

Little Brook House Ltd

# Little Brook House

## Inspection report

Brook Lane  
Warsash  
Southampton  
Hampshire  
SO31 9FE

Tel: 01489582821

Website: [www.littlebrookhouse.co.uk](http://www.littlebrookhouse.co.uk)

Date of inspection visit:

25 October 2022

26 October 2022

Date of publication:

28 November 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Little Brook House is a residential care home providing personal care to up to a maximum of 25 people. The home does not provide nursing care. At the time of our inspection there were 24 people using the service, some of whom were living with dementia.

Little Brook House is a repurposed, 17th Century, grade II listed, former farmhouse which retains many period features. There is a communal lounge, separate dining room and 2 conservatories. There is a large, accessible, garden.

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

Whilst we found no evidence that people had been harmed, risk to people had not always been assessed and risk management plans were not always in place to guide staff. Improvements were needed to always ensure the safe and proper use of medicines. Sufficient numbers of suitably skilled staff were not always deployed. Some areas of the home needed to be more effectively cleaned. Staff understood their responsibility to report safety related incidents and a fuller, monthly, analysis of incidents and accidents had been introduced. Staff demonstrated a commitment to keep people safe from harm.

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. However, improvements were needed to ensure that the Mental Capacity Act 2005 was fully understood and implemented in line with legal frameworks. Completion rates for training were variable and supervision was not always taking place. Staff did not always have time to provide support to eat and drink in a person centred and unrushed manner. There were areas of the home which did not provide fully accessible spaces for people to use safely and independently. The provider, who had taken on ownership of the service in February 2022, was taking action to address this. There was evidence that staff worked closely with a range of community healthcare professionals, although some concerns were raised about whether people always experienced positive health outcomes.

There had been a number of leaderships changes within the service over the last 12 months and this had impacted on staff morale, on the continuity of support they received from managers and on the effectiveness of the governance arrangements in place. Relatives were confident that staff cared for people with kindness and compassion and promoted their family members individuality. Meetings were held where family and friends were able to share their views and discuss issues with the leadership team.

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

The last rating for this service was good (published 10 September 2020).

### Why we inspected

This inspection was prompted by a review of the 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.

The overall rating for the service has changed from good to requires improvement with breaches based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led key question sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk management, governance, consent and staffing.

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

### 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Little Brook 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 (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 undertaken by 1 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.

#### Service and service type

Little Brook House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Little Brook House 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 a registered manager in post. They had been in post for 3 months.

#### Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 information gathered as part of monitoring activity that took place on 23 September 2022 to help plan the inspection and inform our judgements.

We received feedback from 4 health and social care professionals.

We used all this information to plan our inspection.

During the inspection

We spoke with 10 people living in the home and 3 relatives. We also spoke with the registered manager, deputy manager, 4 care staff and a member of the housekeeping team. We also spoke with the operations manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Following the inspection

We received feedback from a further 3 staff and 9 relatives.

# 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 good. At this inspection the rating has changed to 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.

