

## Brenan House Residential Home

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### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Brenan House is a residential care home providing personal care to 14 older people who may be living with dementia at the time of the inspection. The service can support up to 16 people in one large adapted building.

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

People told us they felt safe and were happy living at the service. Improvements had been made to the quality of the service since the last inspection.

Medicines were now managed safely; people received their medicines as prescribed. Accidents and incidents had been recorded, analysed and action taken. However, there had been no overall service analysis to identify patterns and trends. This is an area for improvement.

Checks had been completed but these had not been consistently recorded. Though the service had improved there were no action plans in place to show how further improvement would be achieved. This is an area for improvement.

People and staff were asked their opinions; however, these had not been consistently recorded. There were no action plans in place to show how their views had been used to improve the service. This is an area for improvement.

Potential risks to people's health and welfare had been assessed and there was guidance in place for staff to mitigate the risk and keep people safe. People were supported by staff who had been recruited safely. There were enough staff to support people. The addition of cleaning staff had improved the cleanliness of the service and enabled care staff to spend more time with people.

Care plans were now accurate, reflecting people's needs. People told us they were supported in the way they preferred. Staff understood their responsibilities to keep people safe from abuse and discrimination. People were supported to be as independent as possible. Staff worked with health professionals to make sure people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us the registered manager was supportive and approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 6 September 2019) and there were multiple breaches of regulation. 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.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns raised and based on the previous rating.

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.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the breaches of regulation in Key Questions Safe, Effective, Caring, Responsive and Well-led which contain those requirements. The Key Questions Effective, Caring and Responsive were inspected but not rated as not all the domain was covered.

The ratings from the previous comprehensive inspection for those key questions not rated on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement. 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 Brenan House on our website at [www.cqc.org.uk](http://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?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service caring?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service responsive?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Brenan House Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 one inspector.

#### Service and service type

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

The service 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was

asked to complete a provider information return prior to this inspection, the date for completion was after the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the provider, registered manager, senior care worker and domestic staff. We observed staff interactions with people.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at one staff file 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 continued to seek clarification from the provider to validate evidence found. We looked at training data.



# 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 remained the same. 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; Lessons learnt

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. Though some improvement was still required.

- Accidents and incidents had been recorded, investigated and action taken. This had been recorded in individual care plans. There was no overall analysis to identify any patterns and trends which may be linked for example, to staffing or time of day. This is an area for improvement.
- Previously, potential risks to people's health and welfare had not been consistently assessed. There had been no detailed guidance for staff, this had improved at this inspection. There was guidance in place for staff to safely transfer people using the hoist. One person was living with diabetes, there was guidance for staff about what level their blood sugar should be. When their blood sugar was consistently high, staff had taken appropriate action. They had worked alongside the diabetic nurse to review medicines and ensure their blood sugars were now stable.
- At the last inspection, airwave mattresses used to maintain people's skin integrity had not been used in line with guidance. These mattresses were now used in line with guidance to maintain people's skin integrity. People's care plans had been updated when people's needs had changed.
- Checks had been maintained on the building and equipment used. When concerns had been raised action had been taken, essential work had been completed on the passenger lift and a new boiler had been fitted. The fire service had completed an inspection of the building. The provider was in the process of completing the improvements required.

Preventing and controlling infection

At our last inspection the provider had failed to assess the risks relating to infection prevention and control. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Previously, the service had not been clean, and some equipment used was fabric and could not be cleaned as required for infection control. There was now a cleaner in post, the service was clean and odour free. Equipment had been replaced for equipment that could be washed and cleaned regularly. There was now a record of the cleaning completed, rooms were now regularly deep cleaned. There was a cabin in the courtyard for testing visitors.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. Though some improvement was still required.

- Previously, medicines had not been managed safely, including handwritten prescriptions not being double signed and no protocols for 'when required' medicines. At this inspection, the provider was using an electronic system which reduced the risk of errors. Medicine boxes had a bar code which was scanned when the medicine was given. The system prompted staff if medicines had not been given. The protocols for giving 'as required' medicines had not been added to the system, these were still recorded on paper. There was a risk staff would not refer to the paper version, this is an area for improvement.
- Staff had received training in the new system and their competency checked. The number of tablets in the boxes were correct with the amount given. The room and fridge temperatures had been checked to make sure medicines were stored as required to remain effective. Some people required eye drops; these had not been dated when they were opened. This is an area for improvement.

#### Staffing and recruitment

At our last inspection the provider had failed to operate effective recruitment processes. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff were now recruited safely. There were now effective systems in place to recruit staff, checks were



made to make sure staff were suitable to work with people. Staff completed an application form with a full employment history and references about their conduct in previous employment. Disclosure and Barring Service (DBS) checks were made before staff began work at the service. DBS checks identified if prospective staff had a criminal record or were barred from working with adults.

