

Haych Care Homes Ltd

Brook House Residential Home

Inspection report

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Burnley
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Website: www.brookhouseresidentialhome.co.uk

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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

This unannounced inspection took place on 10 October 2018.

Brook House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided. Both were looked at during this inspection. The care home accommodates up to 10 people living with a learning disability. At the time of the inspection, there were 10 people who received support with personal care as nursing care is not provided at this home.

The care service is aware of the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. We found on this inspection that the service was delivering these values.

The home was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection was the first inspection since the service was registered with the Commission on 23 October 2017. The service was previously registered under a different provider.

During this inspection we found shortfalls in relation to the safe management of medicines and the systems for monitoring the quality of the care delivered. This was because records of people's medicines had not been effectively managed, and staff did not always have guidance on how to use 'as and when' (PRN) medicines and medicine audits were not robust. Action was taken to rectify the shortfalls immediately after our inspection.

We found there was one breach of the Regulations. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

People and their relatives told us they felt safe living at Brook House Residential Home. Feedback from people regarding the care quality was positive. There was a safeguarding policy and staff had received safeguarding training.

There were systems and processes for monitoring and assessing quality in the home to ensure people's safety and compliance with regulations. However, improvements were required to ensure the audits could identify shortfalls in care provided. Medicines audits had not been effective to identify the shortfalls we found and systems for analysing accidents and incidents were not robust to ensure trends and patterns

were identified and lessons were learnt. Internal audit and quality assurance systems required further improvements to ensure they could effectively assess and improve the quality of the service. The registered manager took immediate action to address all the shortfalls immediately after our inspection.

Risk assessments had been developed to minimise the potential risk of harm to people who lived at the home. Additional improvements were required to cover risks associated with use of topical creams and smoking. The registered manager took immediate action to address this after our inspection visit.

The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible. People's consent to various aspects of their care was considered and where required, Deprivation of Liberty Safeguards (DoLS) authorisations had been sought from the local authority.

Recruitment checks were carried out to ensure suitable people were employed to work at the home.

Care plans were in place detailing how people wished to be supported. People and their relatives were involved in care planning. People's independence was promoted.

Visitors and people who lived at the home spoke highly of the registered manager and the owners.

The environment was clean and adaptations and decorations had been adapted to suit the needs of people living at the home. There was an infection control policy however some improvements were required to ensure all toilets had hand washing facilities. The registered manager took action to address this.

Risk associated with fire had been managed and fire prevention equipment serviced in line with related regulations.

The provider had sought people's opinions on the quality of care provided.

We observed regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. People's nutritional needs were met. Risks of malnutrition and dehydration had been assessed and monitored. Comments from people who lived at the home were all positive about the quality of meals provided.

We observed people being encouraged to participate in activities of their choice. People who lived at Brook House Residential Home knew how to raise a concern or to make a complaint. The complaints procedure was available, and people said they were encouraged to raise concerns.

Staff had received induction and training. There was a policy on staff supervision and appraisals and staff had received regular supervision. Staff told us there was a positive culture within the service. Staff we spoke with told us they enjoyed their work and wanted to do their best to enhance the experience of people who lived at the home. The provider had a business plan which showed their visions and future development plans for the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe

People's medicines were not always managed in accordance with safe procedures.

Risks to the health, safety and wellbeing of people who used the service were assessed and appropriately managed.

Improvements were required to the management of accident and incident records.

There was a safeguarding policy and a whistle blowing policy and staff were aware of their duty and responsibility around safeguarding.

People and their relatives told us they felt safe.

Risks of fire had been adequately managed. Staff recruitment procedures were safe.

Is the service effective?

Good 

This service was effective.

The rights of people who did not have capacity to consent to their care were supported. Authorisations to deprive people of their liberties had been submitted where required. However, best interests process needed further improvements.

Staff had received training, induction and supervision to ensure they had the necessary skills and knowledge to carry out their roles safely.

People's health needs were met, and specialist professionals involved where necessary.

Is the service caring?

Good 

The service was caring.

People spoke highly of care staff and felt they were treated in a kind and caring manner.

People's personal information was managed in a way that protected their privacy and dignity.

Staff knew people and spoke respectfully of people they supported.

Is the service responsive?

Good ●

The service was responsive.

People had plans of care which included essential details about their needs and the outcomes they wanted to achieve.

Information was provided in an accessible manner to people with cognitive impairment.

People had been provided with appropriate meaningful day time activities and stimulation to keep them occupied.

