

Regal Care Trading Ltd

# Brenalwood Care Home

## 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?

Requires Improvement ●

Is the service responsive?

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 15 people living at the service.

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

People's medicines were not always being given safely and as prescribed by the pharmacy or following the manufacturer's instructions. Risks to people's health were managed well, however safety checks and fire drills needed to be more robust to ensure staff could safely evacuate people in the event of a fire or similar emergency. The standard of cleanliness, including the kitchen and laundry had continued to improve since our previous inspections. However, we found staff were not always following the providers hand hygiene policy, which stated staff were to be bare below the elbow to affect good hand hygiene.

Since our last inspections in June and November 2022 the provider had successfully recruited enough staff and was no longer using temporary agency staff. The service had 1 cleaner, which was insufficient to manage both cleaning and the laundry. There was enough staff to support the 15 people currently using the service. Any new admissions to the service are to be managed slowly and safely, considering the needs of the person and compatibility with the existing people. Improvements were needed to ensure staff recruited were of good character and suitable for the role. We have made a recommendation about staff recruitment.

Staff were seen to be caring and kind in their interactions with people. However, this appeared to intuitive, rather than based on learning from training and best practice guidance. On occasions this resulted in people's privacy and dignity being compromised. We have made a recommendation about staff training on the subject of dignity and respect.

Staff told us, training had improved, however, staff struggled to demonstrate how they put learning into practice. Training for specialist roles, such as 'champions' and activities needed to improve to achieve good outcomes for people and promote a good quality of life. Systems for the induction of new staff, supervision and appraisal needed to improve to explore staff's understanding of the training provided, and test their skills, competence and knowledge which was integral to their roles.

Overall people and their relatives were complimentary about the meals provided. However, improvements were needed to ensure attention was paid to people who were reluctant to eat, and to support people to make genuine choices about what they wanted to eat. People had access to plenty of snacks between meals. There was a creative approach to celebrate food encouraging people to eat and try different types of food. For example, recent events had included a world food day, chocolate cupcake day, British pudding day, and eat with a friend day.

Significant improvements had been made to the environment. The premises had been decorated

throughout to a consistent standard. However, the lounge was not used to its full potential to provide different communal areas for people to use for their preferred activities, private space to spend time with their families or visitors, or to have time alone. People had been provided with specialist or adaptive equipment as and when needed.

People experienced positive outcomes regarding their health and wellbeing. Staff worked collaboratively with other professionals to understand and meet people's needs. Prompt referrals were made to health care professionals where needed. Staff worked with other services, and the district nursing team to provide end of life care. However, improvements were needed to ensure people's wishes at the end of their life were assessed and documented to ensure their views would be respected and acted on.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People who had no family to act on their behalf, had regular visits by an appointed Responsible Person Representative (RPR) as a condition of their DoLS to ensure their rights as a person being deprived of their liberty were protected.

Engagement with people, staff and families had improved. People's feedback had been gathered and used to make changes. The provider had a clear system for recording complaints, responses and outcomes. Improvements had been made to ensure information was provided to people in a format they could read and understand. However, further improvements were needed to ensure the communication needs of people with a disability or sensory loss were met.

Relatives told us, and photographs of events around the service reflected there had been improvements in provision of social activities, including special tea parties, an Hawaiian day, and a western party. However more needed to be done to ensure people are meaningfully engaged on a day-to-day basis.

Relatives, and staff told us, there had been significant improvements in the service since the changes in management. Relatives told us the acting manager was doing a really good job and there was now a nicer atmosphere in the home. Staff said morale had improved, and with better management the service was calmer and more organised. Whilst improvements had been made, we found systems to identify and manage risks to the quality and safety of the service, needed to be further embedded and sustained to drive improvements. Although audits had been completed, these had not identified the issues we found with the management of people's medicines, and infection prevention and control.

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 13 January 2023). This was the second inadequate rating and the service continued to be in special measures. The provider completed an action plan after this inspection to show what they would do and by when they would make the required improvements.

This service has been in Special Measures since 22 November 2022. During this inspection the provider demonstrated enough improvements have been made. The overall rating for the service has changed from inadequate to requires improvement. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection and

to review information we held about this service. 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.

