

Larchwood Care Homes (South) Limited

Brookes House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Brookes House is a 'care home' that was providing personal and nursing care to 30 people aged 65 and over at the time of the inspection.

People's experience of using this service:

The service was not always safe. At the last inspection, we imposed restrictions on the registered provider, to not allow them to admit anyone new to the service. They had adhered to this instruction. Following the last inspection, a number of safeguarding incidents had occurred and some were being investigated by the local authority. The registered provider did not always deliver a safe service to people, that was supported by consistent, competent and responsive staff. After the last inspection, people had experienced a change in staffing, because occupancy had decreased and staffing levels had stayed the same. Staff competency when delivering care had improved. At the last inspection, people's medicines had not been administered correctly. At this inspection, people were receiving their medicine in the right way.

The service was not always effective. For a prolonged period of time, the registered provider found it difficult to ensure that people consistently achieved good outcomes and received good care. At this inspection, people did not always receive good oral health care. The service did not always involve people in the design and decoration of the service. Assessments were in place but these could be developed further to consider a wider range of needs of the whole community, such as LGBTQ. People's meal experiences had improved.

The service was caring. Whilst people had not always experienced a caring service, people told us they were being treated with dignity and respect. Staff treated people in a kind and caring way and had been involved in reviews of their care.

The service was not always responsive. Complaints were not dealt with by people who had the right level of knowledge and skill, to resolve them in an appropriate way. We have made a recommendation about the way the registered provider handles complaints. At the last inspection, established routines of care were in place. Previously, Staff did not always allow people to have control over their day to day lives and make choices as they would like. For example, people did not always have the choice over when they had a bath, when they got up or went to bed, or where they sat. This had improved. Care plans had been reviewed and were more reflective of people's needs, they included people's choices about end of life care.

The service was not always well led. The management of the service continued to be inconsistent, and this will be the third time this service has been rated requires improvement. Quality assurance frameworks had not always been used in an effective way, and people had not always been given person-centred or good quality care. However, these systems were being used more effectively and this was beginning to have an impact on the service. People were experiencing a service that had improved from being inadequate.

More information is in the detailed report below.

Rating at last inspection: Inadequate (28/9/18) This is the third time the service has been rated requires improvement.

Why we inspected:

At the last inspection, multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found, and the service was placed in special measures. Services that are in special measures are kept under review and inspected again within six months. This was a planned inspection based on the previous rating. The service had been placed in special measures because there was not enough competent staff to ensure people were safe. Staff had been using manual handling techniques incorrectly and people did not receive personal care in a responsive, dignified and respectful way. Care delivered to people was routine and did not support people to have control over their day to day lives. People did not always receive their medicines at the right time or in the right way, and people often had to wait a long time to get their meals. The quality assurance framework had failed to address the concerns and had not considered people's feedback about the service. At this inspection, some areas had improved, but further improvements to the service were needed.

Follow up: We will continue to monitor this service and inspect in line with our inspection schedule for those services rated requires improvement.

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 not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive 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 ●

Brookes House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

The inspection was carried out by one inspector, an assistant inspector 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. This person had expertise in dementia care.

Service and service type Brookes House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission, at the time of the inspection. This means that the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Inspection site visit activity started on 8 January 2019. We did not give the provider notice of our inspection.

What we did

We reviewed the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and spoke with other professionals who worked with the service. We assessed the information providers send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with eight people, four relatives and nine members of staff, to ask about

their experience of the care provided. We observed the care people received, to help us understand the experience of people who could not talk with us. We also spoke the deputy manager, and three senior managers. They are referred to in the report as the registered provider.

We reviewed a range of records. This included six people's care records and medication records. We also looked at five staff files around staff recruitment and various training and supervision records. We looked at audits and quality assurance procedures relating to the management of the home.

After the inspection, we asked the registered provider to confirm how they propose to manage the current safety levels, when admissions to the service restart. We also asked the registered provider to specify how the current staffing levels will be sustained and how they planned to improve the quality of the service moving forward.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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.

