

# Milton Lodge Limited

# Brook House

## Inspection report

47 Colchester Road  
White Colne  
Colchester  
Essex  
CO6 2PW  
  
Tel: 07779082529

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Brook House is a residential care home providing personal care to up to 36 people in one adapted building. At the time of our inspection there were 19 people using the service. Some people were living with dementia.

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

Whilst the provider had refurbished the service to a very high standard, they had not, however, prioritised improvement in line with safety and risk such as fire and infection control.

The registered manager was creating a positive and inclusive culture at the home, with a supportive approach, developing strong and productive relationships with the staff team. However, improvement was needed to establish a regular one to one supervision programme for staff to strengthen their support. We have made a recommendation to the provider about this. The registered manager had formed good working relationships with external stakeholders and was honest and open about work which still needed doing.

Provider governance systems needed further development in order for them to provide an accurate overview of the service to inform an ongoing plan for improvement, enable proper monitoring and review, or enhance the quality of the service. This would complete the quality monitoring cycle and demonstrate the quality of the service was continually improving and developing to provide good outcomes for people. Improvement was needed in dementia care provision and a review of staff moving and handling training. We have made recommendations to the provider about this.

The registered manager took appropriate action to safeguard people and care staff understood how to raise concerns. People told us they felt safe.

Staff treated people with kindness and compassion and respected their privacy and dignity. Positive relationships had developed between people and staff. The home encouraged and supported people to maintain relationships that were important to them.

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.

The chef produced quality home cooked food that people enjoyed. Snacks and drinks were available when people wanted them. Peoples nutritional needs were well catered for.

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

This service was registered with us on 08 March 2022 and this is the first inspection under the new legal entity.

The last rating for the service under the previous provider was requires improvement, published on 11 December 2019.

### 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.

### Enforcement

We have identified a breach of regulation 12 in relation to fire safety and infection control at this inspection and a breach in Regulation 17 in relation to identifying failings in service provision and outcomes for people. Please see the action we have told the provider to take at the end of this report.

### Follow up

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 caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 carried out by 2 inspectors.

#### Service and service type

Brook House 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. 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.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 25 April 2023 and ended on 11 May 2023. We visited the service on 26 and 27 April 2023.

#### What we did before the inspection

We reviewed information we had received about the service, including information gathered as part of the registration process that took place in February 2022 and monitoring activity that took place in September 2022. We used the information the provider sent us in the provider information return (PIR) in March 2023. 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 sought information from partner agencies.

We used all this information to plan our inspection and inform our judgements.

#### During the inspection

We spoke with 5 people who used the service and 2 relatives. Some people could not give us feedback. We, therefore used informal observation to evaluate their experiences and to help us assess how their needs were being met. We also observed how staff interacted with people. We looked at records in relation to 6 people's care.

We spoke with the registered manager, the deputy manager, the cook, domestic staff and 4 care staff. We looked at records relating to the recruitment, training and development of staff, management of the service and systems for checking the quality and safety 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.

This is the first inspection of this newly registered service. This key question has been rated 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

- Fire safety was not effectively managed. False alarms were being documented as routine fire tests with no further investigation into the cause of the alarm activating. We were advised by the registered manager a new fire system was scheduled to be installed; the system was old and sensors needed replacing.
- Some fire doors did not close when the alarm was activated although records showed they were regularly tested. We raised this and the maintenance person was called to address this.
- The provider did not have in place a current working emergency escape plan around the premises to inform staff, and others, what to do in the event of a fire.
- Staff were unclear of the procedure to follow when the fire alarm sounded. Although staff had completed e-learning and some face to face training in fire safety they had not received practical training in evacuation procedures, use of fire extinguishers or the use of evacuation equipment. This was identified by external contractors in March 2023 fire risk assessment. The registered manager, during the inspection, booked fire marshal training for all staff.
- The fire escape was made hazardous by equipment left in the lower stairwell next to the fire exit. We brought this to the registered managers attention and staff were asked to remove it. The following day we found a bath mat, hoist slings, a fan, 5 wheelchairs and a walking frame continuing to cause a hazard in the lower stairwell, and the fire exit door was blocked by the maintenance trolley.
- Personal emergency evacuation plan (PEEP) assessments and summaries did not identify those people who may have a delayed response due to prescribed medicines that cause drowsiness, people who use emollients that are flammable or people who may display extreme anxiety and stress.