### Assessing risk, safety monitoring and management

- People did not always receive the support they needed to remain safe and risk management plans did not always provide staff with sufficient information about how they were to mitigate the risks to people's health and wellbeing.
- A family member told us about aspects of their relative's care which they felt had been poorly managed. When we spoke with a health care professional about these concerns, they too shared the view that staff could have been more proactive in recognising and acting on changes in the person's health.
- Records did not consistently provide assurances that people were being offered regular food and fluid. There needed to be a more effective approach to monitoring fluid intake. To address this, the provider has made changes to their recording systems so that any concerns can be identified and escalated in a timely way.
- One person was losing weight, but this was not reflected in their care plan. Throughout October 2022 there had been 18 days when the person's records indicated that only 1 or 2 of the 3 daily meals had been documented as offered / eaten.
- Moving and handling care plans did not include specific information about how people were to be supported or what equipment was needed. We observed one person being transferred from a wheelchair to a dining chair without the brakes on the wheelchair being engaged. This increased the risk of the transfer going wrong and the person falling.
- Checks and observations had not consistently continued following falls, to make sure the person was not deteriorating. This is in line with best practice approaches and with the provider's procedures.
- For people at risk of choking, there was a lack of guidance about how this risk was to be managed, for example, through supporting a person's safe positioning when eating. For one person there was a lack of clarity about the consistency of the food and drink they required to manage their swallowing difficulties.
- We observed another person's medicine was administered in a way that increased their risk of choking. The registered manager is taking action to review how best to manage the person's needs whilst reducing the risk of choking when administering their medicines.
- One person who experienced seizures did not have a care plan regarding this.
- The inspection team highlighted concerns about 1 person's safety overnight. It was agreed that additional checks would be put in place. Subsequent records did not provide assurances that these were happening.
- The design and layout of the building presented some challenges due to its age and design and it was evident that since taking over as the new provider of the service, the nominated individual / owner had already taken a number of steps to improve the environment. However, more needed to be done to ensure the safety of the living environment.

- In 1 of the conservatories, there was a cracked pane of glass in a door.
- We were not assured that the existing legionella risk assessment had been completed by someone suitably trained for this task.
- The risk assessment stated that a range of monthly legionella checks should be taking place. Not all of these were taking place. The provider has made arrangements for a new risk assessment to be undertaken and for the additional checks to be put in place immediately.
- We were not assured that all of the required improvements have been actioned following a fire safety visit by the local fire service. For example, the charging of a battery was still taking place in an alcove off one of the corridors. Action was taken during the inspection to find an alternative and safe location to charge the battery moving forward.

There was an inconsistent approach to managing risks to people's health and wellbeing. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe at the service. One person said, "I don't think there's a problem, I feel safe here. I use the lift; they don't like us using the stairs here. ... I walk outside in the garden every day, I'm quite safe outside, it's all enclosed". Another person said, "Yes, it's safe here. One night another lady walked in, I rang the bell and staff came in and helped her back to her own room". A third person said, "There's some lovely people working here, they look after me".

#### Using medicines safely

- Medicines were not always managed safely.
- We reviewed the medicines administration records (MARs) for October 2022 and found 14 occasions where there was a gap in the MAR, but no reason for this recorded. Staff undertaking the next medicines round had not reported this to enable action to be taken to understand the circumstances of why the gap was present. This is important as it may be necessary to seek a review by the GP if people had not received their medicines as prescribed.
- On 2 of these occasions, checks indicated that the medicine had not been given.
- Topical cream records were not always completed fully.
- Where staff were using PRN or 'as required' medicines, protocols were not always in place to guide staff on when these should be used. The effectiveness of PRN medicines was not being assessed. This helps staff monitor any themes or trends that might need escalation to the prescriber.
- Handwritten MARs had not been checked for accuracy by a second member of staff which increased the risk of errors occurring.

Whilst there was no evidence that people had been harmed, medicines were not being managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were administered in a person centred manner.
- Following our feedback, the registered manager told us that a new system of MAR checks was being put in place for staff to complete at the end of each shift. Staff are to undergo retraining and complete knowledge checks.
- Appropriate records and checks were being undertaken of the medicines that required additional controls.
- People were happy with the support they received with their medicines. One person said, "There's not been any problem with my tablets".