Staffing and recruitment

- Recruitment checks were not always carried out effectively. For example, qualifications disclosed as part of the recruitment process were not always certified and retained within the personnel file. The registered provider's recruitment policy stated they would involve service users as part of recruitment. There was no evidence this aspect of the recruitment policy was being followed. Selection and interview processes did not always assess or explore information applicants had disclosed.
- The registered provider had been unable to consistently maintain staffing levels. Since the last inspection, occupancy rates had reduced, but staff numbers remained the same. Some staff had left and new people had been recruited. Less agency staff were being used.
- Everyone told us this had improved, but some relatives said staff were less visible at weekends. One staff member said, "It is better for people here now. It is calmer and the atmosphere has changed. You used to ask someone to help you, and they would say they didn't have time. We mainly cover any absences with overtime."
- People had call bells within reach. When a call bell was pressed this was responded to quickly. One person said, "I have a buzzer in my room, and the staff are always quick to come. No problems there."
- The registered provider has always had systems in place to determine staffing numbers, but they had not used this system effectively, to ensure staffing levels were safe. This was now being completed on a regular basis.
- The communal lounge areas on the ground floor used to be left without adequate staff support. We saw the deployment of the staff was suitable to meet people's needs. Staff responded to people when they needed help quickly and were knowledgeable about the people they were supporting. One person said, "I have been here for over eight years now, and I have seen lots of changes. Hopefully, things can settle down now."
- At the last inspection, we imposed restrictions on the registered provider, to not allow them to admit anyone new to the service. They had adhered to this instruction.

Systems and processes

- Since the last inspection, safeguarding alerts had been raised with the local authority and they had worked closely with the registered provider, to ensure people were being kept safe. At the time of the inspection, the local authority was investigating concerns and working with people and their relatives.
- People told us they felt safe with the staff that supported them. One person said, "It is lovely here. The staff are all friendly. I feel very safe here. It is my home after all." A relative said, "I think it has improved. If I moan about anything it is resolved straight away. [Name] is certainly safe."
- The registered provider looked at ways improvements could be made when safeguarding concerns had been raised. Staff had been trained and understood their responsibilities around safeguarding.

Assessing risk, safety monitoring and management

- We had been made aware that some people had sustained injuries following an accident or incident. This indicated potential concerns about the management of risk in the service. While we did not look at the circumstances of each specific incident, we did look at the associated risks.
- At the last inspection, we discussed with the registered provider about the associated risks of people eating in wheelchair's, at meal times. We had been notified of an incident which had occurred following this inspection, where a person had seriously injured themselves. This indicated the provider had continued with this practice.
- Most risk assessments were detailed and the quality of these assessments had improved. However, they could be developed further, to ensure they were more person centred. For example, one person suffered with flexion. This is an involuntary movement of the body, the risk assessment had not considered the impact this may have had on the care being provided.
- A number of accidents and incidents had occurred since the last inspection. The local authority had been working to investigate these. We found the registered provider had introduced systems to monitor this area and look at ways safety could be improved.
- Staff were clear about the information within care plans. For example, when people had pressure ulcers staff understood the person's care needs and knew how frequently people needed repositioning to help mitigate further deterioration and promote healing.
- We observed how people were supported to mobilise and found overall this had improved. Some manual handling training was out of date by a number of weeks. The registered provider confirmed this had been booked.
- We observed different slings being used to transfer different people. Pictorial instructions for staff had been introduced. One person said, "I think they are very caring here. I need the hoist to move me. There are always two carers, and they do it so carefully. I have no complaints." A relative said, "[Name] is unable to move. The staff have to move them every two hours. I notice they always do it very carefully."

Using medicines safely

- Prior to the inspection, we were notified that people's medicines had not always been managed in a safe and effective way. The provider had sought external guidance and support to address these issues. At this inspection, people received their medicines in the right way and at the right time.
- Medication Administration Records (MARs) had been completed correctly, and audits had been carried out. Staff had been trained and their competency had been assessed.
- We did find a large quantity of medicines that needed to be returned to the pharmacy. Improvements could be made to the storage arrangements for medicines being returned. The registered provider assured us they would quickly address this.

Preventing and controlling infection

- Staff were supplied with personal protective equipment and used this to prevent the spread of infections. Staff had received training in infection control, and audits had been carried out. The service was clean. One relative said, "You never get any smells here. It's spotless."
- Mixed feedback was received about the laundry system. Some people had not always had a positive experience. One staff member explained, "Our laundry lady retired in March 2018, since then we haven't had a dedicated laundry person. We all help out in the laundry. We hope with the new manager we can get a dedicated laundry person back."

Learning lessons when things go wrong

- The registered provider had involved people, their relatives, and staff to look at how they could improve the experiences of people living at the home. Meetings had been held to look at what needed to improve. People had suggested they wanted to be more involved in care planning, and wanted to have greater choice

and control over their day to day lives.