#### Enforcement and recommendations

We have found evidence the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report. We have identified a continued breach of regulation 18 (Staffing) in relation to staff training, and further breaches of regulation 12 (Safe care and treatment) in relation to medicines management, and regulation 17 (good governance).

Please see the action we have told the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brenalwood Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 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 not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### 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** ●

# 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.

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 was carried out by 2 inspectors, 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. A CQC non-executive director board member joined the team to observe the inspection process.

#### 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.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 19 September 2023 and ended on 27 September 2023. We visited the location on both dates.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We observed people's care to help us understand the experience of those who could not talk with us. We spoke with 10 people who used the service, and 9 relatives about their experience of the care provided. We spoke with 6 members of staff, including 2 seniors, 2 care staff, 1 activities person and the member of staff responsible for the maintenance of the service. We also spoke with the acting manager and deputy manager from Blenheim Care Home (also owned and managed by Regal Care Homes Ltd) supporting the manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including 4 people's care plans and all people's medicines records. We looked at 3 staff files in relation to recruitment 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People's medicines were not always being given safely and as prescribed.
- Staff were not consistently following the pharmacy or manufacturer's instructions for administering medicines. For example, where a person had been assessed as needing to take their medicines covertly, (disguised in food or drink), staff had been crushing their medicines. The instructions for a course of antibiotics clearly stated 'swallow whole with a full glass of water. Do not chew or crush the tablet.' Crushing this type of medicine may prevent the medicine from working properly.
- Protocols for medicines prescribed on an 'as needed' (PRN) basis to manage pain, anxiety and/or distress, did not contain sufficient information to guide staff on when these medicines should be administered. For example, a person's medication administration record (MAR) reflected they had been given a PRN sedative medicine on 3 consecutive evenings by the same carer. There was nothing recorded to say why the sedative was administered, or what other approaches had been tried before administering this medicine.
- Staff were not always clear about their responsibilities in relation to receiving and checking in people's medicines. A more robust process was needed for checking labels against the MAR from the pharmacy to ensure these were correct. Incorrect information had not been challenged with the pharmacist which had led to a person's thickening agent for fluids, due to swallowing difficulties, being recorded as PRN, instead of 'as directed' by the speech and language therapist (SaLT).
- Due to poor recording inspectors could not determine if staff were following manufacturer's guidelines to rotate medicated adhesive patches. These deliver a specific dose of medication through the skin to manage pain relief. Entries had been made on a body chart when the patch had been applied, but not when removed. The records had been photocopied so many times, information was unreadable, and did not demonstrate the patches were being applied to alternate sites. Using the same site every time can cause skin irritation and increased rate of absorption, with the potential for leading to overdose of the medicine.
- Details of important medicines, such as anticoagulant had not been listed on the front of people's MAR charts. This information would be useful to health professionals in the event of an emergency in case they needed treatment.

Failure to have robust systems in place to manage medicines placed people at the risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Immediately after the inspection the acting manager shared with us, action taken to address the issues found.

### Staffing and recruitment



- At our inspection in November 2022, the service had recruited 2 full time housekeepers and a designated staff member for the laundry. At this inspection we found, these numbers had not been sustained. Although, there had been a reduction in number of people in the service, 1 cleaner was insufficient to manage both cleaning and the laundry.
- Review of staff files found improvements were needed to ensure staff recruited were of good character and suitable for the role. Reference requests had not always been given due attention, such as obtaining a reference from the staff's previous employer. Additionally, 1 staff's file reflected the person interviewing them for the post had provided a character reference. Therefore, we could not be assured this was an impartial and satisfactory testimony of their suitability for the role.

We recommend the provider consider current guidance on the safe recruitment of staff.

- Since our last inspection the provider had successfully recruited enough staff and was no longer using temporary agency staff. We observed there was enough staff to support the 15 people currently using the service.
- People's relatives confirmed staffing levels had improved. Comments included, "I have never seen them short staffed, and I see the same faces", and "There seems to be enough staff, you don't see them rushing around."
- The nominated individual told us; any new admissions to the service would be managed slowly and safely, considering the needs of the person and compatibility with the existing people. They confirmed staffing numbers would be reviewed and increased, according to the assessed needs of people moving into the service.