There was a complaints policy and people's relatives told us they felt they could raise concerns about their care and treatment.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

We found shortfalls relating to medicines management and audit systems in the home. Governance systems for assessing the quality of records relating to care delivery needed improvements.

Policies for assessing and monitoring the quality of the service were in place. However, the systems and processes were not robust enough to identify concerns relating to care.

There was a registered manager in post and people gave positive feedback about the manager and the provider.

People's views had been sought and visions and values were shared.

Brook House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 October 2018 and was unannounced.

The inspection team consisted of one adult social care inspector who is also the lead inspector for the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

Before the inspection we gained feedback from health and social care professionals who worked together with the service. We also reviewed the information we held about the service and the provider. This included safeguarding alerts and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

We spoke with a range of people about the home including five people who lived at the home and four care staff. In addition, we also spoke with the registered manager and one of the owners/directors.

We looked at the care records of five people who lived at the home, training records and two recruitment records of staff members and records relating to the management of the service. We also undertook

observations of the environment and interactions between people and care staff.

Is the service safe?

Our findings

People who lived at the home told us they felt safe living at Brook House Residential Home and with the way staff supported them. Comments from people who lived at the home included, "It's safe here they know how to protect us", and, "Yes its safe, we talk about safeguarding in our resident's meetings and don't open doors for strangers." Yes, no swearing, no shouting at each other." A relative told us, "I think they do their best for [my relative] to keep them safe, I cannot fault them."

We looked at how the provider ensured the proper and safe use of medicines in the home. There were up to date policies and procedures which defined and described the service's responsibilities in relation to medicines. People who could manage their own medicines had been assessed and given the opportunity to do so. Staff checked to ensure the medicines were stored safely. However, the policies and procedures had not always been implemented to ensure people received their medicines safely.

People were not identified by a photograph on their medicines administration record (MAR). This helps to reduce the risk of administration errors. We noted that a request had been made for this to happen and the registered manager was waiting for the pharmacy to process the records. The MAR provided clear information on the prescribed items, including the name and strength of the medicines and dosage instructions. The care plans for medicines were mostly clear, up to date and appropriately kept. However, we noted that handwritten MARs were not signed to show who had written them and also not signed by a second person to demonstrate they had checked and witnessed that the information had been accurately written as prescribed.

We observed the staff on duty administering medicines. Staff were patient and respectful with people. We found there were some specific protocols for the administration of medicines prescribed 'when required' and 'variable dose' medicines (PRN). However, the practice was not consistent in all the records we reviewed. We found a significant number of PRN records were missing. The protocols are important to ensure staff were aware of the individual circumstances when this type of medicine may need to be administered or offered. The organisation's policy required that all people with PRN medicines should have PRN protocols. This meant that the provider had failed to follow their own policy to ensure the safe management of medicines. The registered manager took immediate action to address this.

We checked the arrangements in place for the management and storage of controlled drugs which are medicines which may be at risk of misuse. We found there was a lockable cupboard in one of the lounges. We were concerned there were times when temperatures were high in this room as it was a communal area. We discussed this with the registered manager and they informed us they will review the storage arrangements in the home. The temperature of the area where medicines were stored was being monitored on a daily basis to ensure those medicines were stored correctly and safely.

The registered manager had carried out daily, weekly and monthly medicines audits. However, the medicines audits had not identified the issues and concerns we found during the inspection. This may expose people to risks of medicines mismanagement. The registered manager took immediate action and

addressed this after our inspection. However, we would expect the registered manager and the provider to have identified the shortfalls without our intervention.

There were shortfalls in the safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how accidents, falls and near misses were managed. We found there were protocols and a policy for dealing with accidents and incidents. Accidents and incidents had been recorded and support had been sought from emergency services and health professionals where this was required. Staff had also reported incidents to the local safeguarding authority in line with local and national guidance. Accidents and incidents had been recorded in each person's individual record. However, there was no evidence to demonstrate how all accidents and incidents that had occurred had been analysed to identify patterns and trends within individuals or throughout the home. In addition, incident records had not been overseen by management to check whether staff had taken the correct action to support people. These arrangements did not support the registered manager and staff to learn from significant incidents and events in the home. We discussed these shortfalls with the registered manager and they immediately introduced a new system for analysing and reviewing incidents to ensure lessons were learned.

