

Tuella Limited

Brookdale House Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Brookdale House Care Home is a residential care home providing accommodation and personal care to up to 27 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 15 people using the service.

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

People enjoyed living at the home and felt safe. However, improvements were required in some areas. Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. However, we did find that more robust procedures for checking full employment histories were required.

Medicines administration records (MAR) confirmed people had received their medicines as prescribed. However, we found some concerns in relation to recording of when prescribed creams were applied. The service has since put in some measures to improve medicines.

The home was clean, and measures were in place for infection prevention and control. We were assured that most infection prevention and control practices were in line with current guidance. However, the home was in the middle of a refurbishment programme so areas were worn and in places were an infection control risk. Plans were in place to update the whole home.

The risks to people were minimized through risk assessments. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe. People were supported with their nutritional needs. People received varied meals including a choice of fresh food and drinks. Staff knew people well and treated people with kindness and compassion.

There were effective systems in place to monitor and improve the quality of the service provided. Staff felt supported by management and enjoyed working at the service. The provider had an open and honest approach to care delivery and reported accidents and incidents and informed those involved as necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 06 July 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was

no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about staffing and by a review of the information we held about the service. A decision was made for us to inspect and examine those risks. 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.

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

The overall rating for the service has changed to good based on the findings of this inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Brookdale House Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Two inspectors carried out the inspection with the support of a registered nurse 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

Brookdale House Care Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Brookdale House Care Home is a care home without 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 Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 4 people and 3 relatives who used the service about their experience of the care provided. We spoke with 9 members of staff including the provider, area manager, deputy manager, chef, maintenance, 3 care staff and 1 agency staff member. We also spoke with an external training provider.

We reviewed a range of records. These included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Following the inspection we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from 2 staff members and 4 health and 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 requires improvement. At this inspection the rating has remained 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people were protected from the risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments had been completed for the environment and safety checks were conducted on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm carried out.
- Personal emergency evacuation plans (PEEPs) were in place to guide staff in how to keep people safe during an evacuation. However, these had not been updated and in the building evacuation pack the list had 22 people on it, when the service currently had 15 people living at the home. This could cause confusion if a fire evacuation was required. The area manager was aware these were not in date and following the inspection sent us the updated PEEP's.
- Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people. For example, choking, manual handling and falls.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient staff were available to provide safe care to people. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The staffing levels had not increased following the last inspection. However, the number of people living at the service had reduced to 15. The provider assured us that when the numbers went back up in the home that staffing levels would also increase. However, we had concerns about housekeeping staff not being available at the weekends which we spoke about at the last inspection. The provider was in the process of employing extra staff for the weekend.
- The service did not employ an activities coordinator at the time of inspection. Activities were available to people by care staff and outside entertainers. The area manager informed us that when the numbers went

back up in the service the provider would employ a staff member to concentrate on activities.

- We observed that staff were not rushed and responded promptly and compassionately to people's requests for support. Staff rotas were planned in advance and reflected the target staffing ratio which we observed during the inspection.
- Recruitment processes were followed that meant applicants were checked for suitability before being employed by the service. Staff records included an application form, 2 written references and a check with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, we found 2 files had gaps in their employment history. This meant we could not be assured employment gaps had been fully explored to ensure staff were safe to work at the service. The area manager acted straight away and informed us they would action this as a priority.

Preventing and controlling infection

At our last inspection the provider had failed to ensure people were protected from the risk of infection. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The home looked clean and there were no malodours. People and their relatives were happy with the cleaning. We did notice some cobwebs above some lights in the lounge area. These have since been removed.
- Some areas of the home especially some bathrooms needed updating and were worn and could be an infection control risk due to not being able to be cleaned appropriately. The provider had plans for a total refurbishment and were working their way around the home. The bathrooms that had been updated were safe and clean.
- 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 provider was enabling visiting at Brookdale House Care Home according to current government guidance.