## Staffing and recruitment

- Our observations, the feedback we received, and records indicated that improvements were needed to ensure that sufficient numbers of suitably skilled staff would always be available. Throughout the inspection, we observed that staff looked busy and, in some cases, openly stressed. Staff told us this was due to the competing demands on their time and in some cases, the need to be guiding and directing agency staff who were not familiar with people or the service.
- People were still being supported with personal care until late morning. This meant that some people were not getting their breakfast until 11.00am. We were concerned that this would impact upon their appetite for lunch. Similar concerns were raised by 2 relatives.
- There were insufficient staff available to ensure that people were provided with appropriate support during the lunchtime meal service. We discuss this further in the 'effective' section of this report.
- We received mixed feedback from staff and relatives about the staffing levels. One staff member said, "Staffing levels are ok now compared to what they were before", however, others raised concerns. One staff member said, "There have been shifts where we haven't had enough carers on to do everything with the residents that we would usually do which can make the day more stressful".
- We also received mixed feedback from relatives. Some felt that their family members needs were met promptly. For example, 1 relative said, "They answer promptly if I press the call button for my mother to use the loo for example, so I feel that there are staff on duty". Others were concerned about the staffing levels, the retention of staff and the high use of agency staff. One relative said, "I have gone in at 11.30am, [Person's] curtains have still been closed and their breakfast is still in front of them...Staff just don't have the time, they are all stressed... [Staff members name] is wonderful, but worn out". These sentiments were shared by another relative who said, "Staff look frazzled, harassed".
- People, in general, expressed no concerns about staffing levels, for example, 1 person said, "I've used the call button at night-time, they came really quickly". One person did express some concerns about the use of agency staff saying, "Enough staff? It's difficult to say. You never know who the staff are going to be, someone could go sick so then there might be 2 regulars with agency support".
- We reviewed the rotas and found that overall, planned staffing numbers were being met. Gaps in the rota were being filled with agency staff, but records showed that these were not always consistent agency workers. Between 7 October 2022 and 30 October 2022, 23 different agency workers were used. Some staff expressed frustration at this, telling us that this could in fact increase their workload as the staff did not know people or their routines.
- The provider and registered manager were making efforts to recruit new staff. A new member of staff had recently been employed to focus on the provision of activities.
- The provider was also in the process of recruiting new team members through a Home Office overseas sponsorship scheme. It was anticipated that these new staff would start to become available for work from the 14 November. Staff were hopeful that this would bring positive changes.
- Improvements were needed to ensure that staff recruitment processes promoted safety.
- One staff member did not have a full employment history documented or a record of whether they had any health needs which might impact on their ability to perform their role. This information was obtained during the inspection and the provider has requested that a full audit be undertaken of all staff recruitment files.
- There were no profiles available for 3 agency workers, 1 of whom had recently worked within the service. Profiles allows the registered manager to be assured that appropriate checks of the suitability of agency staff have taken place. We were advised that this had been an oversight and the profiles were obtained during the inspection.

## Preventing and controlling infection

- Feedback from people and their relatives about the cleanliness of the home was positive. Comments

included, "This room is lovely and clean and comfortable".

- However, there were some areas where the cleaning and infection control measures needed to be improved. For example, we found dirty windows ledges, sticky tables and stained carpets. The furniture and curtains in 1 person's room was found to have brown stains on them. The provider has made arrangements for these to be replaced.
- Cleaning schedules contained a number of gaps indicating that planned daily cleaning tasks were not always taking place. We were told that this was due to the housekeeping team being depleted, for example, rotas showed that there was often no cleaner on duty on Fridays. The provider has assured us that additional cleaning hours will be offered to the existing team and additional efforts made to recruit additional housekeeping staff.
- Best practice is that hands should be dried with single use paper towels after washing to avoid the contamination or spread of infection, we found that hand towels made of cloth were being used in the staff and visitor toilet.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- A booking system for visits remained in place, but the registered manager was clear that there was flexibility in this, and no-one would be turned away if they wished to visit without a booking.
- Visits could take place in the person's own room or in a day room which could be accessed directly from the outside of the home.
- Feedback about the visiting arrangements was mostly positive. One relative said, "YES! They are marvellous and very welcoming to visiting at any time. They have been a beacon on how to let relatives see their loved 1s during the pandemic. They rightly felt that the dementia patients benefited so much from contact with their relatives."
- Some relatives of people who had been admitted during the pandemic expressed a frustration that they had still not able to see the communal areas of the home. We have discussed this with the registered manager and asked that they work with relatives to support a more flexible approach on this.