Risk assessments had been undertaken in key areas of people's care such as nutrition, skin integrity and moving and handling as well as behaviours that could pose a risk to self and others. People who accessed the community also had risk assessment for 'missing person'. Where potential risks had been identified the action taken by the service had been recorded. For example, people who smoked and people who required medical attachments such as percutaneous endoscopic gastrostomy (PEG) had been adequately assessed and staff had been provided guidance on how to monitor the equipment including identifying signs of deterioration. A PEG is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate for example, because of dysphagia. Additional improvements were required to cover risks associated with use of topical creams and smoking. The registered manager took immediate action to address this after our inspection visit.

There was a safeguarding policy at the service and staff had completed training in safeguarding adult's awareness. People who lived in the home were aware of the procedures in respect of safeguarding. We saw people and staff discussed safeguarding protocols during resident's meetings. Examples of abuse were discussed, and people were educated to keep themselves safe. For example, people told us, "We don't open the door to strangers." Another said, "No shouting or swearing at each other." Safeguarding protocols were provided to people in an easy read format to ensure they can understand the guidance.

We saw the service had emergency contingency plans in place. There was an overall fire risk assessment for the service in place. We saw there were clear notices within the premises for fire procedures and fire exits were kept clear. We found fire safety equipment had been serviced in line with related regulations. Fire alarms had been tested regularly. Fire evacuation drills were undertaken regularly to ensure staff and people were familiar with what to do in the event of a fire. All people had personal emergency evacuation plans (PEEPS). These are records that provide guidance to care staff should people who lived at the home ever need to be moved to a safer area in the event of an emergency. Equipment had been serviced and maintained as required. For example, records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use.

The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. During our inspection visit, staffing levels were observed to be sufficient

to meet the needs of people who lived at the home. There were two care staff in the day and two care staff for night shift. Comments from staff included, "There are enough of us and we help each other, if we are struggling the manager helps."

We looked at staff recruitment processes. We reviewed the recruitment records of two staff members and found that safe recruitment procedures had been followed. We saw the required reference and character checks had been completed before staff worked at the service and these were recorded. Disclosure and Barring Service (DBS) checks had been carried out before staff started their employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The home was clean however, we noted that one of the toilets did not have hand washing facilities. We spoke to the registered manager and one of the directors who advised that they will suspend the use of the toilet until hand washing facilities have been arranged. This would reduce the risk of cross contamination and the spread of infections in the home.

Is the service effective?

Our findings

People who lived at the home and their relatives told us they felt their needs were effectively met. Comments included, "We have nice staff here, they will do anything for you", "The food is nice and they do ask you what you want", "Yes I'm happy here, staff are supportive and will know when I need emotional support and they will provide it."

All staff we spoke with told us they knew people so well because the home was small.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

When we undertook our inspection visit, 10 DoLS authorisation requests had been submitted to the local authority. Two of the requests had been authorised to ensure staff can lawfully restrict a person to maintain their safety. People and their relatives informed us that staff sought consent and considered people's mental capacity while providing care support. There was an up to date policy in relation to seeking consent and mental capacity. Consent to photographs and medicines management had been completed. Mental capacity assessments had been undertaken where required. However, we noted that where people had been assessed as lacking mental capacity to make specific decisions, best interest decision records were completed only by care staff. There was no evidence of any other person such as family or professionals involved in the best interest decision making process. We spoke to the registered manager regarding their responsibilities in respect of mental capacity assessments and best interests' processes; they assured us that they would take appropriate action to ensure the shortfalls were rectified.

There were processes in place to ensure there was no discrimination, including in relation to characteristics such as culture, gender, religion, race or age. For example, the majority of the staff had received training in equality and diversity and were aware of the human rights principles. There was a policy to protect people against discrimination and harassment.

The service made sure that staff had the skills, knowledge and experience to deliver effective care and support. From our discussions with staff and from looking at records, we found they received a range of appropriate training to give them the skills and knowledge they needed. Staff told us all training was a mixture of face to face and distance learning.

There were systems to ensure training was completed in a timely manner. All staff spoken with confirmed they received sufficient training that was useful and beneficial to their role. Records showed that staff

completed an induction when they joined the service. They had received regular supervision and appraisals. Staff had either completed a nationally recognised qualification in care or were currently working towards one. We noted four of the staff were completing NVQ level five including one of the directors. Training and induction was linked to the Care Certificate which is an identified set of standards that health and social care workers adhere to in their daily working life. There was a programme of follow up and refresher training to ensure staff maintained their knowledge and skills in the mandatory areas.

We reviewed how people's individual needs were met by the adaptation, design and decoration of premises. We saw people who lived at the home had access to a garden which was enclosed and safe for them to use. In addition, there were two lounges for people to sit in. We observed people moved around the building freely. There was evidence of ongoing work that the provider was undertaking to improve the environment. For example, we saw they had installed new floors, carpets and some rooms had been re-decorated. People told us they were asked for their opinions regarding the renovations.

