Mrs N Matthews

Brockenhurst

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
Brockenhurst is a care home. Brockenhurst accommodates up to 38 people in one adapted building. Brockenhurst provides accommodation, personal care and support to older people, some of whom may be living with dementia. At the time of our visit 38 people were living at the service.

Accommodation was provided over three floors. There were communal areas, including an activity lounge and quiet lounge and two dining rooms. Ten people shared double occupancy rooms. People had access to gardens at the rear of the home.

People's experience of using this service:
People's dignity was not always upheld. We observed that staff were not consistent in treating people with patience and compassion. Staff used disrespectful terms to describe people's needs. We told the provider about this and they started to make changes after the inspection. Further time was required to ensure that the improvements could be implemented and sustained. This is to ensure that people were consistently cared for with patience, dignity and respect.

People were not supported by premises that were adapted to meet their needs, we told the provider and they made some improvements to the environment for people.

Staff rotas showed that there were enough staff to meet people's needs, but we observed that there were not enough staff to support people to receive their meals at lunchtime. The provider agreed to investigate and address this.

People told us they felt safe and relatives agreed with this. Risks to people were assessed, but risks were not always managed in accordance with the person's care plan.

The provider did not have a clear process of recording incidents and records showed that staff were not clear about when an accident or incident needs to be recorded. Despite this we did not find that people were unsafe due to this. We told the provider about this and they implemented a falls recording system and booked reporting and recording training.

People and relatives gave mixed feedback about staff. Ensuring that staff practice was consistent was an area of improvement. Despite this, records showed that staff received mandatory training and were supported to gain qualifications in health and social care. Staff knew how to keep people safe in an emergency, such as a fire.

The provider did not maintain records for people's Deprivation of Liberty Safeguards (DoLS). We told the provider about this and they took immediate action to improve this area.

People told us they receive their medicines on time and medicines were managed and stored safely.

Records showed people had input from a range of health and social care professionals. External health professionals gave us positive feedback about how the home was run.

Relatives told us they were made welcome to visit when they wished.

People were supported at the end of their life to have a comfortable and pain free death. Health professionals and relatives gave us positive feedback about how staff had supported people at the end of their lives.

The service met the characteristics of Requires Improvement in all areas.

More information is in the 'Detailed Findings' below.

Rating at last inspection and update: The last rating was Requires Improvement (published 24 May 2018). The service remains Requires Improvement, this is the third time in succession we have given this rating.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our Well-Led findings below.

Brockenhurst

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
On the first day of inspection, 21 May 2019, the inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second inspection visit, 22 May 2019, was carried out by one inspector. The third inspection visit on 30 July 2019 was carried out by an inspector and an inspection manager.

Service and service type:
Brockenhurst is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 provider registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The first day of inspection was unannounced. The subsequent inspection visits were announced.

What we did:
Before the inspection: We reviewed information available to us about this service. We checked the information that we held about the service and the service provider. This included previous inspection reports, the provider's annual information return and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. 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 this information to decide which areas to focus on during our inspection.

During the inspection we looked at:
-People's care records and medicine records for four people
-Records of accidents, incidents and complaints
-Training and recruitment records

We spent time observing the care and support people received in communal areas of the home to be able to understand people's experiences. We used the Short Observational Framework for Inspection (SOFI). We also observed the lunchtime experience and observed time periods in the lounges. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection we spoke with:
-Eight members of staff (two carers, the chef, two housekeepers, a kitchen assistant, an administrator and the provider)
-Two visiting health professionals, a district nurse and a community psychiatric nurse. These professionals gave us permission to quote them in this report.
-Six people using the service and three relatives.

After the inspection;
We continued to seek clarification from the provider to validate evidence found. We received feedback by email from a hairdresser who visited the service weekly. This professional gave us permission to quote them in this report. We also received feedback from a further relative by email.