#### Assessing risk, safety monitoring and management

- Safety checks of the premises were being carried out, however, we found these were not always robust. For example, fire safety checks had identified 2 doors to people's rooms were not closing properly, but during the inspection we identified a further 3 fire doors were not closing properly.
- Staff had received fire safety training and regular fire drills were taking place. However, further work was needed to ensure night staff were involved in fire drills, and analysis of what had worked well, or where things did not go so well were identified and discussed with staff. This will ensure staff have the confidence to safely evacuate people in the event of a fire or similar emergency.
- After the inspection the manager confirmed, arrangements had been made for the providers estates team to make the required adjustments to the fire doors, and a fire drill had taken place with the night staff.
- The content of people's personal emergency evacuation plans (PEEP's) had improved. These now detailed the risks associated with the use of emollient creams and / or where people had been prescribed medicines which may have a sedative effect, causing difficulty rousing the person, especially at night.
- Risks to people's health were managed well. People's care plans and risk assessments contained detailed guidance for staff to follow to keep them safe, including risks associated with choking.

#### Preventing and controlling infection

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The standard of cleanliness, including the kitchen and laundry had continued to improve since our previous inspections.
- People's relatives told us the cleanliness of the service had improved. One relative commented, "[Family member's] room is immaculate. They are doubly incontinent, the home never smells, and their room always smells nice."

- However, we found staff were not always using personal protective equipment (PPE) effectively and safely to minimise the spread of infection. They were observed using and changing aprons, and gloves, but were not washing their hands between each person after providing personal care.
- Staff were wearing watches and bracelets. This practice was not in line with the providers hand hygiene policy, which stated staff were to be bare below the elbow to affect good hand hygiene.
- We were assured the provider was preventing visitors from catching and spreading infections. Facilities for visitors to wash their hands and PPE were accessible on entrance to the service. Posters were available on entry and throughout the service about good hand hygiene.
- We were assured people were admitted into the service safely and procedures were in place to ensure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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

- People and their relatives told us the service was safe. Comments included, "Any falls are logged. The safeguarding team have rung me to make sure that I was informed, and I am happy with the outcome," and "I'm very happy with the care [family member] gets, we feel they are safe."
- Concerns were referred appropriately to the local authority safeguarding team, notified to the CQC and input sought from other professionals, as required.
- Safeguarding matters were fully investigated, and action taken to prevent similar incidents from reoccurring.

Visiting in care homes

- Relatives told us there were no restrictions on visiting. Comments included, "Staff are always welcoming," and "You can visit anytime; they are open and transparent."
- The acting manager told us, they would not stop visiting if an outbreak occurred, but would isolate the people, refer to the latest guidance and seek advice from appropriate health professionals.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

The inspection in June 2022 found the provider failed to ensure staff had the appropriate training, knowledge, and skills to provide safe and effective care. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvements had been made and the provider was still in breach of regulation 18.

Staff support: induction, training, skills and experience

- Staff told us, training had improved. One member of staff commented, "We have face to face training now as well as online (computer-based eLearning). I have recently completed face to face sessions in moving and handling, first aid and fire safety."
- However, staff spoken with struggled to demonstrate how they put learning into practice. For example, although they had received training, staff were not following good hand hygiene practice, and struggled to explain the meaning of 'safeguarding' intended to protect people from harm, abuse and neglect.
- Staff had been allocated as 'champions' in subjects such as safeguarding, hand hygiene and dignity and respect. However, these staff had not received any additional training to give them extended knowledge to impart to staff, and ensure they provided leadership in these areas. For example, the hand hygiene champion should have identified poor hand hygiene and staff's failure to follow policy.
- The activities coordinator whilst well meaning, had not had training to help them fulfil this role to ensure people were supported to follow their interests, and encouraged to take part in activities relevant and meaningful to them.
- Staff told us they were now receiving regular supervisions and appraisal. However, these processes needed to improve to explore staff's understanding of the training provided, and test their skills, competence and knowledge which was integral to their roles.
- The providers induction process covered a lot of information. Review of completed inductions showed these had all been signed off across 3 days with no exploration of the new staff member's learning and understanding of their roles, and how the training provided would be transferred into good practice.