### Preventing and controlling infection

- The laundry facilities were not designed or managed effectively to minimise risk of recontamination. Therefore people, and staff involved in the handling of used and soiled linen and clothes, were not protected from the risk of cross infection.
- Laundry hand washing facilities were poor and unhygienic, there was a build up of bacteria from black mould in the washing machines soap dispenser, the floor was dirty and the waste bin did not have a lid so waste material was exposed.
- The infection control policy was generic and did not provide specific arrangements in place at Brook House, particularly laundry management.

The lack of safety arrangements above in relation to fire safety and laundry management demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home and kitchen were very clean and hygienic.
- 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 preventing visitors from catching and spreading infections.

#### Visiting in care homes

- The providers approach to visiting aligned with government guidance.
- People received visits from family and friends.

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

- People told us they felt safe and cared for. One person said, "It's the best ever, I love it here, everyone is so good." Another said, "It's wonderful, the staff are so good." A relative told us their family member always "appears happy and content since moving here."
- Interactions between people and staff were relaxed and comfortable; people looked happy within their environment. Staff had developed trusting relationships with people and recognised when they were unhappy.
- People were supported by staff who had undertaken relevant and current training in safeguarding people and understood their responsibilities in relation to this.
- The registered manager was able to demonstrate they were working jointly with external agencies and multidisciplinary teams during safeguarding investigations.
- A social care professional told us they had a positive experience working with this home, "The residents I visited seemed very comfortable with the staff, they told me the staff are nice and they feel well looked after."

#### Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe throughout the day, although people told us staff were stretched at night.
- Staff were visible in communal areas or nearby and if people called out or rang their call bells staff responded promptly.
- The provider had robust recruitment systems in place. Pre-employment checks were undertaken before new staff began to work to ensure they were suitable and safe to carry out their role. Gaps in employment and any discrepancies found from checks were explored further.

#### Using medicines safely

- People received their prescribed medicines as they should. The provider had systems in place to ensure medicines were managed safely.
- Staff were trained and assessed as competent before they administered medicines. However, competency assessments consisted of the same questions being repeated each time, which did not test knowledge sufficiently.
- Medicines were stored securely, and records were completed correctly.
- Protocols for medicines prescribed 'as and when required' were not sufficiently detailed to guide staff on when the medicines should be administered. For example, protocols for medicines for constipation did not state how many days should the individual not have their bowels open before considering the medicine.
- For people who were unable to talk to staff about their pain, assessment tools were not in use. These would support staff in identifying verbal and non-verbal indicators that a person was showing signs of discomfort, so they could give them their painkillers.

#### Learning lessons when things go wrong



- The registered manager recorded, tracked, monitored and analysed accidents, incidents and falls to identify trends and themes, and take appropriate action to improve practice and outcomes for people.
- Where things had gone wrong, there has been appropriate review with lessons learned and communicated.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff had completed e-learning in core subjects needed to do their job.
- People living at Brook House were at various stages of their dementia condition ranging from early onset to more advanced stages. Some staff spoken with could not remember the content of their dementia training.
- Staff had received some element of training in dementia care, but staff did not have a good understanding of how they could support people in a responsive way to reduce distress and anxiety, in line with current guidance, and best practice.

We recommend the provider explore relevant guidance in best practice to enhance people's wellbeing through meaningful occupation.

- Staff had received training in moving and transferring people. However, some staff needed more guidance on how to support people to move and transfer when not using a hoist, for example how to support a person safely from a wheelchair to a chair.

We recommend the provider consider current guidance in supporting a safe level transfer from wheelchair to chair or bed within practical moving and transfer training, and relate the training to people being supported.

- Staff felt well supported and able to discuss development opportunities. One staff member told us, "My aim is to become a senior, the manager is supporting me in this."
- Staff received protected and recorded supervision time but these were only carried out 3 or 4 times a year. Which meant staff had received only 1, some 2, supervisions since the start of their employment. This was often not enough for staff in a new role to provide the right level of support, review care practice and identify any learning gaps or development needs of the new team.
- Supervision records identified objectives such as a desire 'to be more confident' or to be 'a medicine champion'. A champion is regarded as somebody with a special interest for the subject and would be best placed to develop in this area and encourage best practice amongst other members of the staff team, and achieve good outcomes for people. Whilst staff told us they were being supported in these areas records did not reflect any support systems put in place for monitoring or any additional training sought to support the champion role.