Requires Improvement

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Staffing and recruitment

- We looked at three staff files and found that one staff member did not have a Disclosure and Barring Service (DBS) check. A DBS checks that a person is suitable to work with vulnerable people. We told the provider and they rectified this straight away. After the inspection, the provider carried out an audit of all staff files to make sure that all staff had a DBS check.
- At lunchtime staff were not deployed effectively to ensure people received their meal if they needed one to one support to eat, or if they received their meal in their room and needed one to one support. We observed one person waiting for 45 minutes to receive their meal, members of the inspection team needed to prompt staff that the person had not received their meal. We told the provider about this, they told us that on the first inspection day a staff member was not able to support people to receive their meal due to an accident involving a person that they needed to attend to. The provider assured us that they would ensure that staff are deployed at lunchtimes to ensure people are given the support they need. We will be able to assess how effective this is when we next visit.
- Despite our observations staff told us there were enough staff to complete tasks and meet people's needs. A staff member said, "There's enough staff, throughout day and during peaks like the morning." Another staff member told us, "There's enough staff to meet people's needs and to do everything in the home, there's managers, seniors, housekeepers and carers."
- The provider took pride in having a stable and established staff group. A staff member told us, "I've worked here for 19 years and like it here, I can have a laugh with some of the patients." A community psychiatric nurse told us, "Brockenhurst benefits from no staff turnover, staffing is stable. They recruited a male member of care staff which has been great for some people. Staff go with what works for the person, they are flexible and adaptable." A relative told us, "The good thing about here are there no agency staff and I think all the staff are very dedicated."

Preventing and controlling infection

At the last inspection we recommended the provider consider Health and Safety Executive guidance regarding the management of risks of legionella. Since the last inspection a satisfactory legionella test and assessment were completed.

- The home was clean, and people were protected from infection, for example staff were seen using protective personal equipment when serving food or giving medicines.
- Relatives told us they felt their family members were kept clean. A relative said, "I have always thought <Person> was safe here…I come in at various times most days, they never know when I am coming but she is always clean, washed and tidy and well cared for I feel." Another relative told us, "She is kept clean and looked after."
- All people's rooms were deep cleaned regularly, and we observed that people's rooms were clean.

Housekeeping staff told us they worked well with care staff to reduce the impact on people if they were cared for in bed and needed their room cleaned. The housekeeper told us, "I talk to people and let them know what is happening."

Learning lessons when things go wrong

● The provider had monitored and analysed falls, so that they could establish how and why they had occurred and to take steps to reduce further falls for example for a person staff made a referral to the falls team and for another person staff request a medicines review with the community psychiatric nurse.

● Staff had used audit methods to find gaps in recording, records showed that where gaps were identified these were addressed. For example, a gap was found in a person's fluid monitoring chart and staff addressed this. The provider had learned from an external environmental health inspection and completed an action plan of changes to the environment needed, for example paving was replaced in an outdoor space to make this safe for all people living at the home to use.

Assessing risk, safety monitoring and management

At the last inspection, we recommended that the provider ensured risks were assessed in the environment. The provider had made improvements.

At this inspection we continued to see that environmental risks were not being managed. We told the provider about this and they told us about improvement plans for the environment. On the third inspection day we saw that the provider had replaced the carpets on floors and on stairs. All outside paths had been made wheelchair accessible.

● Risks to people were assessed. Despite this, we observed one person was wearing socks and their falls care plan said the person must wear shoes. Staff ensured that the majority of people wore footwear or non-slip socks that was in accordance with their falls care plan. People were referred to the falls team when needed.

● The provider did not have a clear process of recording incidents, and records showed that staff were not clear about when an accident or incident needed to be recorded. Despite this we did not find that people were unsafe due to this, where people had an accident they received the support and care needed to check they were safe. We told the provider about this and they took actions to make improvements after our inspection. Staff received training in health and safety and the provider told us that they had a policy available to staff.

● As a result of our feedback staff were discussing how accidents and incidents were recorded in supervisions and the provider had arranged recording and reporting training for this year. A new Falls recording book was implemented and staff had started to use this. The provider had plans to implement better recording for accident and incidents. We will be able to assess how effective these are when we next visit.

● Relatives told us that risks were managed well. A relative said, "I think <Person> is very well cared for. All of her food has to be pureed now because of swallowing difficulties and they are also very good at keeping an eye on her skin integrity as she has sores on her feet and legs."

● Staff knew how to keep people safe in an emergency. All people had personal evacuation plans and an emergency grab kit was accessible to staff. The provider had learnt from a recent fire safety inspection and were taking recommended actions. The provider had arranged for fire drills to include evacuation mattresses and setting off fire extinguishers so that fire drills were practical training for staff.