Systems to ensure staff have received adequate support, training, supervision and appraisal needed improvement to ensure staff are competent to carry out their role and responsibilities. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The inspection in June 2022 found the provider failed to consider people's ability to consent to their care

and ensure decisions were made in their best interests. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The acting managers understanding of the MCA 2005 and completion of MCA assessments had improved. These were now being completed with sufficient detail in line with legislation and guidance.
- Where people did not have the capacity to make decisions about their care and treatment the relevant people and professionals had been involved to ensure decisions were being made in their best interests.
- Where people were subjected to DoLS to restrict leaving the building for their safety, these had been assessed and authorised by the local authority.
- People who had no family to act on their behalf, had regular visits by an appointed Responsible Person Representative (RPR) as a condition of their DoLS to ensure their rights as a person being deprived of their liberty were protected.

The inspection in June 2022 found the provider failed to ensure the premises and equipment were clean, secure, and properly maintained. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

- There had been significant improvements made to the environment since the previous inspections. The premises had been decorated throughout to a consistent standard. New flooring had been laid, with new wash basins and toilets fitted in peoples en-suites.
- The décor of people's rooms varied; some were more personalised than others. The condition of furniture, fittings and equipment had improved, however we noted people's chest of draws had been secured to the wall, with chains. This did not demonstrate dignity and respect for the occupant of the room.
- People had been provided with specialist or adaptive equipment as and when needed.
- The lounge area had been decorated with interesting pictures, photos and flowers, making it brighter and more colourful. However, the lounge / dining area was not used to its full potential to provide different communal areas for people to use for their preferred activities, private space to spend time with their

families or visitors, or to have time alone.

- Improvements had been made to the outside space; however, these areas were not being used to their full potential. A courtyard garden with hanging baskets, and flags had not been maintained. The plants were dead, and the area was covered in leaves. The weather was still warm and was a nice area for people to access. Although going outside was listed as an activity, both days of the inspection, no one was seen using the outside space.

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

- People were not always supported to exercise genuine choice with regards to meals. On the first day of the inspection, people on specialised diets requiring softer meals had been provided with an omelette. They had not been involved in this decision. The meal did not look appealing as staff had poured the sauce from a chicken casserole over the omelette. As a result, 1 person pushed their meal away, and another became upset commenting, "I don't like sauce, they put sauce on the potatoes".
- Where people needed assistance to eat, overall staff were observed to be kind and supportive, aiding the person to eat at a pace suitable for them. However, further improvements were needed to ensure attention was paid to people who were reluctant to eat. For example, we observed a person sitting in front of their meal for over 15 minutes before a member of staff intervened, by which time their meal was cold.
- Overall people and their relatives were complimentary about the meals provided. Comments included, "The food is out of this world, and [family member] gets plenty of drinks," and "[Family member] loves the food. There is a nice variety and loads of vegetables. They get asked what sandwiches and cake they want for tea, and they get lots of drinks. They encourage [family member] to drink, it's always available."
- People had access to plenty of snacks between meals, via a trolley in the lounge and snack boxes in their rooms. A relative told us, "There is a little bar where there are chocolates, bottles of drink, and water. People and visitors can help themselves; I think that is so lovely."
- There was a creative approach to celebrate food encouraging people to eat and try different types of food. For example, recent events showed there had been a world food day, chocolate cupcake day, British pudding day, and eat with a friend day.
- Staff had a good understanding of people's dietary needs. This included where people with swallowing difficulties had been assessed by the speech and language team (SaLT) as needing texture modified foods and thickened liquids in line with the international dysphagia diet standardisation initiative (IDDSI).