We recommend the provider introduce a more regular programme of supervisions for staff and review current guidance from a reputable source such as Skills for Care in relation to effective supervision in social care, including the role and what to expect from a supervisor.

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

- People had access to food and drink throughout the day and the overall dining experience for people was positive.
- Where people were at risk of poor nutrition appropriate healthcare professionals were consulted for support and advice.
- There were arrangements in place for the kitchen to provide fortified, high calorific foods and drinks such as full milk, cream and smoothies to help promote weight gain for treating poor dietary intake and unintentional weight loss.
- Our observation of mealtime showed staff were patient and supportive whilst encouraging, prompting and assisting people to eat.

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

- The service had worked with the local GP practice to find an effective system for the timely request and prescribing of medicines for people. Issues have been resolved and the system is working better now for the benefit of people following admission to the service.
- The service continued to experience challenges in accessing a community dentist for people who are unable to leave the service.
- People were supported to access healthcare services and support such as community nurse, chiropodist, dietician, specialist nurses for long term conditions and the mental health team.
- The local GP surgery provided a weekly virtual surgery to review people's health needs.

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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- 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.

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

- The premises had been refurbished and decorated to a high standard, to include a range of communal areas of interest for people to sit and enjoy.
- People's rooms were spacious, nicely decorated, and personalised with en-suite facilities.
- People had access to a large enclosed garden, laid to lawn with patio and seating areas.
- Signage provided visual clues for people to help with identification and recognition.
- Appropriate equipment was provided to support people's mobility needs and to reduce risk of skin of breakdown. Equipment was in good working order and routinely checked.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were at ease and comfortable in the presence of staff. Staff had a good rapport with people and interacted well with lots of smiling and laughter.
- One person told us, "They [staff] are always laughing, they are all happy, chatty and friendly staff, they are very kind." Another said, "It is wonderful, the staff are all fantastic, always happy and you can talk to them about your problems and they listen and help, they are so helpful."
- A staff member told us, "I really love working here, people have such different and interesting personalities, I like building relationships with them, not just providing care. It's important they feel included and involved." Staff had received training in equality and diversity.
- People were supported by staff who were attentive, caring and respectful. Compassionate and trusting exchanges were observed between staff and people they were supporting.
- People were allocated their own key worker. A staff member described this role to us, "I take time to chat with [name] to ensure he's not lonely, I check he has toiletries, ensure he maintains contact with his family and encourage him to take part in activities to prevent him from becoming isolated. It's nice to be able to have time to sit and chat, if it was me living here, I would like that for me, I don't like seeing people sitting on their own."
- People and family members expressed satisfaction with the standard of care delivered and found staff to be approachable, helpful and informative. A relative told us they visited regularly and their family member and others were always clean and well groomed.

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

- Staff involved people in their care and supported them to make choices and decisions about everyday tasks and activities. One relative told us, "[Name] choices are always respected and [name] and the family are all involved in the planning of her care."
- People attended resident meetings where they could discuss and put forward suggestions for activities, outings and menu planning. Those people unable to attend were spoken with individually about their ideas and requests or any concerns they may have.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and their privacy, dignity and independence was promoted.
- People were observed to get up, washed and dressed at their own leisure. A choice of cold or hot cooked breakfast was provided to people as and when they got up.
- Staff promoted people's independence and always asked if they would like support for example, to have their food cut up for them.

- People were supported if able to have locks on their bedroom doors.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. People's care and support was not always planned in a personalised way that met their needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- All staff had a very good knowledge of people's needs and were able to explain how they should be met. However, people's care and support plans did not always demonstrate how the service responded to each individuals differing needs in terms of the varying stage of dementia they were at, their strengths and abilities or the nature and level of support they each needed to keep their best independence and promote their wellbeing.
- Some care plans were vague in relation to the triggers, understanding and personalised support needed by people who at times presented distressed behaviour. They did not include sufficient guidance for staff on how to effectively intervene and meaningfully occupy people to help prevent heightened distressed behaviours.
- People who had a stroke did not have a plan of care in place with detailed guidance on the nature of support they needed and how staff should deliver it. A care plan for a person with epilepsy was generalised and not specific to the person in relation to type, triggers and management. There was a lack of care planning for people with a long term catheter to guide staff on recognising the signs and symptoms of complications such as retention or infection and what they needed to do to help prevent them.
- At the time of our inspection, no one was at the end stage of their life. However, dementia is a terminal illness, care plans did not demonstrate how staff were to respond to an individual's specific and individual needs when they reached this stage. Meaningful conversation with people as part of their ongoing assessments and reviews would help to prepare a plan for the delivery of end of life care.
- Staff had hand held devices so they could record in real time care delivered, checks carried out and people's wellbeing.