Systems and processes to safeguard people from the risk of abuse

● People we spoke with told us they felt safe at the home. A person told us, "I feel very safe here, I love it. This is the closest you can get to home without being in your own home."

● Staff were trained in safeguarding and knew how to report if they were concerned about a person's

welfare. The provider told us that before the third day of the inspection all staff received refresher training in safeguarding.

Using medicines safely

● Medicines were managed and stored safely.

● People told us they received their medicines safely and on time. A person said, "I like it here, they look after me and give me my medicines." We observed medicines being given to people, this was done according to the person's preference and at the person's pace.

● Some people had as and when (PRN) medicines to help them to manage pain or to reduce distress or behaviours, such as agitation. A community psychiatric nurse told us, "Staff work with us to reduce sedation medicines by getting to know the person and learning what their triggers are. They always try other approaches before using medication."

● The same community psychiatric nurse told us, "I visit to review medicines when this is needed, staff are good at alerting me when this is needed, for example if a person's mobility is reduced or if they start slurring words. Staff maintain good contact when we're trying a new medicine for a person."

Requires Improvement

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

● We observed that staff had inconsistent practices and approaches. We fed this back to the provider and they agreed to act by speaking to staff about training needs. For example, we observed staff did not have consistent moving and handling practices. We observed one member of staff moving a person unsafely holding the back of the person's trousers, we told the provider agreed to take immediate action to refresh the training. This was an area of practice that requires improvement. Following the inspection, the provider told us they had arranged refresher training for specific staff and provided evidence that staff completed manual handling training before providing care to people as part of their induction procedure. Records showed that manual handling training were set up annually.

● Relatives gave us mixed feedback about staff attitude, approach and competency. A relative said, "Yes I think they are well-trained. Helping her with personal care was always a big problem but they seem to manage her well." A second relative told us, "I am very pleased with the care here. By and large the care is excellent although some staff are better than others. Some staff I can ask them to clean her up if she's had an accident and they will come straightaway. Others will say "yeah I'll be there in a minute" and you know they won't come."

● Despite mixed feedback from relatives, records showed that staff received training to meet people's needs. Staff told us they felt supported, had access to training and continued professional development opportunities. External professionals told us staff were competent to spot changes in people's needs. A staff member told us "I have supervisions and trainings but it's ad hoc, I always have an annual appraisal with <Provider>." Another staff member said, "Yes, I feel well supported, I can't fault the managers, every Monday we have a staff catch up and there's a handover at every shift."

● A staff member said, "All staff do all the mandatory training before they start working with anyone unsupervised and do their DBS. We get training updated such as manual handling is I think every six months." Another staff member told us, "I did my care certificate and now I'm doing my level 2 diploma. There's a lot of training, such as in behaviours, dysphasia, health and safety. There's a lot of support and staff are always willing to help each other." Managerial staff accessed professional networks and completed qualifications such as nationally recognised diplomas.

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

● Staff were not deployed at lunchtime to ensure that people who needed support to eat their meal either in a dining room or in their room. Staff told us any staff could help a person to eat their meal in their room. One staff member said, "Anyone can feed people in their room, there's a food chart in the kitchen and you complete it if you've done it." Despite this we were not given reassurance that staff were allocated to support people to receive their meal in their room or that this was managed in a way that checked all people

in their room had received a meal. The chef told us, "food goes to people's rooms first and we see the plates as they come back." We told the provider about this and they said the kitchen staff have a list and staff that support people to eat in their rooms record this in the person's daily notes. Following the inspection, the provider told us they would address the issue of staff allocation at mealtimes. We will be able to assess how effective these are when we next visit.

● People's dietary needs such as diabetes or allergies and preferences were known to staff and reflected in the meals they were offered. For example, one person had their diabetes managed through food and another person was vegetarian.

● Where a person was at risk of choking the meal was pureed. Kitchen staff had not received training in different consistencies of diet or opportunities to make meals enjoyable for people that need softer textured or moist food. Staff told us, "All the feeds have a pureed diet". The term 'feeds' was used consistently by staff, we have reported on this further in the Caring section of this report.