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

- Improved systems were in place for planning and delivering people's care. Computer based care plans had been fully implemented. People's needs had been assessed in line with current legislation and guidance around best practice.
- Where people had been admitted to the service, a detailed assessment of their needs had been completed, with expected outcomes identified.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked collaboratively with other professionals to understand and meet people's needs. A relative told us, "[Family member] had pressure sores, but they were treated. They now have an air mattress and hospital bed that moves, staff are well on top of that."
- Prompt referrals were made to health care professionals where needed, including the GP, dementia services, dieticians, and the speech and language therapist (SaLT). Relatives confirmed this. Comments included, "When staff see signs of a chest infection, they get the doctor in," and "They called 111 when my [family member] had a urine tract infection (UTI)."
- Relatives told us, they were kept informed about their family members health. Comments included, "I get

a call if the doctor is called in, for example, ear infections, UTI's, I'm kept in the loop", and "I get a phone call if the doctor is called in, if [family member] is not feeling well."

- People experienced positive outcomes regarding their health and wellbeing. One relative told us, "Health wise [family member] has improved as they are getting the right care." Another relative told us, "Staff have cured [Family member] of their diabetes by giving them a really good diet, it's healthy and well balanced."



# 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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

The inspection in June 2022 found people were not treated with dignity and respect; their privacy was not maintained, and they were not involved in making decisions about their care. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10 (privacy and dignity), however further improvements were needed.

Respecting and promoting people's privacy, dignity and independence

- Staff were seen to be caring and kind in their interactions with people. However, this appeared to intuitive, rather than based on learning from training and best practice guidance, which on occasions resulted in people's privacy and dignity being compromised.
- The manager and staff were observed discussing people's personal details, such as bowel movements with health professionals in the dining room. This was confirmed by a relative, who commented, "The manager is very hands on, they like to be out with the staff and residents, but they have discussions with relatives in the communal rooms which is not always appropriate."
- Staff had not recognised, the poor quality of bedding, and failure to iron duvet covers showed a lack of respect and dignity for people. While this was not intentional, this did not show respect for people, or reflect they were valued.
- Whilst well meaning, staff focused on achieving care related tasks, rather than focusing on promoting people's quality of life, including choice and control over how they spent their day. For example, both days of the inspection, we observed the same people sat at dining tables, all day. Others were sat in a long row, in the lounge area.
- People using the service were at different stages of dementia. There had been little consideration of how to utilise the space in the dining / lounge area to create different areas for those people with less advanced stages of dementia. A relative commented, "One of the problems is that the home is full of dementia patients, and [family member] can't form a relationship with any of the other residents, they would benefit from a person to talk to."

We recommend the provider finds out more about training for staff, based on current best practice, to ensure people are treated with respect and dignity at all times.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and caring and were positive about the improvements

made. One relative commented, "Staff are very attentive; they are quick to pick up on the residents. At the Hawaiian day one of my [family member's] friends said, 'I'm wet', and staff were straight over and 10 minutes later they were back and all clean. I would describe the staff as attentive and observant, caring, understanding, they can't do enough for the residents."

- We observed positive relationships between staff and people. One relative told us, "Staff are nice and gentle with [Family member]. They are difficult to handle, staff have done a brilliant job. [Family member] is now happier and is a better person all round. Before they were angry and nasty, now they talk to the other residents, staff have done marvellously."
- People looked well cared for, and there was a calm atmosphere in the service. Relatives told us, "I can't fault staff for the care they have given [family member]," and "I mainly arrive ad hoc, and [family member] is always shaven, clean and dry. I can't really fault them; staff always have [family member's] best interests at heart."

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

- People and their relatives were involved in making decisions about their care and support. Relatives' comments included, "We get a copy of the care plan sent across, it's on going," and "I have a say in [Family member's] care."
- Before moving to the service, relatives told us they had been fully involved in the assessment process and decisions about their family members care and support. One relative told us, "The manager came in on her day off to make sure the move went smoothly and to introduce themselves, put a face to the name. What I liked was that it was not clinical, staff were really, genuinely friendly, it felt homely. The manager listened to us when we said the room offered was inappropriate as it had a big patio door, and it would just frustrate my [family member] not being able to get out."



# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

The inspection in June 2022 found people's care was not delivered in a way that met their needs or reflected their choices and preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9 (person centred care) however further improvements were needed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The quality of the information in people's care plans had improved. These were more detailed and focused on the support people needed to have a good quality of life, including their choices and preferences of how they want their care provided.
- However, further detail was needed around some specific care needs to ensure staff had guidance on how to manage this aspect of the person's care. For example, the care plan of a person diagnosed with asthma, had a PRN plan in place for an inhaler to relieve their systems in the event of an asthma attack. This did not state the name of the 'reliever' inhaler, and there was no information on what action staff should take if the reliever did not work.
- Relatives told us, staff responded well to concerns raised about changes in their family member's behaviour and, or health. One relative told us, "Staff picked up on the change in [family members] behaviour, and referred them to dementia services, they were on the ball. They now have strategies in place to help manage their behaviour."
- Another relative told us, "When my [family member] was poorly staff found a decent second-hand recliner chair on wheels and sent me the details. I went down and brought it and when I took it to Brenalwood it was quite late in the day, but the maintenance person was waiting on the doorstep to test it, that was great."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Improvements had been made to ensure information was provided to people in a format they could read and understand. This included large type and easy read information about safeguarding and how to make a complaint.

- Relatives told us, staff knew peoples' communication needs. One relative commented, "[Family member] is non-verbal but staff know the noises they make, they know the difference between happy, sad, and angry noises, and know from the look on their face what mood they are in."
- However, further improvements were needed to ensure the communication needs of people with a disability or sensory loss were met. For example, there was limited information within people's care plans on aids needed to support communication, such as glasses or hearing aids.
- Additionally, where people had been identified as needing sensory aids to meet the individual needs and tools to aid communication, staff needed training and guidance on how to use these tools effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us, and photographs of events around the service reflected there had been improvements in provision of social activities. One relative told us, "The way the staff are with my [Family member] is amazing. I never got to dance with [family member] at my wedding. At the Hawaiian day staff supported my [family member] to dance with me, that was such an amazing thing to do, it made me cry, it's things like that."
- Other comments included, "They do a lot of activities, they have special tea parties, recently they had a Hawaiian party, families were invited; it's good to involve the family. There is lots in the diary now until November," and "Staff are very attentive. A member of staff has committed to taking my [family member] to a pub for a meal and a pint once a week, that's' above and beyond".
- However, more needs to be done to ensure people are meaningfully engaged on a day-to-day basis. Activities plans were not being followed. For example, on the first day of the inspection, the activity planner showed planned armchair exercises, but this did not happen.
- People sat in the same place throughout the day, listening to same music tape, on repeat. A couple of people watched a film on TV in the afternoon, other than this there was no activity and a lack of meaningful engagement throughout the day. Staff were focused on completing care tasks, rather than spending time with people.
- In contrast the second day of the inspection, we observed an exercise group in progress. The activities coordinator told us, this was a free trial 'firm and fitness' session. People were fully engaged, in the activity. However, once the activity finished, no other activities identified the activity planner took place to ensure people's physical and mental wellbeing.

#### End of life care and support

- Staff worked with other services, and the district nursing team to provide end of life care.
- Relatives told us, staff provided invaluable support to their family members at the end of their life. One relative told us, "[Family member] passed away there with COVID-19 and complications, the staff gave us great support with that."
- It is testament to the care and support provided by staff, the health of 2 people deemed to be end of life, has improved. A relative commented, "Staff called me about 4 months ago and said [family member] was on end of life care. Everything was put in place, and staff did everything they could for them and like Lazarus they have recovered. They seem to have a good staff team there; they are really caring people."
- However, improvements were needed to ensure people's wishes at the end of their life were assessed, and documented to ensure their views are respected and acted on.

#### Improving care quality in response to complaints or concerns

- The provider had a clear system for recording complaints, responses and outcomes.
- Relatives told us they had not needed to make a complaint, but felt confident if they complained, they would be taken seriously, and their complaint or concern would be thoroughly explored and responded to.

Comments included, "I have never had any complaint about Brenalwood, any of the managers or staff," and "To be fair I have never had anything to complain about."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. 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.