Using medicines safely

- At the last inspection we had concerns about prescribed creams. These were applied by care staff but the medicines administration record (MAR) was completed by the team leader which is not in keeping with best practice. During this inspection we had the similar concerns. Creams were applied by care staff and recorded on the electronic care system and paper charts. However, the team leader would sign off on the EMAR system that these had been applied. We spoke to the area manager about our concerns who was

going to update the systems they used.

- Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Guidelines were in place for when prescribed 'as required' (PRN) medicines should be given.
- There were effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff had the knowledge and confidence to identify safeguarding concerns and act on them. Staff were required to complete safeguarding training as part of their induction. Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.
- People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Learning lessons when things go wrong

- The service had systems in place to monitor incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

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.

At our last inspection the provider did not always work within the principles of the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- We observed staff seeking consent from people before providing care and support. A professional told us, "I believe the home does take into account individual's mental capacity and consent. From a safeguarding perspective the home always provide a perspective of the individuals capacity in relation to the incident. They have also applied this in instances when family have raised concerns regarding a residents finances and who they have appointed and supported them in making their wishes known".
- Staff had been trained in the MCA and DoLS and supported people to make day-to-day choices and decisions.
- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The service had a system to ensure that DoLS were reapplied for when required and that any conditions were complied with.

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

At our last inspection the provider had failed to properly maintain a secure, safe and clean environment. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- People we spoke with were happy living at the home and felt it was homely. We spoke to one person whose face lit up when we asked them if they were happy living here. A relative told us, "It's like mums home used to be like".
- Following the last inspection the refurbishment was underway. We viewed some rooms that had been decorated and accessorised to provide a positive and suitable environment for people who lived there. These were also suitable for people living with dementia.
- Further work was required and an action plan was in place for this with timescales. We spoke with the provider and manager about plans for the refurbishment and were shown how people and been involved in choosing fabrics and colour schemes for the home.

Staff support: induction, training, skills and experience

- Since the last inspection the provider had introduced face to face training as well as online training. This had a positive effect amongst staff. The area manager told us, "All staff are required to attend face to face training. Today is wound care. This is having a really positive effect on the staff team; they are putting what they are learning into practice and this will just make the delivery of care even better".
- Staff now had the opportunity to attend national vocational courses to enhance their training. Training records showed that training for staff was all up together. A staff member told us, "The training that all staff receive is very thorough and I feel I have learnt a lot from it. Current staff are very impressed with the new face to face training that has been implemented and feel more knowledgeable in their roles since completing. I have undertaken training in multiple areas including MCA, dementia care, record keeping, pressure care, fire training, train the trainer moving and handling as well as others. I receive quarterly supervisions and feel that these are very beneficial. I never had any supervisions in previous jobs and feel that I should have as it helps me to understand what is going well and what needs to be improved on as well as receiving important updates around the home".
- Staff were supported by supervisions. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop
- Arrangements were in place for staff who were new to care to complete 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.

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

- People told us they enjoyed the food. One person told us, "The food is lovely". A relative told us, "They cook all the food from scratch".
- People had a choice of eating in their rooms or joining each other around the table in the dining room. People were shown plated meals so they could choose which they would prefer. There was a choice of non-alcoholic wines to accompany their meals.
- The chef was passionate about the people living in the home and making sure people had the opportunity to have their choices at mealtime. During inspection we observed them asking people if they wanted anything added to the shopping list and told us there was no budget limit for food and people could have

their food preferences.

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 healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and other health professionals. One professional told us, "I believe that the residents are supported to maintain good health. I have seen numerous nurses visit the premises when I have been there to look at various people. All residents feet are clean and well cared for upon my arrival."
- Another professional told us, "The home staff are aware of the importance of maintaining an optimum level of physical health and the independence of their residents. They are proactive at looking for physical causes and treating symptoms and work closely with their GP practice". A third professional said, "Residents are supported to be healthy by being encouraged to eat well. Frequent fluids are supplied at any time. Residents who are able are encouraged to mobilise outside, weather permitting, and are assisted to the church or shops from time to time to help with their mental health."

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

- People were happy with their care. When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.

