

London Residential Healthcare Limited

London Residential Health Care Limited - Brook House Nursing Home

Inspection report

8A Nelson Road
New Malden
KT3 5EA

Tel: 02089429360
Website: www.lrh-homes.com

Date of inspection visit:
22 April 2021

Date of publication:
06 May 2021

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

London Residential Health Care Limited - Brook House is a care home providing personal and nursing care to 29 people aged 65 and over at the time of our inspection. The service can accommodate up to a maximum of 32 people. This purpose built home has two floors, each with their own separate adapted facilities.

People's experience of using this service

At the service's last inspection they were rated requires improvement overall and a breach of regulation in relation to infection prevention and control was made.

At this inspection we found the provider had made enough improvements to ensure they were no longer in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found the provider had made enough improvement in relation to how they prevented and controlled infection. The premises were kept hygienically clean and staff followed relevant current best practice guidelines regarding the prevention and control of infection.

People continued to be cared for and supported by staff who knew how to manage risk and keep them safe. Medicines systems were well-organised, and people received their prescribed medicines as and when they should. The service was adequately staffed by people whose suitability and fitness to work in an adult social care setting had been properly assessed.

The provider recognised the importance of learning lessons when things went wrong and were keen to continuously improve the service. The quality and safety of the service people received was routinely monitored by managers and nursing staff at both a provider and service level. The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care and support.

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 this service was requires improvement (published 22 December 2020) after we found a breach of regulation. The provider completed an action plan after the last inspection to show us the action they planned to take to improve their infection control arrangements. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

Why we inspected

We undertook this unannounced focused inspection to check the provider had followed their action plan to improve how they prevented and controlled infection. This report only covers our findings in relation to the

Key Questions Safe and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for London Residential Health Care Limited - Brook House Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor the service and information we receive about them. We will return to visit as per our re-inspection programme. 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?

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

This was a focused inspection to check whether the provider had met the requirements of the outstanding requirement in relation to Regulation 12, Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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 carried out by one inspector.

Service and service type

London Residential Health Care Limited - Brook House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (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 CQC, although a new manager was appointed in November 2020 and they have now applied to be registered with us. This will ensure someone is legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

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. We took this into account when we inspected the service and made the judgements in this report.

We reviewed all the key information providers are required to send us about their service, including statutory notifications. We used all of this information to plan our inspection.

During the inspection

We spoke with one person about their experiences of living at the care home. We also talked to various managers, including the services new manager, and newly appointed deputy manager/clinical lead nurse and regional manager.

We also looked at a range of records, including three people's electronic care plans, three staff files, and multiple medication administration record sheets.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to the overall management and governance of the service.

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 requires improvement. At this inspection this key question has improved and is now rated good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to operate safe infection prevention and control (IPC) measures and ensure staff always wore personal protective equipment (PPE) correctly. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had followed the action plan they had sent us and made enough improvement in relation to how they prevented and controlled infection to ensure they were no longer in breach of regulation 12.

- We observed staff using PPE correctly and in accordance with current guidance. For example, during a tour of the premises we saw staff wore their face masks properly by safely covering their nose and mouth. A person living in the care home told us, "I haven't lived here long, but I can tell you staff always wear their face masks." Managers checked staff were wearing their PPE correctly during daily walkabout tours of the building.
- Staff continued to receive ongoing IPC training. The service had adequate supplies of PPE.
- Access to the home had been restricted for non-essential visitors for most of the last 12 months due to COVID-19 but was now open to visitors providing they followed the service's strict IPC guidelines. All visitors were expected to pre-arrange their visit and on arrival evidence they had recently had a negative COVID-19 test, have their temperature taken, wash their hands and wear appropriate PPE. In addition, visitors were now required to meet their family member or friend in a new designated visitors' room.
- The premises continued to be kept hygienically clean. There were detailed records kept of staffs new cleaning schedules, which included a rolling program of cleaning high touch surfaces, such as light switches, grab rails and door handles.
- The care home was engaged in the 'whole home' testing programme, which meant everyone living and working at the care home was routinely tested for Covid-19.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems and procedures in place to keep people safe.
- Staff were supported to understand how to keep people safe and to raise concerns if abuse or neglect occurred. The provider had clear safeguarding and staff whistle blowing policies and procedures in place and staff had received up to date safeguarding adults training.
- Managers had notified all the relevant authorities without delay and were aware of their responsibility to notify relevant authorities of safeguarding incidents and we saw evidence of appropriate notifications having been made.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- Risk management plans were in place to help staff prevent or appropriately manage risks people might face. Electronic care plans included personalised risk assessments that identified those risks. For example, care plans we looked at included detailed risk assessments to help staff prevent and manage risks associated with people's mobility, nutrition and skin integrity.
- There was clear guidance for staff to follow to help them deal with emergencies. For example, we saw people had their own personal evacuation plan in place which ensured staff knew exactly how to support people in the event of a fire or other emergency.