#### Learning lessons when things go wrong

- Staff understood their responsibility to report safety related incidents and there was evidence that these had been reviewed by the leadership team and some remedial actions taken. For example, new equipment introduced, or additional checks put in place.
- Since our monitoring activity in September 2022, a fuller, monthly, analysis of incidents and accidents had been introduced. This now needs to be embedded to ensure it provides an effective tool for identifying themes and trends and for driving improvements to safety within the service.
- Staff meetings were not being used effectively to share learning from safety related events and this was an area which could be developed.

#### Systems and processes to safeguard people from the risk of abuse

- Not all staff had received training on how to recognise and report abuse. Some of the staff we spoke with lacked confidence when describing how they would apply the provider's safeguarding policies and procedures, however, they all demonstrated a commitment to keep people safe from harm and were confident that any concerns raised would be acted upon by the management team to ensure people's safety.

# 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 good. 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.

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.

- Improvements were needed to ensure that the MCA was fully understood and implemented in line with legal frameworks.
- Staff had not always clearly recorded mental capacity assessments and best interests' consultations when required. For example, mental capacity assessments had not been undertaken to assess whether people could consent to receiving medicines or to advanced care plans. Instead in most of the examples seen, people had just 1 mental capacity assessment that considered whether they had the capacity to leave the home unaccompanied. A number of these dated back to 2015 /2016 and had not been reviewed since.
- The provider had installed surveillance cameras in the communal areas of the home in September 2022. Whilst they had ensured that people and their relatives were consulted about this, it was not, in a number of cases, evident that consent had been obtained in line with legal frameworks. That is, a number of the consent forms had been signed by a third party who did not have the legal authority to do this.

This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One person did have a mental capacity assessment for the use of bed rails.

- There was evidence that people were encouraged to make choices and express their wishes.
- One person's care plan contained clear guidance about how staff were not to intrude on their personal space without consent.
- Care plans contained information about how information might best be presented to people so that they might understand this.
- There was a tracking system in place to monitor the dates DoLS had been authorised or needed to be reapplied for.

#### Staff support: induction, training, skills and experience

- Whilst the provider had a suitable training programme in place, we found that completion rates for training were variable. Completing training is important to ensure that staff have the necessary behaviours, attitudes, skills and knowledge to deliver effective care.
- Two healthcare professionals raised concerns about the competence and confidence of some staff. For example, 1 professional told us, "I feel staff have a good insight into challenging behaviours, however I feel they are sometimes overwhelmed by these and how to manage them." When we looked at the completion rates for training in positive behaviour support, we found that only 50% of the care staff had completed this.
- Most, although not all, staff had undertaken training in safeguarding, however, records indicated this had not been refreshed in line with best practice guidance. When we spoke with staff, we found that in some cases, their understanding of abuse and how to escalate concerns was weak.
- Training records did not provide assurances that there were suitably trained staff on night shifts available to give 'as required' medicines such as pain relief should this be needed.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received mixed feedback from relatives about the skills and knowledge of staff. Some felt staff were very skilled and met their family members needs effectively. For example, 1 relative said, "I visit often and am a witness to good practice in the treatment of [Family member]. Others raised concerns about this.
- We discussed the concerns with the registered manager, they provided assurances that more robust action would be taken to ensure training was brought up to date in all areas.
- Whilst staff generally felt well supported and able to approach a member of the leadership team if they had concerns, supervision was not taking place in line with the provider's policies.
- There was evidence that where concerns had been noted about performance or behaviours, this had been addressed with staff.
- There was evidence that new staff and agency staff undertook an induction that helped to prepare them for their role and introduced them to the needs of people using the service.

