

Regal Care Trading Ltd

# Brenalwood Care Home

## Inspection report

Hall Lane  
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Essex  
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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Brenalwood Care Home is a residential care home registered to provide personal care to up to 38 people across 2 floors. The service provides support to people aged 65 and over including people living with dementia. At the time of our inspection there were 22 people living at the service.

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

Our previous inspection in June 2022 identified a lack of leadership, management and oversight. This combined with high use of temporary agency staff had impacted on the quality and safety of the service provided. At this inspection we found significant improvements had been made.

There had been a cultural change in the service. The previous registered manager resigned, and a new manager had been appointed in September 2022. Staff told us they felt supported and had better direction which had helped to bring staff together as a team and improved morale.

Systems to assess, monitor and improve the quality and safety of the service had improved. This included better oversight to ensure each safeguarding concern, complaint or incident was reviewed and responded to. However, further work was needed to ensure audits explored root causes of themes and trends where these had been identified.

Arrangements for assessing risk, safety monitoring and management had improved. More robust systems were in place for checking the safety of premises, furniture and equipment to ensure risks to people's safety were identified and acted upon.

People's risk assessments and care plans had been reviewed and amended to guide staff on how to keep people safe. However, some information was inconsistent or missing. Additional work was needed to keep care plans under review to ensure information was current and consistent throughout.

Significant improvements had been made to the environment ensuring the safety of people, staff and visitors to the service. The premises had been refurbished, including all people's rooms and en-suite facilities. Refurbishment of the kitchen and better application of food safety management had led to improved catering facilities. The service had been recredited a 5-star food hygiene by Environmental Health in recognition of the improvements made.

Recruitment of housekeepers and enhanced cleaning schedules had improved the cleanliness of the service, minimising the risk of spreading infection. Equipment and facilities were cleaner, including sensor mats in people's rooms, en-suite facilities, communal toilets and shower rooms. Staff were observed using personal protective equipment (PPE) safely in line with national guidance. Installation of a new sluice facility had led to better control of cleaning, and disinfection of commode pans and disposal of clinical waste.

Recruitment of staff, better management of sickness and reduction in the use of temporary agency staff ensured there were enough staff deployed to meet people's needs and keep the home clean.

Staff had been provided with a range of training providing them with the knowledge and skills to ensure people were safe and well cared for. The manager worked alongside staff in a mentoring role and had introduced competency-based supervisions to ensure they had the right skills to meet people's needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was inadequate (published 22 November 2022) and there were breaches of regulation. 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 Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

#### Why we inspected

We undertook this targeted inspection to check whether the Warning Notices we previously served in relation to Regulation 12 (Safe care and treatment) and 17 (Good governance) had been met. We use targeted inspections to follow up on Warning Notices or to check concerns.

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.

Based on our inspection of safe and well led the provider had made enough improvement and was no longer in breach of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 not changed following this inspection and remains inadequate.

#### Follow up

We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Brenalwood 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.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 12 (Safe care and treatment) and 17 (Good Governance) 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 consisted of 2 inspectors.

#### Service and service type

Brenalwood Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brenalwood 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 not a registered manager in post. A new manager had been in post

for 3 months and had submitted an application to register. We are currently assessing this application.

#### 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. However, we reviewed all the information we had received about the service since the last inspection, including the providers service improvement plan (SIP). We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We used observations to gather evidence of people's experience of care. We spoke with 5 members of staff including the manager, deputy manager, 1 senior, 1 care staff and the chef. We also spoke with the nominated individual responsible for supervising the management of the service on behalf of the provider and reviewed a range of records. This included 3 people's care plans and associated risk assessments and a variety of records relating to the management 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.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We looked at all the Safe key lines of enquiry at this inspection, except for medicines. The provider was found to be managing medicines safely at the previous inspection in June 2022.

At our last inspection we rated this key question inadequate. We have changed the rating to requires improvement to reflect the improvements made.

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.

At our last inspection systems were either not in place or robust enough to manage safety effectively. Infection prevention and control (IPC) measures were poor, which placed people at risk of harm and acquiring infections and associated implications to their health. These were breaches of Regulation 12 (Safe care and treatment) 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.