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

- People were able to maintain relationships that mattered to them, such as family members and others and they were able to visit when they wanted to.
- People had the opportunity to participate in a range of activities such as games, armchair activities, reminiscence and quizzes. People were involved in planning social events and the registered manager was organising regular transport to support these.
- Activity provision was not always at a level which met the individual and specific needs of some people using the service. Whilst some people thoroughly enjoyed the group activities, others were unable to take part due to cognitive and/or sensory loss. Further consideration was needed to improve the level of interaction people experience on an individual basis to promote their well-being and meet their emotional

needs.

#### 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.

- The Accessible Information Standard was embedded in the culture of the home. The registered manager and staff knew people's communication needs and how information should be presented to them.

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

- The provider had a complaints policy and procedure in place.
- The registered manager told us they viewed concerns positively and were pro-active in addressing concerns to prevent them from re-occurring as part of driving continuous improvement within the service.
- People and relatives told us they were aware of the complaints process and would not hesitate to raise any concerns if they needed to and were confident they would be addressed.
- A relative told us, "We have no complaints, a few grumbles when [name] first came here but these were addressed promptly and satisfactorily."
- The service had not received any formal complaints since it re-opened in June 2022.



# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. The manager and the culture she created promoted good care. However, the provider's governance systems needed improvement to reliably assure good outcomes for people.

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

- People, relatives and staff told us the service was managed well.
- The provider's governance systems did not provide an overview of the information gathered; identify the weaknesses and strengths of the service delivered, see what could be done better and drive improvement.
- A range of audits and checks were carried out by senior management. However, the audits did not proactively identify and act on any areas for improvement or monitor outcomes. For example, infection control audit did not include checking the laundry. The care plan audit only checked to see if required documentation was in place such as plans of care, risk assessments and PEEPS. The audit and the auditor failed to check the quality of the content of the documentation to see if they effectively supported each individual and guided staff.
- The registered manager was motivated. She was open and honest about work which still needed doing and remained enthusiastic and committed; she started immediately to liaise with the provider to prioritise improvement in line with risk management and regulatory requirements; fire safety and the laundry facilities.

The providers governance systems failed to identify failings and shortfalls impacting on the quality and safety of service provision and outcomes for people. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and staff found the registered manager to be open, approachable and responsive.
- The service worked well in partnership with key organisations, including the local authority, safeguarding teams and healthcare professionals to support care provision and joined up care.
- The registered manager had a supportive approach and developed strong and productive relationships with the staff team, and led by example.
- Following previous care breakdowns and a difficult transition for an individual with very high, complex needs, a professional told us the registered managers 'unwavering support and creativity' and her 'invaluable knowledge and skill she has shared amongst her team' has been 'instrumental' in enabling the person to successfully settle at Brook House. The professional also told us the registered manager had built a 'positive relationship with the person and their family at what had been a very difficult time for all

involved.'

- Feedback from people using the service and relatives regarding communication was positive.
- However feedback from care staff indicated communication with them could be improved; daily flash meetings were held for exchange of information but care staff were not included. Some felt they would benefit from more regular team meetings.

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

- Since the registered manager had started in post it was evident they were creating a positive and inclusive culture at the home with clear person centred vision and values that included respect, dignity, inclusion, choice and independence.
- People were supported by a dedicated staff team who kept them at the heart of the service. The registered manager empowered people to participate in the development of the service and suggested plans for local community links through individual and group meetings.
- Staff were highly motivated and proud of the care and support they delivered.

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; Continuous learning and improving care

- The registered manager understood and demonstrated the requirements of the duty of candour to be open, honest and transparent when things have gone wrong.
- As a new service the registered manager and staff team have reviewed where they can improve care and changed practice accordingly. For example, as the numbers of people using the service were increasing the medicine administration round was taking longer. To ensure people received their medicines in a timely manner, as prescribed, the registered manager introduced a second medicine trolley; the round is now split between two trained senior staff.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with fire safety and infection prevention and control because the provider had not done all that is reasonably practicable to identify and mitigate any such risks.</p> <p>Regulation 12(1)(2)</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 providers governance systems did not reliably recognise and identify failings in service provision and outcomes for people.</p>