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 inadequate. At this inspection the rating has changed to 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

At our last inspection the provider had failed to ensure people received person centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People and their relatives thought the service was well led and were happy with the service. One person told us, "I'm really happy here". A relative told us, "We couldn't imagine Mum living anywhere else. She's thrived since coming here".
- Professionals praised the service. One professional told us, "I would rate this care home as one of the better care homes that I visit and I'm always recommending Brookdale to my patients who are currently not in a home setting should they ask for my opinion. The thing that stands out for me about this home is that there appears to be genuine relationships between the residents and the carers / management team. It always feels like a nice place to visit and all of the residents appear to be happy and content. There is always laughter between the staff and the residents which is a lovely thing to be around".
- We observed people received person-centred support and care delivery. During the inspection we saw many lovely interactions with people and staff, and it was clear staff knew people well and wanted the best for them. Care plans showed person-centred approaches.
- Since the last inspection the service had still not introduced an activities coordinator. The manager told us the plan was when the number of people increased within the home, they were going to employ an activities coordinator. Care staff were taking responsibility for ensuring people had purpose to their day and we observed staff engaging with people. For example, one person stayed in their room and the manager was spending time with them and providing them with a manicure. While people were in the lounge area there was a staff member with them at all times and one person wanted a newspaper and staff made sure this was in place for them. A program of activities was in place.

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

At our last inspection the provider had failed to maintain effective leadership and governance

arrangements, failure to identify concerns, not keeping people safe, protecting their rights and ensuring good quality, person centred care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Recently there had been a number of management changes. At the time of inspection, the service had a registered manager, however we did not see them during the inspection. The area manager was working with the deputy manager on running the service. A professional told us, "My only concern has been the high turnover of managers in a relative short space of time. Inevitably new staff bring new ideas and new skills which may benefit the home; however, the frequent changes can affect staff morale and cause some anxiety among staff, having to adapt to new ways of working. Having said that the new area manager [staff members name] and deputy manager [staff members name] I consider to be a great addition to the team".
- People's relatives and staff were positive about the manager and deputy manager. A professional told us, "From my involvement I am aware that the home had challenges with getting staff to accept changes in the home. I feel however that following a change in management there was focus on training and improving workers skills. There was focus on increasing responsibility of staff through medication management and other aspects".
- The provider had an effective quality assurance process to ensure the service was safe. There were a number of systems and processes in place for monitoring the quality and safety of care provided. These included audits of medicines, environment, kitchen, infection control, training, health and safety and call bells. The area manager told us, "We have had an overhaul of the audits and we discussed we would stop the audits as there were so many (around 18 a month). There were audits in place just for the sake of having an audit. I want the new audits to be meaningful and helpful to Brookdale".
- The service was also working through a robust action plan to ensure changes taken place were beneficial to the people living there.

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

- People were involved in how the service was run. A professional told us, "I really like how the home works hard to involve residents families and have recently implemented a newsletter".
- The service had just started holding residents meeting to get people's views. Minutes from a recent meeting in December showed that people were asked about the menu, activities and plans for the refurbishment for the home. They were also asked if, going forwards, they would like regular meetings; people felt happy with this arrangement. For people who were unable to attend the meeting, the manager went into people's room to check if they had anything to raise at the meeting.
- A family meeting was held in November to update families. Renovations and activities were discussed and the latest information about staffing in the home. At the end of the meeting it was agreed that these should take place every 6 – 8 weeks going forward.
- Staff were supported by monthly team meetings and daily handovers. Staff meetings were an open forum amongst staff and were usually held to discuss concerns about people who used the service and to share best practice.
- The service worked in partnership with the local doctor's surgeries and community health teams. One professional told us, "The home staff are aware of the importance of maintaining an optimum level of physical health and the independence of their residents. They are proactive at looking for physical causes and treating symptoms and work closely with their GP practice. When requested they complete further assessment records for our team to analyse, e.g. behavioural and sleep charts which are valuable in

evidencing concerns, identifying triggers and assisting with care planning. I feel we have a very good working relationship with the current team at Brookdale, they have a positive and proactive approach to both mental health and physical health needs which makes working with them a pleasure".

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

- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area.
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.