### Assessing risk, safety monitoring and management

- Personal Emergency Evacuation Plans (PEEP's) intended to identify the equipment and level of assistance needed to safely evacuate people had improved. However, these needed further development to include information about how people's cognitive impairments and prescribed medicines which had a sedative effect may cause difficulty rousing a person, especially at night.
- The floor plans of the premises displayed in the reception area, were better and clearly showed where the fire extinguishers were located. However, these had been marked with a red dot indicating all fire extinguishers were water (spray and mist).
- A code was needed to direct staff to the correct extinguisher for the task, for example, black, carbon dioxide (CO2) extinguishers are designed for use on flammable liquid fires and / or electrical fires, and should be located near kitchens, or offices where electrical equipment is in use. Additionally, the plan needed to identify where the exits were in the event of a full evacuation from the premises.

The manager told us information about people's medicines and cognitive behaviours had been added to their PEEP's and a colour code had been added to the floor plan immediately after the inspection.

- People's care plans had been reviewed to ensure information about risks to their health, welfare and safety were identified, with actions in place to reduce those risks.
- However, we found additional work was needed to ensure information threaded through risk assessments and care plans, so if read in isolation each record would contain all the required details on how staff should

keep the person safe. For example, maintaining a safe environment assessment for one person referred to them not pulling up or tying their trousers properly resulting in them falling whilst walking, increasing the risk of falling. This was not reflected in their falls or mobility risk assessments, or their PEEP, but was in their mobility care plan.

- Where people required bed rails to keep them from rolling out of bed, risk assessments now contained appropriate information about the risks to the bed occupant. Regular checks were being made to ensure the mattresses and bed rails were compatible and fitted correctly to reduce the risk of entrapment of the person's neck, head and chest.
- Previous concerns about the risks to people choking had been reviewed. Revised plans about dysphagia and the risk of choking had been developed to include internationally recognised diets for managing dysphagia as set by the speech and language therapist. The chef and staff spoken with confirmed they had received training and were able to explain people's dietary needs and were aware of those at risk of choking.

### Preventing and controlling infection

- Recruitment of housekeepers and enhanced cleaning schedules had improved the cleanliness of the service, minimising the risk of spreading infection.
- Staff had received additional training to understand their role and responsibilities for maintaining high standards of cleanliness and hygiene in the premises. Equipment and facilities were cleaner, including sensor mats in people's rooms, en-suite facilities, communal toilets and shower rooms.
- Staff were observed using PPE safely and were able to explain the correct use of cleaning products in line with national guidance.
- Installation of a new sluice facility had led to better control of cleaning, and disinfection of commode pans and disposal of clinical waste. Waste clinical bins had been purchased and were available for staff to dispose of waste correctly.
- The kitchen had been refurbished and deep cleaned. New fridges and freezers had been purchased. Staff had a better understanding of food safety management and we found the kitchen and food storage areas were being cleaned on a regular basis.
- Following our last inspection, we shared our concerns with Environmental Health. They visited the premises on 22 June 2022 where they found improvements were needed to ensure the provider was complying with the Food Hygiene (England) Regulations. Environmental Health had since returned to the service and reaccredited a 5\* food hygiene rating, in recognition of the improvements made.

Our previous inspection found there were insufficient numbers of skilled, trained and competent staff which placed people at risk of harm and failed to ensure their personal care needs were met in a timely manner. 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.

### Staffing

- The previous inspection found care staff had been used to clean the home, detracting from the number of staff allocated to provide the required care and support to people using the service.
- At this inspection we observed staffing numbers had improved. Two full time housekeepers had been recruited. The service also had a designated staff member for the laundry.
- Action had been taken to recruit new staff to reduce the use of temporary agency staff. All night staff vacancies had been filled. The provider continues to advertise to recruit new staff, including a new senior

post.

- Staff told us, the reduction in using temporary agency staff and better management of sickness ensured there were enough staff on duty each day who knew people's needs. One member of staff commented, "We have more staff, a senior and the manager, it does make a difference with just that 1 extra member of staff."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes to safeguard people from the risk of abuse had improved.
- The manager had better oversight of incidents occurring in the service. They had taken appropriate action to raise safeguarding concerns to the local authority safeguarding team and notified CQC. Records showed appropriate action had been taken to reduce risks, protect people using the service and make improvements.
- The safeguarding file contained correspondence with local authority safeguarding team confirming they had worked well with them to address and learn from safeguarding concerns, complaints or incidents.