We observed staff supported people to eat their meals. The atmosphere was calm and caring and people were not rushed with their meals. All people appeared to have enjoyed their meal and had eaten very well. Staff offered a choice of drinks. They encouraged individuals with their meals and checked they had enough to eat. We observed staff gave people an alternative if they did not like the meals on offer. People also choose to sit where they wanted. Comments about the food were positive. One person who lived at the home said, "The food is very nice, and they do ask you what you want." People told us they were supported to maintain a healthy life style.

The care records we reviewed had a section which noted any special dietary requirements such as soft diet. Staff recorded in care records each person's food and fluid likes and dislikes. This was good practice to provide preferred meals in order to increase their nutritional intake. People were weighed regularly. We found staff assessed people against the risks of malnutrition and made referrals to dieticians and speech and language therapists (SALT) where appropriate.

People were supported to live healthier lives, had access to healthcare services and received ongoing healthcare support. Care records we looked at contained information about other healthcare services that people who lived at the home had access to. Staff had documented when individuals were supported to attend appointments or received visits from for example, GPs and district nurses. Documentation was updated to reflect the outcomes of professional health visits and appointments. This meant that people could be assured they would have access to health professionals if they needed them.

Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked individual's needs in relation to mobility, mental and physical health and medicines. Specific requirements for each individual had been identified. Assessments and associated documentation were personalised to each individual who stayed at the home.

Is the service caring?

Our findings

The service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed. During our inspection visit, we observed people were relaxed, happy, smiling and comfortable. For example, comments included, "It's much nicer now with the new owners" and "We are all happy now and can raise anything we want with staff."

Comments from relatives included, "[My relative] has been looked after very well here" and "Staff are good with people here."

We observed staff engaged with people in a caring and relaxed way. For example, they spoke to people at the same level and used appropriate touch and humour. We saw people were dressed appropriately in suitable clothing of their choice and they were well groomed. Where required, people were provided with items to stimulate them and keep them active.

Some staff had received training in equality and diversity. They were able to describe the importance of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

The service empowered and enabled people to be independent. We observed people being as independent as possible, in accordance with their needs, abilities and preferences. For example, some people were fully independent with their personal care needs and could manage their own medicines and were able to go out and about in the community independently. Practices in the home enabled them to do this. We observed people being encouraged to do as much as they could for themselves. For example, some people were involved in meals preparation, setting up tables and assisting with other chores in the home. Staff explained how they promoted independence, by enabling people to do things for themselves.

People's privacy was respected and promoted. For example, we saw staff knocked on people's bedroom doors before entering. Staff also addressed people by their preferred names. Care records that we saw had been written in a respectful manner.

Relatives told us the management team encouraged them to visit at any time. They said this gave them the freedom to access the home around their own busy schedules.

We saw people were supported to express their views on matters that were important to them. We saw there was information about access to advocacy services should people require their guidance and support. The registered provider had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the home to act on their behalf if needed.

Is the service responsive?

Our findings

People who lived at the home made positive comments about the staff team and the care and support they received at the service. Their comments included, "They will respond to any requests" and "They are kind and have helped me to overcome my difficulties in the last year, I'm more confident in myself." And, "They are most attentive and will support you to get seen by the doctor."

People received personalised care that was responsive to their needs. The care files were written in a person-centred manner. They were comprehensive and included detailed information about people's risks, needs and how they should be met, as well as their likes and dislikes. Care documentation was reviewed regularly and updated when people's risks or needs changed. Where required, the records had been written in easy read format to ensure people could understand what was written about them. We noted that information was included about people's religion, ethnic origin and gender. This meant that staff had an awareness of people's diversity and what was important to them, which could help to ensure they were able to meet people's needs.

The care records had been developed, where possible, with contributions from each person and their family. They identified what support they required. People and their relatives told us they had been consulted about support that was needed before using the service. People's needs had been assessed before they started living at Brook House Residential Home. This was to ensure that the home and staff were able to meet people's needs before they decided to admit them into the home.

People were supported to engage in activities within the local community and pursue their hobbies and interests. People had access to community activities such as day centres and gardening activities. We also noted people were supported to continue with their education and to take up volunteering opportunities. Some people regularly went out with staff and those who could not go out were provided with individualised activities to suit their abilities within the home.

People were supported to maintain local connections and important relationships and to have an active social role in their local community. People could go out and about independently to meet their family and friends. This meant that people were supported to live as they wished, helped to reduce social isolation, stigma and enhanced people's well-being and feeling of self-worth.

