

Ideal Carehomes (Number One) Limited

De Brook Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

De Brook Lodge (known as De Brook) is a residential care home providing personal care to 32 people aged 65 and over at the time of the inspection. The service can support up to 52 people over three floors.

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

This was a focussed inspection looking at the key questions safe and well led.

Medicines were now being managed safely. The home had worked with the GP surgery, clinical commissioning group (CCG) and pharmacist to ensure all medicines were delivered on time. Improvements had been made to the management medicines which were administered on an as required basis.

Changes to the admissions process, personal protective equipment (PPE) and cleaning schedules and checks had been made in light of the Covid-19 pandemic and government guidance. The risks people may face were identified and plans put in place to reduce risk. We have made a recommendation to ensure consistency throughout the care plans when one risk factor changes, which also impacts on other areas of the support plan.

The quality assurance system had been improved by ensuring heads of staff were not auditing their own departments. The new registered manager promoted that audits had to reflect any issues found so that action could be taken to rectify them. Staff said they enjoyed working at the home and knew how to report any accidents or concerns. Relatives told us they were able to contact the staff and managers for information about their relative or if they had any issues.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 July 2019) and there was a breach of regulation 12, Safe, care and treatment. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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Why we inspected

We carried out an unannounced comprehensive inspection of this service on 20 and 21 May 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for De Brook Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

De Brook Lodge

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection due to the Covid-19 pandemic to ensure we had prior information to promote safety. Inspection activity started on 1 September 2020 and finished on 3 September 2020. We visited De Brook on 1 September 2020.

What we did before the inspection

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

During the inspection-

We spoke with nine members of staff including the registered manager, two deputy managers, senior care workers, care workers, the lifestyle manager and area director. We spoke with three people who lived at the service.

We reviewed a range of records during and after our visit to the home. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with four relatives of people who lived at the service. We continued to seek clarification from the provider to validate evidence found. We looked at medicines training data and risk assessments.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection medicines were not safely managed. Prescribed medicines were regularly out of stock and staff did not always have sufficient guidance for the safe administration of some medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 12.

- People received their medicines as prescribed. There had been no out of stock medicines at the start of the current medicines cycle (a period of four weeks). In eight people's medicine administration records (MARs), there had not been any out of stock medicines in the last three medicines cycles.
- Staff recorded the time they administered a medicine that was prescribed as 'when required' so they were given with the correct time interval in between doses. Records clearly identified those medicines which had to be administered early in the morning before breakfast.
- At the time of our inspection, no one currently living at De Brook had medicines administered covertly for example in food. The home had worked with the clinical commissioning group (CCG) to ensure guidance would be provided on how to administer each medicine covertly.
- MARs were fully completed. They were checked daily and any issues rectified.

Assessing risk, safety monitoring and management

- Risk assessments were reviewed monthly or following an incident or change in people's support needs. Guidance was provided for staff about the re-assurance and distraction techniques to be used to try to reduce a person's anxiety or agitation.
- One person's care plan contained some contradictory information about the consistency of the person's meals to reduce the risk of choking. The kitchen staff had the up to date information and provided the correct consistency of food for this person. Therefore the person was not at an increased risk of harm from eating the incorrect consistency of food.
- Health and safety checks were completed and equipment serviced as required.

Preventing and controlling infection

- Infection prevention and control measures had been increased in response to the Covid-19 pandemic. Additional deep cleaning and quality checks had been introduced.
- All members of staff wore the appropriate personal protective equipment (PPE) and had received in-house

training on the correct usage of PPE.

- The home was participating in the current Covid-19 testing programme. New admissions had to have a negative Covid-19 test prior to admission. They were then supported in their bedrooms, with additional staff support, before completing a further test. When this was negative, they were then able to access the communal areas of the home.

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

- Staff knew how to report any concerns or incidents. They told us they would inform the senior care worker on duty and complete the required accident or incident form.
- The computer planning system automatically scheduled a series of care tasks and checks staff would complete with the person following an accident.
- Accidents and incidents were reviewed by the registered manager through the provider's computerised quality assurance system. They looked for any patterns and ensured actions had been taken to try to reduce the risk of a re-occurrence. This information was available to the area director, who checked the analysis and actions had been completed during their monthly governance visits.

Staffing and recruitment

- There were sufficient staff on duty to meet people's needs. At the time of our inspection, only permanent members of staff were working at De Brook. Staff provided additional 1:1 support for those people being supported in their rooms after moving to the home.
- Staff continued to be safely recruited.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The quality assurance system had been improved with audits being completed by a range of managers so the head of a department was not auditing themselves. This had resulted in more realistic outcomes and actions for improvement at the service. The registered manager said, "It's okay not to get 100% (in an audit) as long as we are learning from it and the same thing is not being repeated."
- The area director completed their own audits and checked that any identified actions had been completed. The action plans we saw had been dated when each action had been done.
- However, we found one care plan had contradictory information about the consistency of food one person should eat. This had not been identified during reviews of the care plan or the auditing system.

We recommend guidance is given to prompt staff about the different sections of a person's care plan that need to be reviewed when there is a change in a person's needs in one area, to maintain consistency across the whole care plan.

- A root cause analysis was completed to investigate any accidents and incidents that did occur so actions could be taken to reduce the chance of a re-occurrence.
- All the staff we spoke with understood their roles and responsibilities and knew how to report any incidents or issues to their senior and managers.

Working in partnership with others

- The home had worked closely with the GP surgery, the clinical commissioning group (CCG) and pharmacist to ensure there were no out of stock medicines at the start of a medicines cycle. All people living at De Brook were now registered with one GP surgery.
- The GP surgery had a weekly video call to discuss any changes in people's health. An out of hours GP service was used, which provided a quick response when contacted. A senior carer said, "It's a way better system now. Having just one GP surgery has made such a difference. Before we had to call in different GPs so it was more time consuming. Now it's just one call."
- The district nurse team continued to visit the home when required during the Covid-19.

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

- Staff were positive about working at De Brook and the new registered manager. They said the team had supported each other during the Covid-19 pandemic. The provider had provided taxis for members of staff

so they did not have to use public transport during the pandemic.

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

- Relatives said they had been involved in agreeing their relatives care and support plans. They said the staff and management team were approachable if they had any concerns. A relative said, "If I have anything on my mind I can always ring and ask."
- Surveys were used to gain feedback from relatives and staff. The results were analysed and any issues or suggestions responded to. Monthly residents' meetings were held to discuss meals and activities.
- The home engaged with several local organisations including schools and the local church. At the time of our inspection, this had been adapted and changed due to the Covid-19 pandemic.
- CQC were notified appropriately of any accidents and incidents at the service.