● People ate their meal in two dining rooms. In the dining room where people were being supported to receive their meal there was no interaction between staff and people. In the dining room where people ate independently a staff member spent time in the room having friendly interactions, offering them choices of drink and meeting their needs.

● People and relatives told us they liked the food offered. A relative said, "I'm coming every day to feed her lunch and on Sunday I eat with her. Generally, the food is very good." The provider and kitchen staff demonstrated pride in the food being freshly made. The chef told us, "It's nice to see their faces happy if they've enjoyed a meal." We observed people were given flexibility of where they had their meal. For example, one person who was unsettled and wanted to have a cigarette before their lunch was supported to have their meal in the garden.

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

At the last inspection, we recommended the provider considered making adaptations to meet the needs of people living with dementia and to ensure risks were assessed in the environment. The provider had made improvements.

Since the last inspection the provider had considered guidance and put up signs to support people orienting themselves around the home.

● We continued to find areas of improvement to ensure a safe environment and an environment that met people's needs, however, the provider had an improvement plan for the environment. For example, communal areas such as lounges, and stairs had a heavily patterned carpet. People living with dementia can experience changes to their sight, including loss of peripheral vision, changes to vision of colour and objects. Strong patterns can be confusing or disorienting to people living with dementia. The provider told us they were planning to replace these carpets with plain carpet or flooring, on the third day of our inspection we saw that these carpets had been replaced.

● Despite the signs the provider had put up, we observed people continued to be disoriented around the home. The Alzheimer's Society recommends signs and objects to help with orientation such as a plant to orient towards a garden. The provider told us that they were trying different ideas to see what worked for people. The provider showed us that signs now include pictorial representations as well as words.

● The home was an adapted building across three floors. We saw people using the garden to spend time outside and eat meals. People and staff had a dedicated smoking area they shared together in the garden.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 Act 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 with appropriate legal authority. 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 and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. For example, some people received their medicines covertly, this was assessed to be in the person's best interest following the principles of the Act and reviewed every six months with a community psychiatric nurse and either the person or an appropriate relative or professional representing them.
● Care plans showed that people had capacity assessments. For example, one person had an assessment recorded, they also had a deputy appointed through the Court of Protection and guidance for staff about how to involve the person's deputy in particular decisions.
● Staff received training in the Act. A staff member told us, "I seek consent – I ask people what they want, and I have an awareness of their capacity. I speak to family members about consent and decisions so that we make decisions that are in the person's best interests, it's all about what's best for the person and involving the right people."
● Before they came to live at the home, people's needs were fully assessed to ensure that staff could meet their needs appropriately.

Supporting people to live healthier lives, access healthcare services and support
● Records showed people have input from a range of health and social care professionals. Staff continued to monitor people's needs and made referrals to external health and social care professionals when needed.
● A community psychiatric nurse (CPN) told us, "This is a haven, if I know someone is coming from hospital to here I feel relief, staff are very good at meeting people's needs. I worked with one person, when they came here we worked to reduce their medicines and now the person is able to interact with family members. Moving here worked well for them, that's a reflection of how they meet the need of individual – they look at the person."
● A relative told us by email that staff had supported them the person to achieve good health outcomes, "The standard of care has resulted in <Person's> bed sores being completely healed."

Staff working with other agencies to provide consistent, effective, timely care
● Records showed that referrals were made by staff to health and social care professionals.
● External professionals gave positive feedback. A community psychiatric nurse told us, "Staff are very good at communicating, they update us on people's progress, staff can spot signs and changes and contact us. Staff are always available for me to speak to when I visit."
● A district nurse told us, "A member of our team visit daily to do insulin and dressings. Staff manage skin well and we're involved with around six people where staff need our input. For skin staff alert the tissue viability team and the district nurses. Whatever we ask staff to do they sort out quickly, they follow any guidance we give and if we say that a person needs certain equipment for example for skin integrity issues they get that instantly."

Requires Improvement

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence
In the last inspection, people were not always treated with respect and dignity. People's privacy was not always promoted. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Following that inspection, the provider had submitted an action plan and made improvements. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10. Privacy locks had been added to all bathroom doors and staff had training in dignity and respect.
Despite this, at this inspection, people continued to not always treated with respect and dignity. We told the provider about this and they told us about the actions they were taking to address this.