The provider had introduced technology to support people to receive timely care and support. For example, there was a wireless call bell system which allowed people to move around with their call bells and allow them to summon support from staff from wherever they were in the building. There was also working broadband and a telephone system that was easy to use and accessible to staff and people who lived in the home.

We checked whether the provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can

access and understand, and any communication support that they need. Staff had sought accessible ways to communicate with people in line with their communication needs to reduce or remove barriers. Records had been adapted to meet people's needs, for example some information was available in an easy read format. People's records had communication care plans that detailed people's communication needs. We would expect the provider to establish a policy on the Accessible Information Standard to ensure consistency in their practices. We discussed requirements for Accessible Information Standards and the director informed us they will ensure a policy would be formulated to guide staff.

People's concerns and complaints were listened and responded to and used to improve the quality of care. People we spoke with knew how to make a complaint or raise concerns and felt comfortable to do so if needed. We saw people were encouraged to do so by information that had been posted in the home and was in the service user guide provided to them when they first arrived. People were confident to speak up. The service had a complaints' procedure that was made available to people. Copies were on view in the home and had been written in a format that enabled people who used the service to understand the procedures. The procedure was clear in explaining how a complaint should be made and reassured people they would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. Staff were reminded to take concerns and complaints as an opportunity to learn and drive continuous improvement. No complaints had been received since the new provider took over in 2017.

The service did not usually provide end of life care. However, we discussed with the registered manager ways of sensitively planning for people's needs and preferences and the processes in place to support people who may experience bereavement. This would assist in ensuring that people could be supported at the end of their life to have a comfortable, dignified and pain free death.

Is the service well-led?

Our findings

There was a registered manager employed at Brook House Residential Home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at how the registered manager demonstrated how they continuously learnt, improved, innovated and ensured sustainability in the service. The registered manager and the registered provider had established formal auditing systems to assess quality assurance and the maintenance of people's wellbeing. We saw that audits had been undertaken in various areas such as medicines and health and safety. However, some of the audits such as the medicines audits were not robust to enable the registered manager to learn from shortfalls and to check whether they were complying with regulations. The audit had failed to identify the faults that we identified in respect of medicines management and the system for analysing and monitoring accidents and incident records. During the inspection, we found a breach of regulation in relation to medicines management. This meant that the governance systems and processes in place required further improvements to enable the provider to identify where quality and/or safety was being compromised and to respond appropriately and without delay.

We checked how people who used the service, their visitors and staff were engaged and involved in the running of the home. People had meetings on a regular basis, we saw minutes of the meetings that took place in the home. There was a suggestion box for people and visitors to share their views about the home. There was also a feedback book for visitors to share their opinions and views about the service. All the entries we saw were positive and complimentary of the staff team and the new owners. There were quality assurance surveys carried out to seek people's views on the care provided. In addition, there were staff meetings. We saw the registered manager and the provider shared the challenges and expectations with staff during the staff meetings.

Staff we spoke with told us they felt the registered manager worked with them and supported them to provide quality care. For example, we only received positive comments from staff and relatives and they included, "The registered manager is involved in the day to day running of the service. They will get involved if we are running short." Also, a relative said, "It's alright, I can go and speak to the registered manager if I have anything to discuss."

Staff we spoke with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place. The registered manager had worked at the service before their appointment as a manager and worked with the team to provide care. Care staff had delegated roles including medicines management, catering and domestic duties. Each person took responsibility for their role.

We looked at how staff worked as a team and how effective communication between staff members was

maintained. We found there was good communication about people's needs among staff and management. We found handovers were used to keep staff informed of people's daily needs and any changes to people's care.

The registered manager had forged good links with the local community and was planning to link with other registered managers and providers in the local area. The home had recently signed up to the Red Bag scheme which helped to improve continuity of services for people living at Brook House Residential Home. This was an initiative to improve the way services shared people's records and to reduce the risk of records going missing during a transfer between care homes and hospitals.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Whilst the registered manager had reported a number of incidents to CQC, we found one incident that had not been reported. This was related to an incident of burst pipes in the home which affected two people's bedrooms. We spoke to the registered manager who informed us that they had looked at the incident and took immediate action to make alternative arrangements for people involved. The registered manager assured us that all incidents that threaten the smooth running of the service would be reported in the future with details of the incident and what the service had done to support people involved.

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure the safe management of people's medicines.</p> <p>Regulation 12(2) (g) HSCA RA Regulations 2014 safe care and treatment.</p> |