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

- At this inspection, whilst improvements had been made, we found systems to identify and manage risks to the quality and safety of the service, needed to be further embedded, and sustained to drive improvements.
- A range of audits had been completed, however these had not identified the issues we found with the management of people's medicines, and infection prevention and control.
- Themes and trends were not always being identified, investigated, and acted on to prevent similar incidents reoccurring. Review of 48 notifications made by the service to CQC, related to unwitnessed falls. Records showed these all occurred at night, the majority occurring between midnight into the early hours of the morning. There had been no robust analysis of these incidents to ascertain why these falls had occurred at night.

Failure to have effective processes and systems in place to enable the provider to identify, assess and act on the risks to the health, safety and welfare of people using the service was a further breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our inspection in June 2022, there has been 2 managers. The service currently has no registered manager. The deputy is acting manager and in the process of completing a management qualification.
- Relatives, and staff told us, there had been significant improvements in the service since the changes in management. One relative commented, "They [manager] has done a lot of work. I have never heard anything negative since the new manager, they are doing an amazing job. It's absolutely brilliant, I don't worry about my [family member] at all. I was going to take them out but now I can't fault the home."
- Other comments included, "The new manager has turned things around. They have redecorated, it's clean, and the food has improved," and "Before it was not great. There have been huge improvements since the new manager. Staff are friendly, professional, capable and competent, I have nothing negative to say about them."

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

- Relatives and staff told us the culture in the service had improved. One relative told us, "It is one of the best care homes I've ever seen, and I have the ultimate respect with the way it's run and it's staff."
- Other relatives' comments included, "The acting manager is doing a really good job. Any problems and

you can go and see them; if you ring up, they will answer any questions. It's working very well now, it's well run. There is a nice atmosphere in the home," and "With the new regime everything is now transformed, it's not the same home, everything is better. "It is splendidly well run."

- Staff comments included, "We have better management, we are more organised, it's calmer and we have more training. Staff are happier, I'm happy to come to work," and "We have good teamwork now, Brenalwood is a better place. It's a lot nicer place to work, it's more organised and we are having more training."
- Staff told us morale had improved, they had regular supervision and felt supported. One staff member commented, "Everything is better organised, better leadership, we have regular staff meetings, we also have the employee of the month. They get a certificate and chocolate, it's a good thing as it makes you proud and want to work harder for the residents."

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

- Engagement with people, staff and families had improved. Relatives' comments included, "They call me whenever there is a problem; communication is much better," and "I am really impressed with them. They are great at responding to emails, communication is very good."
- People told us they were invited to regular meetings and the opinions about the service were sought. Comments included, "They always keep me in the loop, they always give me the option to be at meetings," and "I get regular questionnaires which I fill in, they take everything on board. It all seems to be running well."
- People's feedback had been gathered and used to make changes. A notice board in the entrance to the service, contained 'You said, We did' statements. For example, you said you wanted it to clearer how to complain. The we did response included an easy read complaints guide, which had been placed in everyone's room, for people and their relatives to access.

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

- The acting manager understood about the duty of candour and encouraged people, their relatives and staff to be open and honest in their feedback.
- Relatives told us, the acting manager was open and transparent and responded to any concerns, in a timely way. Comments included, "Anything at all they will phone us. They don't let anything go, if something is not right, they will act on it," and "We saw the CQC report, and we rang and asked what changes they had made and plans they had. They were very open about the report. I'm really happy with them."
- Throughout this inspection process we found the manager and nominated individual to be honest and open in their approach.

Working in partnership with others

- Professionals were positive about the service and partnership working. One health professional told us, "I have been coming to Brenalwood for the last 3 months. I have seen nothing to indicate people are not receiving good care."
- People's records showed the acting manager and staff worked well with health professionals, which included input from occupational therapists, speech and language therapy, dieticians, and dementia services.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Failure to have robust systems in place to manage medicines placed people at the risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not used effectively to identify, assess and act on the risks to the health, safety and welfare of people using the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Systems to ensure staff have received adequate support, training, supervision and appraisal needed improvement to ensure staff are competent to carry out their role and responsibilities.