- There had been an increase in the support staff since the last inspection. There was now a cleaner in post, they had received training to support care staff if needed. Staff told us, 'I help to move people with the hoist when needed.' People told us they received the help they needed, when they needed it.
- During the inspection, we observed staff spending time with people, chatting and completing hand care. Staff who had provided activities three times a week had recently left. The registered manager told us they would be recruiting into the role.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from abuse and discrimination. Staff understood how to report any concerns they may have. Staff were confident the registered manager would act as required.
- Staff understood the whistleblowing policy and knew how to raise concerns with outside agencies such as the local safeguarding authority. The registered manager understood their role in keeping people safe and raising concerns when required.

# 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 the last inspection this key question was rated as Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

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

At our last inspection the provider had failed to properly maintain the service. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Previously, the courtyard was not safe for people to use. At this inspection, the unsafe concrete slabs had been replaced by paving slabs. The area had been cleared; this enabled people to use the area. There was now a rotary line which folded away when not in use, ensuring the courtyard remains clear.
- Improvements had been made to areas of the building. This included insulating the conservatory roof, so people were comfortable when using it in the summer. There was now pictorial signage around the building including the communal rooms to assist people to find their way around.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to treat people with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Previously, people's dignity had not always been respected. Staff now had more time to make sure they maintained people's dignity. When people wore clothes protectors, these were now removed after each meal.
- When rooms were shared, people now had separate furniture to keep their belongings. Furniture that had previously been in poor repair had been replaced and matched. People's rooms were personalised with their belongings and special items. One person told us, "I have my cabinet and all my glass ornaments in my room, I enjoy spending time in my room."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

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

At our last inspection the provider had failed to design care to achieve people's preferences and ensuring their needs are met. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Previously, people's care plans were not accurate, did not reflect or contain all their needs, choices or preferences. They did not have guidance to meet people's needs or what was the expected outcome. Care plans were now detailed, containing guidance about how people liked to be supported and what staff should do to meet these preferences. People told us; they were supported in the way they preferred. We observed staff supporting people when they asked, and they knew people well.
- People's preferences when spending their leisure time were recorded in their care plans. People told us; they were supported to take part in their hobbies. We observed people reading and watching their favourite films. Staff now had time to spend with people, we observed people receiving nail care and hand massages.

# 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 remained the same. 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

At our last inspection the provider had failed to assess, monitor and mitigate risks, maintain securely an accurate, complete and contemporaneous record in respect of each person. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Previously, checks and audits had not been effective in identifying shortfalls found during the inspection. At this inspection, checks had been completed, however, these had not been consistently recorded. Though improvements had been made since the last inspection, there was no record of how these had been achieved. There were no action plans to show how the service would continue to improve. This is an area for improvement.
- The registered manager worked with staff to check they were providing the quality of care they required. Records for each person were now accurate and up to date.

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

At our last inspection the provider had failed to seek and act on feedback. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Previously, people had not been asked their thoughts about the service. At this inspection though formal meetings had not been held, people were asked their thoughts as part of group activities, however, this had not been consistently recorded. There were no action plans in place to show how people's views had been acted on. This is an area for improvement. People told us they had been asked for their views and they were happy living at the service. People knew the registered manager well, we observed one person hug the

registered manager, saying they were wonderful.

- At the last inspection, staff meetings had not been held. At this inspection, staff were more positive about the way information was given to them. They told us the handovers were informative and they had been kept up to date with guidance. Staff told us; they were often telephoned by the registered manager to discuss potential changes. However, this had not been formally recorded. This is an area for improvement.

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

- Since the last inspection, the culture within the service has improved. People appeared to be happier and more engaged with staff. The service now revolved around people and their needs. Staff told us the addition of a cleaner had given them more time to put people first.
- People and relatives told us, staff supported them in the way they preferred and knew what they liked. Staff had supported people to go out with their relatives which people had enjoyed.
- Staff had supported people to make decisions about their care and support as much as possible. People were encouraged to be as independent as possible.

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

- People and relatives told us the registered manager was approachable and supportive. One relative told us, they would raise any concerns with the registered manager, and these would be dealt with immediately.
- There had been no formal complaints since the last inspection. The registered manager told us they would follow the procedure in place to investigate any concerns.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

Continuous learning and improving care; Working in partnership with others

- The registered manager was part of a local forum to keep up to date with guidance and changes within social care.
- The registered manager and staff worked well with other health and social care professionals. They had worked throughout the pandemic to make sure people had access to the care they needed from visiting professionals.