Using medicines safely

- We did not review medicines at this inspection. The provider was found to be managing medicines safely at the previous inspection in June 2022.

# 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.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We looked at all the well-led key lines of enquiry at this inspection.

At our last inspection we rated this key question inadequate. We have changed the rating to requires improvement to reflect the improvements made.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection systems and processes to assess, monitor, and improve the quality and safety of the service were not robust or effective. The failure to provide oversight of the service placed people at risk of harm. 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.

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

- Systems and processes in place to assess, monitor and improve the quality and safety of the service had improved. This included better oversight to ensure each safeguarding concern, complaint or incident was reviewed and responded to.
- However, governance arrangements needed further development to ensure they were used to continually assess and monitor the quality and safety of the service. For example, audits had not identified missing or inconsistent information in people's care plans and PEEP's.
- Review of falls analysis for September, October and November 2022 had identified where people had had repeated falls and reflected action had been taken to make referrals to appropriate health professionals. However, the audits reflected most incidents occurred late afternoon and at night, and 4 falls were attributed to urinary tract infections (UTI) in October. Further analysis as to why there were increased UTI's and falls at these times had not been explored.
- Further work was needed to review the longer-term oversight of safety and quality of the service to ensure improvements continue to be made, are understood, embedded and sustained. Systems for auditing need to identify where improvements are needed, what needs to be done to achieve this, and reflect good practice by continuously feeding into the service improvement plan.

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

outcomes for people

- Our previous inspection found staff lacked leadership and guidance which resulted in people not receiving the care and support they needed to stay well and engaged. Staff morale was low and there was a poor culture in the service.
- At this inspection we found there was a more positive atmosphere. There had been a cultural change and staff told us they felt acknowledged and supported with better leadership.
- A new manager had been appointed and had been in post since 22 September 2022. Staff commented, "The manager is very on the ball, they want to know how we are feeling and supports us," and "Manager is brilliant, a breath of fresh air, just what we needed, fresh ideas, fresh eyes, if they say they are going to do something, they do it."
- Staff told us the manager was supportive and led by example which had helped to bring staff together, and as a result staff morale had improved. Comments included, "They have sorted staff issues resulting in better relationships and teamwork," and "Everything has improved, first and foremost residents are getting looked after, staff feel blessed to have the new manager, you can talk to them and they listen."

Continuous learning and improving care;

- Significant improvements had been made to the environment ensuring the safety of people, staff and visitors to the home. The premises had been refurbished, including all people's rooms, and en-suites. The environment looked much better, more homely and cleaner. One member of staff commented, "We are getting better support by the company, we had asked for staffing before, it's nice they have spent money on improving the home."
- The operations director and manager were carrying out weekly and daily walk arounds with checks in place to monitor the cleanliness of the environment, access to PPE, people's dining experience and medicines. These audits were more effective at identifying where improvements were needed and we could see the manager took immediate action to address shortfalls.
- The governance systems had previously failed to identify staff did not have the appropriate training to give them the skills, knowledge and competence to support people using the service safely. Staff told us and training records confirmed staff have received additional training both face to face and via eLearning which had improved their knowledge on how to provide safe care.
- The manager told us they worked alongside staff in a mentoring role and introduced competency-based supervisions to ensure they had the right skills to meet people's needs.
- Staff confirmed they were now receiving supervision to discuss their roles, responsibilities and professional development.
- Staff meetings had been held where findings of the previous inspection had been discussed, the expectations of staff, and how the service was improving. A range of topics were included in a set agenda to discuss safety issues, safeguarding, complaints, incidents and accidents, and any lessons learnt.

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

- The provider shared the results of a resident's survey completed in August 2022 and we could see the results were very positive. The nominated individual confirmed staff had helped people complete these surveys. Whilst surveys had been carried out to gain people's feedback, being supported by staff members could hinder the impartiality of people's responses.
- Where people did not have relatives or person acting on their behalf consideration should be given to accessing advocacy services to enable people to voice their opinions.
- The manager informed us questionnaires had been sent to people's relatives to obtain their feedback about the service. Feedback in the surveys would be used to drive improvement.

Working in partnership with others;

- The provider and manager had worked well with the local authority quality improvement team and environmental health to make the required improvements.
- The manager had worked well with other health professionals, including the GP, community dementia team, occupational therapists, speech and language therapist (SaLT) and dieticians to ensure people received the right care.