

Regal Healthcare Properties Limited

# Brooke House

## Inspection report

Brooke Gardens  
The Street  
Norwich  
Norfolk  
NR15 1JH

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25 February 2021

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

# Summary of findings

## Overall summary

Brooke House provides accommodation and support for up to 35 people who may be living with dementia, mental health support needs or with physical disabilities. They also have a service user band for younger adults which means they can support people under the age of 65 if they can demonstrate how their needs can be met within the service. At the time of our inspection there were 28 people using the service. The service was divided up into two main units, the main house and the annex which was a separate self-contained unit designed for people living with dementia. There was a first floor which was accessible by a lift and some internal stairs which were protected by a stair gate. Staff accommodation and facilities were on the second floor. There were extensive grounds and far reaching views as well as secure gardens within this service.

We found the following examples of good practice:

The service is currently free from COVID-19. Staff were regularly tested for the presence of the virus and all, but two staff and people had received their vaccines. There was support in place to ensure staff and visitors were kept up to date and had enough knowledge of the correct use of personal protective equipment, (PPE) which was in plentiful supply. Staff spoken with were clear about the use and safe disposal of PPE.

Staff received infection control training and there was an infection control lead who played a key role in supporting staff. There were clear policies around infection control, PPE and donning and doffing procedures. The service had liaised with external agencies who had reviewed their infection control procedures, and these were good. In addition, management conducted their own audits and received top down management support.

The registered manager met regularly with her senior team and heads of department to help ensure they were clear about their roles and communication across the service was effective. Good communication was maintained with relatives, so they were clear about visiting and under what circumstances. The service had a conservatory which was protected by a two-way screen and could be booked by visitors to ensure they could maintain contact with their family member. This was cleaned after use and visitors were expected to wear PPE. The conservatory was accessed through a side door and not through the main house which reduced risks of cross infection.

Visitors to the main house was kept to a minimum and was open to health care professionals who were required to complete a trace and track form, have their temperatures taken and their oxygen levels checked. There was good signage around the use of PPE and reducing infection and there were hand washing stations. Cleaning records viewed demonstrated that regular cleaning took place.

Throughout our morning we saw evidence of people being engaged in appropriate activities and there was a robust plan to ensure people had opportunity to take part in activities which were appropriate to their needs. On the morning of inspection people were making bread and the service was full of nice smells. The service had a picture activity board, and photographs of people participating in activities.

We found the following examples of where good practice could be compromised:

The service was usually well staffed and regular staff provided continuity to people. Agency staff were kept to a minimum and on the day of inspection were only being used to support someone requiring one to one support. They were employed over a period of time and became a regular member of staff. On the day of inspection due to isolation the service were one domestic short. Although we identified good standards of hygiene and cleanliness, domestic staff were clearly under pressure to maintain high standards and to continuously clean the service, particularly frequent touch points. The housekeeper who acted as a domestic but also had additional areas of responsibility took great pride in the standards of cleanliness in the service but was not always able to complete all that was required. We raised with this the registered manager and suggested they risk assess the environment and decide what takes priority, for example, 'do all bedrooms needs to be cleaned every day'? Gaps in cleaning rotas were observed and there was some concern expressed by staff that cleaning did not always take place when the domestic staff were no longer on shift later in the day and evening.

We noted the conservatory used by visitors was also regularly used by staff to take their breaks. We did not observe this room being cleaned between staff use and would suggest staff either need to use another area or cleaning of this area should be stepped up.

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

We always ask the following five questions of services.

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

Further details can be found in the summary below.

**Inspected but not rated**

# Brooke House

## **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 us 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.

As part of CQC's response to the coronavirus pandemic we are looking at the preparedness of care homes in relation to infection prevention and control. This was a targeted inspection looking at the infection control and prevention measures the provider has in place.

This inspection took place on 25 February 2021 and was announced on 24 February 2021. It was carried out by one inspector over several hours.

## Is the service safe?

### Our findings

S5 How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.