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

- We have noted in the safe section of this report, that there were concerns about how people's food and fluid intake was being monitored and with regards to the timeliness of people being served their breakfast. These are areas where improvements were needed.
- We observed the lunch time meal on both days of our inspection. Whilst we did see examples, of staff being attentive, we were concerned that staff did not always have time to provide support to eat and drink in a person centred and unrushed manner. For example, we observed 1 person being supported to eat by a number of different staff, all of whom stood over them whilst providing support, before moving on to other tasks. We saw meals placed in front of some people without them being told what the meal was.
- The current planned menu was a combination of frozen meals provided by a meal's delivery service and some home cooked meals. The provider told us; it was their aim to move away from using frozen meals to

all meals being cooked on site once they had fully recruited to the kitchen team.

- We asked people what they thought about the food. Most comments were positive.
- Some concerns were raised that options for vegetarian meals were limited and that there needed to be more variety and more healthy options in this area.

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

- The décor in some parts of the home looked tired and worn with some areas needing repair or updating. There were areas of the home which were not currently adapted to meet people's needs and which did not provide fully accessible spaces for people to use independently. The interior, whilst homely, was not fully adapted to meet the needs of those living with memory loss or dementia or other sensory deficits, enabling them to meaningfully interact with the environment in which they lived.
- We were concerned about the appropriateness of room allocation for some people based on their needs, and the location and nature of the room. This is being reviewed and the provider assured us that a more robust risk based approach would be used when reaching decisions about which rooms were safe and appropriate for people to be placed in.
- The provider, who had taken on ownership of the service in February 2022, had already undertaken a number of improvements to the environment and there was evidence that further improvements were planned. This included a refurbishment of the kitchen and window frames, installation of new carpets and flooring and redecoration.

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

- There was evidence that staff worked closely with a range of community healthcare professionals and we were able to see examples where people had been referred to external services for further assessment and treatment.
- However, we received mixed feedback from relatives as to whether they felt their family member experienced positive health outcomes. For example, 1 relative told us, "I am always reassured that the staff care wonderfully for my mother's safety and wellbeing", but another relative told us, "I go in every day, I feel the need to". This family member told us about aspects of their relative's care which they felt had been poorly managed. When we spoke with a health care professional about these concerns, they too shared the view that staff could have been more proactive in recognising and acting on changes in the person's health.
- A number of relatives identified the need for communication to improve and raised concerns about not being made aware of key changes in the health and wellbeing of their family member. For example, 1 relative told us, "I received a call on a Friday to say mum was ill and would possibly need admission.... I asked to be kept informed but did not receive a further update until I emailed the management on the Monday. During 1 visit, I was told by a staff member that mum had a pressure sore and upon further discussion discovered that this was being monitored by the Community Nurses, but this was not communicated to me previously".
- Plans were being put in place to train staff on the use of health pathways that support staff to identify when people are deteriorating and escalate this to healthcare professionals.

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

- A number of staff raised concerns with us that the needs of some of the people who had recently been admitted were too great for the care team to manage. This was also raised as a potential area of concern by a healthcare professional who told us, "I feel that they could be more robust in their assessment before they accept new clients and any challenging behaviour they might present with". We also found examples where the pre-admission assessments could have been more detailed. This is important to ensure that the leadership team are able to reach robust decisions about which people were suitable to be admitted to the

service.

- The provider used an electronic care planning system. The care plans in place covered a range of needs and included some helpful and detailed personalised information about people.
- However, this was not consistently the case and as indicated elsewhere in this report, there were areas where the care plans lacked completeness or contained conflicting information. The registered manager is undertaking a review of all care plans to address this.

# 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 good. At this inspection the rating has changed to 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

- Whilst there were a number of audits and checks undertaken by both the registered manager and the regional manager, these were not yet being fully effective at identifying areas where safety or quality were compromised. For example, a safeguarding audit completed in October 2022 stated that all staff had safeguarding training, but this was not the case. Weekly medicines audits have been identifying that there have been gaps on the MAR on a weekly basis from at least 5 September 2022, but it was not clear from the audit how this was being addressed. We continued to find similar concerns when we inspected.
- The inspection also identified concerns regarding how some of the risks to people were mitigated and legal frameworks regarding consent were not being followed.
- Training was not up to date and there was a lack of evidence that this was being monitored for compliance.