- The registered provider had worked with the local authority and had been making a number of changes to the service.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- The registered provider has struggled, for a prolonged period of time, to make sure people achieved good outcomes and received consistent care.
- Assessments of people's needs had been carried out, and on the day of the inspection, people's care needs were being carried out in line with their assessed needs. However, the assessment process did not consider people's oral health, religious or cultural needs, or consider the needs of people who may identify as Lesbian, Gay, Bisexual, Transexual, or Queer (LGBTQ.) The registered provider had not looked at the ways in which the service could meet these specific needs. One relative said, "They do wash [Name] and their feet are done, but they have never cleaned their teeth." Daily records did not confirm if people's oral health care needs were being met." Another person said, "When [Name] was well we did communion together. We would really like a Methodist person to give [Name] communion. They really would like to have communion."

Staff skills, knowledge and experience

- Staff had been given regular training and were encouraged to complete nationally recognised qualifications. Competency assessments had been carried out in relation to medicines, manual handling, and dignity and respect. Some staff training in manual handling was overdue, but the registered provider assured us that this training had been scheduled.
- Staff told us they received the support they needed to carry out their roles. The service had a programme of staff supervision in place.

Supporting people to eat and drink

- The meal experience had improved, and people did not wait long to get their food. People chose what they wanted to eat and had access to a variety of drinks and snacks, throughout the day. Meal times were flexible and we saw people choosing when and where they wanted to eat and drink. Some people sat together at tables, others decided to stay in the lounge area or eat in their rooms. One person said, "The food is very nice here. There are always two main choices, but if you like you could have an omelette, or anything really. There is always a good choice."
- Some people were at risk of malnutrition. Detailed guidance was in place for staff to follow. People's weights were monitored and information from speech and language teams (SALT) was clearly recorded. Staff were knowledgeable about these specific needs. People's food and fluid intake had been monitored and recorded. When people were at risk of choking, information for staff to know how to manage this in the event of an emergency was available.

Working with other agencies to provide consistent, effective, timely care

- People's health needs were being met. Care records showed when relevant health and social care professionals had been involved. People were registered with the local GP surgery and staff assisted them to attend appointments when needed.

Adapting service design and decoration to meet people's needs

- Brookes House is a purpose-built care home. People could access the garden safely. There were different lounges and communal spaces to choose from. We saw people spending their time in different areas.
- Some chairs in the communal lounge were stained and grubby. The registered provider said they had ordered new chairs.
- People had not been involved in choices made about the way the service had been decorated. One person said, "I don't like the dark pink. I have got to sit here all day looking at it. I have heard we are getting new armchairs, but nobody has shown me what we are getting. I expected to have been asked about the colours."

Supporting people to live healthier lives, access healthcare services and support

- People told us their healthcare needs were managed, and relatives confirmed they had been kept informed. One relative said, "I have been involved since the last inspection, and they have kept me informed."

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 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 take 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider had policies and procedures in place. Staff had received training on the MCA and DoLS. Care plans contained an assessment of people's capacity to make specific decisions. These were individual to the person and identified when they were most likely able to make a decision.
- Some people had been assessed as not having the capacity to consent to their care arrangements. They were also subject to continual supervision to ensure they were safe and their needs met. The registered provider and staff had recognised this amounted to a deprivation of their liberty and submitted applications to the appropriate authorities.
- At the last inspection, staff did not always enable people to make choice's about their day to day decisions. At this inspection, staff sought people's opinions and people were given choice. Staff asked for people's consent before providing care and support, and gave them options to determine what they wanted to do. They respected their decision if they changed their mind. When people were able, signed consent had been obtained and was retained within the care plan.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved in their care.

Ensuring people are well treated and supported

- People told us the service had improved, and staff were kind and caring towards them. One person said, "The staff are brilliant here. They are very caring. I have a bit of banter with them, and we have a laugh together which I like."
- Staff showed they were caring with people by the way they spoke to them. We observed staff acting in a kind and caring way towards people. People looked happy, relaxed and comfortable when staff were around.