Using medicines safely

- Medicines were managed safely. We found medicines systems were well-organised, and people told us they received their prescribed medicines as and when they should.
- Staff authorised to manage medicines followed clear protocols for the safe receipt, storage, administration and disposal of medicines. For example, at this inspection we found no gaps on any of the medicines records we looked at.
- Staff authorised to handle medicines received ongoing management of medicines training and had their competency to continue doing so safely, routinely assessed by managers and nursing staff.
- Care plans included detailed information about people's prescribed medicines and how they needed and preferred them to be administered. This included a risk assessment in relation to an individual's willingness and ability to safely manage their prescribed medicines.
- Various audits were routinely carried out on staff medicines handling practices. This included regular medicines checks conducted internally by managers and nursing staff.

Staffing and recruitment

- The service was adequately staffed by people whose suitability and fitness to work in an adult social care setting had been properly assessed. Since our last inspection the provider had recruited a number of new nursing and care staff. The service was no longer heavily reliant on temporary agency.
- Staff were visibly present throughout the care home during our inspection, including one to one staff supplied for people assessed as requiring additional support.
- The provider used a dependency tool to calculate the number of staff that needed to be on duty at any one time in order to meet people's needs.
- Staff underwent robust pre-employment checks to ensure their suitability for the role. Staff files contained a proof of identity and right to work in the UK, full employment history and health check, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

Learning lessons when things go wrong

- The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received. Managers told us they had increased the number of walkabout tours they carried out of the building each day since our last inspection to check staff continued to wear their PPE correctly.

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 has remained the same. This meant the service continued to be consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service did not have a manager registered with the CQC. However, a new manager was appointed in November 2020 and they have now applied to be registered with us.
- There were clear management and staffing structures in place. Since our last inspection the service's management team had changed. The relatively new manager, who was a registered nurse, was now supported by a new deputy manager/clinical lead nurse and regional manager, who were both suitably experienced and competent.
- We saw the service's previous CQC inspection report and ratings were clearly displayed at the care home and was easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Continuous learning and improving care

- Managers were keen to improve the service and they recognised the importance of continuous learning.
- The quality and safety of the service people received was routinely monitored by managers and nursing staff at both a provider and service level. For example, they regularly checked staff were wearing their PPE properly and the care home was kept hygienically clean.
- Audits were routinely analysed to identify issues, learn lessons and implement action plans to improve the service they provided people. For example, we saw the provider had followed the action plan they had developed following our last inspection to improve how they monitored staff use of PPE.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had a clear vision and person-centred culture that was shared by managers and staff. The manager told us they routinely used group team meetings to remind staff about the provider's underlying core values and principles.
- Managers were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment.
- Managers also understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

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

characteristics

- The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and staff.
- The provider used a range of methods to gather people's views about what the care home did well or might do better. For example, people had regular opportunities to share their views about the quality of care. This was done through regular contact with people using the service, more formal individual and group meetings and satisfaction questionnaires.
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers.

Working in partnership with others

- The provider worked closely with the Local Authority, local Clinical Commissioning Group (CCG), Public Health England (PHE) and a local GP where they regularly sought these external professional agencies advice and support during this pandemic.
- The managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.