- At this inspection, we observed that the provider talked openly about people's needs in front of people. Staff referred to people as 'feeds' or 'feeders' if the person needed one to one support to eat or 'wanderers' if the person was living with a condition such as dementia and the person wanted to walk around freely. People were referred to by staff as 'love' or 'darling' rather than by their chosen name.
- Staff had received annual training in dignity and respect. Despite this, we continued to observe that staff were not consistent in their practice. For example, at lunchtime we observed that staff did not always ask for permission or talk through putting a clothing guard on to a person and we observed a staff member approaching a person saying "come with me" without explaining why they were being asked to move or where they were going to. Late in the morning we observed a person sitting in a communal area in their pyjamas, bare feet and with food stains on their clothes, staff did not intervene to support the person to be clean and dressed until before lunch was served. We saw one person was unsettled due to their mental health condition, they asked questions to staff frequently, staff were observed answering questions such as 'where do I sit' or 'where should I go' with "on your bum"; "outside" and "where you usually go". We observed staff not being consistent in treating people with patience and compassion.
- On the third day of inspection, the provider told us that staff had been instructed to change the language used to describe people's needs and we were shown care records, risk assessments and personal evacuation plans that had been updated to reflect this language. The provider and deputy manager told us they challenged staff if they heard inappropriate language being used. We will not be able to see how effective this is until the next inspection.
- Since the last inspection, two members of staff had become a dignity champion, this meant that they took part in additional training and shared ideas and additional learning materials with staff about how to improve treating people with dignity and respect. Staff had refresher training booked in for early next year in dignity. The administrator was developing a new induction pack which involved a dignity in care workbook. The provider told us that dignity champions were encouraging improvement in language used to describe people's needs. We will not be able to see how effective this is until the next inspection.

● A relative told us, "If I come in and she needs changing there's always someone around and they come along with aprons and gloves and I wait outside wait outside while they sort her out. Yes, they do close the door when they are changing her, I don't recall seeing them knock on doors before going in."
● We observed some interactions where some staff intervened discreetly with people, for example a carer spotted that a person needed to change their clothes, the carer was discreet and kind with the person and acted swiftly to support them to go to the bathroom and then to their room to get clean and change clothes. The same staff member told us, "I shut the door behind people when they go to bathroom. If I'm going to a person's room I knock the door first, I close the door when giving personal care, during personal care I try to make them feel comfortable as they can for example by making sure they're covered up on parts of their body we're not washing."

Ensuring people are well treated and supported; respecting equality and diversity
● People told us they felt cared for. A person said, "They look after me really well. I get all my clothes washed for me, so everything is always clean, and the food is lovely.", a second person told us, "I love it here, everyone is very kind to me." and a third person said, "They look after me very well." A fourth person said to us, "it's lovely, everyone is very friendly and helpful."
●Relatives told us their loved ones were well treated. A relative told us, "I think the girls do a fantastic job, I couldn't do it. The care is excellent. I know the place may not be fancy, but they are good at coping with people who are very difficult." Another relative said, "Yes I think they're caring. The manager is particularly kind and willing to help you with anything and she has some very good staff."
● Another relative told us how their relative had achieved good outcomes since moving to the home, by email they said, "I would never have expected to see her make the improvement that she has….it has been a revelation to see her start eating again and sitting up, alert and comfortable." The same relative told us, "The atmosphere and friendliness of the staff mean that it is a pleasure to visit and it is clear that <Person> has a very good relationship with her carers."
● A hairdresser that visits weekly told us, "It's home from home and the love and care given is second to none." A staff member said, "It's important to respect people and respect their choices."
● Two people were supported to maintain their religious needs and staff understood this. A person had lived in a religious order and was well supported to be visited by a priest from their order for holy communion. Staff referred to the person and called the person by their religious title. Another person whose religion was important to them was also supported to be visited by representatives of their religion.

Supporting people to express their views and be involved in making decisions about their care
● Appropriate relatives were involved in making decisions about their relatives care and in developing their relative's care plan. A relative told us, "I was fully involved with setting up her care plan and it was reviewed every six months, but they adapt quite quickly to take account of any changes." The same relative told us they were involved in a review every six months but that any changes needed were made as and when they arose.