Supporting people to express their views and be involved in making decisions about their care

- Staff offered people choice, about where they wanted to sit, if they wanted to be involved in activities, and whether they wanted the television on or off.
- People told us they decided how they were supported, and could control what they did and when. Staff listened to what people said. One person told us, "I like to be as independent as possible, but there are some things I can't do. I like to strip my bed, but I just can't do it anymore. The staff here help me make my bed. We have a laugh and do it together."
- People were aware of their care plan and they had been reviewed. One person said, "I do get involved with my care plan."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff understood the importance of treating people in a respectful and patient way.
- People could go out of the service when they wanted to. They told us staff supported them with this choice. One person said, "The staff here are lovely, they do anything for you. The activity lady takes me shopping. I do what I like really. I'm very independent and don't ask for much help. I don't spend that much time in my room, I prefer to be with people."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs had not always been met. Regulations may or may not have been met.

Improving care quality in response to complaints or concerns

- Since the last inspection, complaints had been made. The local authority had raised concerns, the provider had not always recorded verbal complaints or responded appropriately. They were carrying out an investigation into these concerns.
- Evidence reflected this feedback. For example, one complaint raised concerns that a person was not being supported to go to the toilet. The response of the registered provider was to suggest a catheter was fitted. This had not addressed the issue in an appropriate, responsive and person-centred way.
- The registered provider told us that a member of the management team had not written this response and it was a member of staff. We recommend the registered provider ensures the staff involved in the assessment and investigation of complaints have the skill and competence, to resolve complaints appropriately.
- With the exception of one person, people and their relatives told us they were confident their concerns would be addressed. One relative said, "If I ever mention or moan about anything, it will be resolved to my agreement. If I do have a niggle, I can approach them and they will sort it out. They listen now and that is the main thing. There are always little things because life isn't perfect, but overall it's much better."

Personalised care

- The atmosphere of the service was calmer, and staff were seen being more responsive to people's needs. One staff member explained, "It used to be horrible. We used to have to go in to people's rooms and get them out of bed. Now, if people don't want to get up at a certain time, we come back and ask them and they get up later. It's nice helping people to get up when they want to." One person said, "I was awake early today and the night staff helped me to get up. The staff always have a laugh with me and we get on."
- Activities provided people with stimulation. The registered provider had considered people's communication needs and looked at how this could be supported. For example, we saw people enjoying coffee and listening to the local speaking newspaper. One person said, "I like the activities lady. They are so helpful. I can ask her anything, nothing is too much trouble."
- We looked at the care plans for people who required pressure care or who needed support to maintain their nutrition and hydration. These had been completed.

End of life care and support

- Information surrounding people's preferences at the end of their lives had been reviewed. Guidance was available for staff about what to do and the persons preferences when they were near to the end of their life was detailed. Some care plans had information about decisions people had made on hospitalisation and when it was appropriate, do not resuscitate records (DNARs) were in place.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Leadership and management

- For a prolonged period of time, the registered provider found it difficult to ensure that people consistently that meets the essential standards of quality and safety. This is the third time the registered provider has been rated requires improvement. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 This was a breach of (2) (a) (f) of the Health and Social Care Act 2008.
- Historically, short term changes have been made, but their was limited evidence that this could be sustained. For example, they have not always robustly assessed the risks to people's health and safety, and have not always ensured there has been enough skilled and competent staff deployed to keep people safe and deliver care in a proactive and person-centred way.
- Since the last inspection, the registered provider had worked to stabilise the service. Whilst a registered manager was not in post, a number of senior managers had been supporting the service. One senior manager said, "We have been fully focused on improving the service, so that it isn't inadequate anymore." Staff told us morale was good and the service had improved.
- We saw evidence that short term improvements had been made. However plans were not in place, to show how the quality of care would be maintained, and improved to at least a rating of good overall.
- Plans had not been put in place to ensure future changes would be managed in a safe and effective way. After the inspection we requested additional information about this.

Continuous learning and improving care

- At the last inspection, audits and checks were in place and completed regularly, but these systems had not been used effectively and had failed to address the concerns we found. These audit systems had been reintroduced and were being used as a framework to improve the quality of the service. We recommend the registered provider ensures the quality assurance framework is developed to provide a good service to people.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour when things go wrong

- Communication had taken place with people, family, relatives, staff, and professionals. People's views and experiences had been gathered. The information was used to look at how the service people be improved.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Registration requirements were not being met. A registered manager had not been in post since the last

inspection. A new person had been recruited and was being inducted into the role.

Engaging and involving people using the service, the public and staff

- The registered provider had met regularly with people, relatives, and staff. Audit processes were being used, and areas for improvement were now being identified.
- Surveys had been completed to obtain people's views, but this did not include the views of relatives or staff.

Working in partnership with others

- The local authority organisational safeguarding team had been working closely with the registered provider since the last inspection.