The provider had not ensured that there were effective systems in place to assess, monitor and improve the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been a number of leaderships changes within the service over the last 12 months and this had impacted on staff morale, on the continuity of support they received from managers and on the effectiveness of the governance arrangements in place.
- Staff told us that morale was improving and they spoke with some optimism about the recruitment of new staff and the improvements the provider was introducing within the service.
- Since taking ownership of the service, the provider had taken action to strengthen the governance arrangements through the appointment of an operations manager. It was also evident that they had invested their time and resources in developing the home.
- A consistent presence within the care home throughout this period was the deputy manager, who staff praised for their support and availability.
- Most people were aware of who the registered manager was and spoke positively about him. Comments included, "[Registered managers name] the manager. He's been around this morning, always stops and talks if he can" and "The manager is very nice".
- Relatives were generally positive about the leadership and organisation of the home. One relative said, "It's evident that [registered manager] has quickly tuned into Dad's needs and works hard to meet them... they understand what is required for the home to run at its best".



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 registered manager was aware of their responsibility to act in an open and transparent way when things went wrong, and we saw examples where relatives had been notified of safety related events that had occurred.
- The registered manager had not, however, embedded a process of following this with a written summary of the investigation, the outcome of this and an apology. This is an area for improvement.

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

- There was evidence that staff tried to ensure that people's needs, and wishes were met in a responsive manner, although some staff did raise a concern that at times, their ability to do this consistently was affected by staffing levels. We have spoken further about this in the safe section of this report.
- People felt that the permanent staff knew them well and met their needs. One person said, "I can't fault the staff here in any way. The cook for example, if she knows there's something you like she'll go out of her way to cook it for you."
- Even where they told us about challenges regarding other aspects of people's care and support, relatives were confident that staff cared for people with kindness and compassion and promoted their family members individuality. For example, 1 relative told us, "The staff are a fantastic group of people they love my mother and treat her like they would their own parent... They ensure my mother... still tries to look made up with her makeup, beautifully dressed, all matching clothing, and her hair done". Another relative said, "They 'get' [Family member], her humour and her banter, when I phone all I can hear is laughter in the background."
- One relative "I feel that Staff at Little Brook are passionate about the people under there care and that they always have their best interest at heart... In my humble view my mother could not be better settled, cared for and loved by a nicer group of caring, compassionate and dedicated staff".

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

- Meetings were held where family and friends were able to share their views and discuss issues with the leadership team. One relative said, "We as relatives are invited to meetings on a regular occasions and we are always listened to and they rapidly sort out any issues and take on board any suggestions" and another said, "I have been invited and attended relative meetings and feel these are helpful and informative".
- A recent survey had been undertaken with relatives. The feedback from this was being used to plan improvements to the service.
- A consistent theme in feedback from relatives, was the need for communication to improve. There was evidence that the registered manager was taking action to address this. They were for example, undertaking comprehensive reviews of people's needs along with their relatives which family members told us they were finding helpful and reassuring, for example, 1 relative told us, "[Registered manager has been very responsive in the few communications I have had with him".
- Regular meetings were held with staff to communicate important information about the service and give them the opportunity to share their views.

Working in partnership with others

- The leadership team and staff worked with a range of health and social care professionals to meet people's needs.
- The provider responded in an open and transparent way to requests for information to support this inspection.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Consent was not being sought in line with the Mental Capacity Act 2005. This was a breach of regulation 11 (3) (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>   |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's health and wellbeing had not always been comprehensively assessed and risk management plans were not always in place. This was a breach of regulation 12 (1) (2) (a) (b) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that there were effective systems in place to assess, monitor and improve the service. This was a breach of Regulation 17 (1) (2) (a) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>   |
| Regulated activity   | Regulation  |

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff had not consistently received all of the training relevant to their role. Staff were not receiving supervision to ensure competence was maintained. This was a breach of regulation 18 (2) (a) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.