Requires Improvement

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People did not all routinely have their needs met in respect to the provisions of meaningful activities and people who stayed in their rooms were at risk of social isolation. This is an area of practice that needs improvement.

● We observed missed opportunities for interaction between staff and people. For example, staff went into communal rooms and did not interact with people and where we did see interaction this was to give instructions such as 'come with me' or 'walk down to the dining room'. We observed people sitting with no meaningful or purposeful engagement where staff were not in communal spaces for long periods.

● People who were cared for in bed, or chose to stay in their room, were not visited at frequent intervals by staff to check on their wellbeing and to interact. This meant that people who were cared for in bed, who did not often leave their room due to ill health or who chose to stay in the room were at risk of social isolation.

● People had activity folders in their rooms if they chose to stay in their room or were cared for in bed, these logs showed staff recorded interactions and visitors such as aromatherapy and hand massage. We observed people had fiddle blankets and stuffed animals were seen in people's rooms, but these were not seen to be used during our visits. The provider told us that two staff were allocated in the rota to visit people who are cared for in bed. Following the inspection, the provider told us that staff used opportunities to have meaningful interactions when visiting people's rooms for example to deliver refreshments. The provider also told us an activity storage area was available for people to choose activities from such as puzzles, crosswords, music CDs or audio books.

● People had access to a programme of activities included a mix of in-house activities such as music, pet therapy and arts and crafts. The programme was displayed in communal areas. A staff member was a certified member of the Golden carers network. Staff were proud of the art made by people and these were displayed throughout the home. The provider told us that people have shown their art as an exhibition in the home which members of the community were invited to. People contributed art to initiatives such as butterflies for the Care Home Open Day.

● External entertainers visited to carry out activities every week such as a singer with a piano. People had access to a hairdresser and chiropodist who visited every six weeks. A relative said, "When <Person> first came she used to join in the activities and really loved them, there was always something going on." The administrator had collated personal history information for 'This is me' booklets for each person. Staff arranged trips for people for example to fairs, the cinema, the seaside or the garden centre. The provider told us outings were arranged to meet the wishes of people.

● We received mixed feedback from relatives and external professionals about how staff supported people with behaviour that challenged. A relative told us that their relative was not encouraged to participate in activities on offer due to their behaviours. The relative said, "She did participate in the activities, but they stopped it. <Person> is beyond the point of being able to join the activities. She did for a while when she first came here but she was disruptive, so they stopped it." A community psychiatric nurse (CPN) said, "The care

provided by staff is person centred and tailored to meet the needs of each individual…residents with significant behavioural problems related to their dementia are placed at Brockenhurst and within a short period of time these same behaviours which have precluded the person from residing at other residential care homes have reduced if not entirely disappeared."

● We observed that some staff tried techniques like distraction and reassurance, however some staff did not show patience if a person was unsettled. One staff member, who we observed using distraction and reassurance when a person had refused to go for lunch, told us, "When a person refuses something like personal care, I'll go back and try again to see if there is a different response, I empathise and put myself in their position, if a person gets agitated I'll wait for them to settle and calm down. If a person continues to refuse, I'll write it in their care plan and talk to the person in charge." The CPN also told us, "When I visit and need to do health checks, staff help to settle the person and support me to have a quiet environment with the person. Staff are persistent and keep trying different things."

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

● Staff worked with an external company who specialise in materials for people with visual impairment to develop signage and a lifestyle passport. Staff had received training in person-centred care and accessible information.

● The administrator was developing picture cards for different aspects of care to support people to communicate. They told us staff had started to implement these for personal care and food choices but also wanted to extend their use to activities and asking a person if they were in pain. We will not be able to see how effective this is until the next inspection.

Improving care quality in response to complaints or concerns

● Relatives told us they knew how to raise a complaint. A relative said, "Information about how to complain was given to me but I have never needed to complain."

● No complaints had been received at the time of the inspection.

End of life care and support

● Provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death. A relative whose loved one was in receipt of end of life care told us, "The staff have been very kind to <Person> and very caring towards me too. As it became obvious that she is slipping away they have been very good at keeping me informed. They will ring me with any updates on her condition and they always make me welcome when I come in and let me know what's going on." The relative continued to tell us that "<Person> was treated with love, care, dignity and respect."

