had a varied activities programme which was devised based on people's interests. There were different daily activities which included quizzes, arts and crafts, chair exercises and flower arranging.
- People and family members were complimentary about the variety of activities available and spoke positively about the activity coordinator.
- During the site visit, we observed people participate in an afternoon quiz which was led by the registered manager. The quiz was popular among people in the home with a significant number of people participating.
- People's family members and friends were welcome to visit the home at any time.

#### End of life care and support

- People received support at the end of their lives to feel safe, comfortable and well. Staff worked closely with palliative care teams and other professionals to provide personalised support.
- Care plans about people's preferred last wishes were personalised and respectful. Staff had received appropriate training in supporting people with their palliative care needs.

# 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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The home had a system in place to monitor the care and support provided to people. This included a range of checks and audits carried out by management in various areas relating to care people received, maintenance and the management of the home. These included monthly and quarterly audits in care documentation, health and safety, safeguarding, medicines, complaints/compliments, infection control, activities, staff files and training. However, systems failed to identify and address all the issues we raised in relation to medicines, inconsistencies with DNARs in place and complaints.
- There were monthly quality and clinical governance meetings which management and staff attended. During these meetings, staff discussed areas such as nutrition, tissue viability, falls, medicine errors and infection control. Necessary action required and lessons learnt were discussed at these meetings.
- The provider also carried out a quality improvement reviews at regular intervals. This covered areas such as health and safety, infection control, medicines, human resources, leadership and complaints. This enabled senior management to have an overview of the running of the service and drive improvements.
- The provider had plans to introduce an electronic care management system that contained people's initial assessments, care plans, risk assessments, reviews and occurrences such as medical appointments and activities.
- The CQC rating of the previous inspection was displayed as required in line with legislation.

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

- There was a positive and person-centred culture at the home. People told us they were happy and well cared for. Family members we spoke with were also happy and praised the staff and the care people received.
- The registered manager was active and involved in the day to day running of the service which promoted a positive well-led culture within the home.
- There was a stable and consistent staff team. They were clear about their own specific roles and responsibilities and how they contributed to the overall running of the service.
- People and family members spoke positively about the registered manager. A person told us, "[The registered manager] is fantastic. [They] go over and beyond, [they] even come and play scrabble with me." When asked what they would rate the home out 10, a family member said, "10. That's largely down to the manager as [they] go out of the way to help family and residents even down to taking people to church, bringing items from people's homes so they can have them in their rooms. [The registered manager] has

even gone and arranged for staff to go with residents to hospital appointments. I am aware he has been nominated for external awards, something he will not talk about." Another family member said, "I have nominated [the registered manager] for a Leaders in Care Award as [they] will do anything for the residents and their families. We even had a family party here and [my relative] was absolutely chuffed to be able to be part of it." Following the site visit, we were informed by management that the registered manager had won the 2023 Registered Manager of the year award.

- Staff were complimentary about the support they received from the registered manager. They told us they were well supported and valued working at the home. A member of staff told us, "[The registered manager] is lovely. He is a great man and always supports us and always tries to sort things out. We work well together." Another member of staff said, "[The registered manager] is a really supportive manager. [They] help as much as he can."

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 responsibilities under duty of candour. They were aware of their duty to notify the CQC of all significant events and were aware of their responsibilities in line with the requirements of the provider's registration.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had systems in place to involve people using the service, family members and staff in the running of the service. People and family members were asked for their views of the service through a satisfaction survey. Feedback received had been positive. People felt involved in their care and received their care in the ways they preferred.

- People, family members and staff had regular conversations with the registered manager and were able to share their views and were confident they would be acted on.

- The service worked with a range of health and social care professionals to discuss people's health and social well-being and to ensure their needs were well met. Effective partnership working had been established with health and social care professionals such as local authorities, community mental health teams and GP's. Feedback we obtained from care professionals was positive. They told us they had a good working relationship with the home and that communication was effective.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Effective systems were not always in place to demonstrate that medicines were managed safely.