● A Community Psychiatric Nurse told us, "I've had a few people who have been End of Life that have been placed here, staff have maintained the person in a comfortable position."

● Where people had a do not attempt cardiopulmonary resuscitation (DNACPR) this was recorded.

● The provider had worked with the End of Life Care Hub (ECHO) service to develop a new end of life care plan which reflected people's wishes and preferences.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
At the last inspection we found that the provider had not ensured the systems of governance were adequate to assess, monitor and mitigate the risks to the health, safety and welfare of people and others. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Following that inspection, the provider submitted an action plan. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.
● The registered provider did not maintain oversight or monitoring of people subject to Deprivation of Liberty Safeguards (DoLS) and records were not maintained. For example, in a person's file there was an authorisation that expired in 2017, the registered provider then later that day found the more recent assessment outcome which was not stored with their care records, and confirmed the person continued to be subject to DoLS. We told the provider about this and they agreed to address this.
● In addition to this, the provider had failed to notify the CQC of DoLS authorisations and the registered provider was not aware of the requirement to notify the CQC of DoLS authorisations. The CQC had received one notification but we found that up to four people were subject to DoLS at the time of our inspection. We told the provider about this and they agreed to address this.
● By the third inspection visit, the provider implemented a tracker system for DoLS and had submitted all DoLS notifications to us.
● People and relatives consistently knew who the provider was.
● People's information was kept confidential and secure.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Relatives told us they had been asked for feedback, a relative said, "I have had feedback forms in the past." Feedback forms were available to be completed by visitors such as external professionals or relatives.
● Staff were not involved in decisions affecting the service. For example, a member of staff told us there had been some new furniture, but these were not their choice and were "not easy to keep clean." Staff told us they enjoyed their roles and worked well together. A staff member said, "We have great team work, all there for each other if more support is needed." Another staff member said, "There's pretty good communication and team work."
● We told the provider about mixed feedback from staff they told us that staff were involved in discussions and staff meetings to give views on many aspects of the running of the home. The provider told us they had carried out a staff questionnaire in 2017 where issues raised had been addressed and learn from and that

they used review sites such as carehome.co.uk to collect feedback. The provider agreed to look at the procedures and intervals of questionnaires.

● Relatives we spoke to said they were made to feel welcome at every visit and two relatives we spoke to were invited to visit for a meal every week. Relatives were complimentary about how the home was run. A relative told us "The manager has been running this home for many years and I know my late husband thought it was a good home. Considering how they have looked after my mother I would have to say in my opinion it is a very good home and they do a superb job. I would recommend it."

● Another relative said, "The manager was a life saver to me, my relative had only been in the previous home for 4 days when they said they couldn't manage her, and I'd have to move her. If the manager here hadn't come along and said they'd take her I don't know what I would have done. As I said, I think this home takes people no one else will take."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

● The home was staffed by a committed staff group. Many members of staff have been working in the home for a long time. Staff told us they enjoyed their roles. A staff member said, "I really like working here." Visiting professionals were complimentary about the person-centred care, for example a hairdresser told us, "The staff - from the cleaners, maintenance, carers and kitchen are a fabulous team who all pull together to make this place what it is."

● Two staff members we spoke to had two different roles in the home and told us they benefited from this. A housekeeper who also worked as a kitchen assistant told us, "I like having kitchen and cleaning duties because you get to know the people and work with all the staff and do all the training." A kitchen assistant who also did entertainment and activities said, "Having different roles means work is varied and I get to know people well, I get to do all of the training and I really like that."

Continuous learning and improving care

● Quality checks, such as a range of audits, were completed by the deputy manager and the administrator. For example, a medicines audit and a care plan audit were completed monthly. Actions had been taken to improve quality where issues were identified, for example a new care plan template was being implemented following the most recent care plan audit.

Working in partnership with others

● Records showed that staff liaised with external professionals to meet people's needs such as social workers and the falls team.

● External professionals gave us positive feedback about staff's experience and knowledge. A community psychiatric nurse told us, "I trust the staff implicitly in giving me the information I need to make clinical decisions." A district nurse said, "I think this is one of the better homes, I've been visiting here for 20 years, staff are brilliant, competent and caring."

● Staff engaged with networks such as the Golden Carers Network, network for Dignity Champions and support from the Local Authority.