

RCH Care Homes Limited

# Brentwood Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Brentwood Care Centre is a residential care home providing personal and nursing care to up to 112 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 67 people using the service. The home is split over three separate floors, each with communal lounges and dining areas.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

The provider had not always ensured staffing levels, or the deployment of staff across the service, adequately met people's needs. People told us staff were not always available when needed and we observed people waiting for staff to support them. The provider's processes for monitoring the quality and safety of the service were not always effective in addressing concerns and driving improvements.

People's care plans and risk assessments were not always personalised or up to date and some contained contradictory information. People's daily records and monitoring charts had not always been completed and this meant we could not be assured people had received appropriate support. The provider had implemented end of life care plans following on from our last inspection; however, these still lacked detail.

The provider had a process in place to manage people's medicines and guidance was available to support staff in administering medicines safely. However, during the inspection we observed staffing levels had impacted on the timely administration of medicines.

The provider had recruited an activities coordinator since our last inspection, and we found people were more engaged and able to participate in a wider range of pastimes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not always support this practice.

Staff were aware of how to report safeguarding concerns and the provider had sent notifications and shared information with the relevant authorities when appropriate. People and relatives told us they knew who to speak to if they had any concerns or complaints.

There had been changes in the management of the service since the last inspection and there was a new interim manager in post. People and staff spoke positively about the new manager and the support they

had received from the senior management team. Relatives told us they felt involved in people's care and able to give feedback and staff spoke positively about the culture and morale of the team. Following the inspection, the provider responded promptly to our feedback, supplying additional information, and identifying actions to address the concerns raised.

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

#### Rating at last inspection

The last rating for this service was good (published 01 July 2022).

#### Why we inspected

There had been an increase in the number of safeguarding concerns raised since our last inspection. We had received concerns in relation to how the provider was ensuring people were kept safe and protected from the risk of harm. We had also received concerns regarding the management oversight of the service. As a result, we undertook a focused inspection to review the key questions of safe, responsive, and well-led.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

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

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

#### Enforcement and Recommendations

We have identified breaches in relation to staffing, the management of risk and oversight of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service 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** ●

# Brentwood Care Centre

## 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

This inspection was carried out by two inspectors, a professional specialist advisor with a background in nursing and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Brentwood Care Centre 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. Brentwood Care Centre is a care home with 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 not a registered manager in post. This was due to the previous registered manager leaving the service. The provider was in the process of recruiting a new manager and an interim manager was in post whilst recruitment was ongoing.

## 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. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 7 people who used the service and 4 relatives about their experience of the care provided. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 15 members of staff including the interim manager, nurses, unit managers, health care assistants and the activity coordinator. We reviewed a range of records. This included 8 people's care records, 3 staff files in relation to recruitment and staff supervision and a variety of records relating to the management 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- People and their relatives told us there was not always enough staff available to support people in a timely manner. Comments included, "Sometimes you have to wait a while as there's not enough staff", "I sometimes have to wait a long time to go to the toilet", "There's not really enough. I don't get to bath very often" and "They never have enough staff."
- During the inspection, we observed people waiting for support with their personal care and continence care needs as staff were busy supporting other people. One person told us, "They need more staff. There's a few times I've wanted something but there's not enough staff."
- The provider told us they had recently recruited more staff and regular agency workers were deployed across the service to fill any vacancies. Staff confirmed they felt improvements had been made to staffing levels since the new manager came into post. However, some felt there were still not enough staff available. One member of staff said, "Before we were always running low on staff. It's much better now." Another member of staff told us, "We are always very busy. We need more staff."
- The provider used a dependency tool to calculate the number of staff needed across the service. However, our observations and the feedback we received, demonstrated this was not always effective in ensuring there were enough staff available to meet people's needs promptly.
- Staff were provided with a range of training appropriate to their job roles. However, staff training was not always up to date in key areas such as practical moving and handling and fire safety.
- The provider was supporting one person with a learning disability. At the time of the inspection, staff had not received specialised training in understanding the needs of people with a learning disability and autistic people.

We found no evidence people had been harmed. However, we could not be assured there were enough suitably qualified, competent, and experienced staff to support people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the inspection, the provider evidenced they had arranged for staff to attend training tailored to understanding the needs of people with a learning disability and autistic people.
- The provider had systems in place to ensure staff were safely recruited; however, applicants did not always have a full employment history documented. Following the inspection, the provider responded promptly to our feedback evidencing the relevant information was now recorded.

### Assessing risk, safety monitoring and management

- Risks to people's health and safety were not always managed effectively.

- People's risk assessments were not always detailed, and some information was contradictory. For example, for 1 person we found conflicting advice about how to support them with their mobility needs. This meant there was a risk staff may not have the correct information available to ensure they supported people safely.
- Staff had not always ensured people's health monitoring charts were completed accurately. For example, weight monitoring and oral healthcare records were not always up to date, and we found significant gaps in the recording of people's daily fluid intake. This meant we could not be assured people had received appropriate support to manage risks associated with their health needs.
- The provider told us they were aware of the concerns with the completion of documentation and had raised this with staff. We saw evidence the manager had discussed the importance of accurate record keeping in supervisions and team meetings. However, shortfalls were still found in recently completed documentation.

We found no evidence people had been harmed. However, the provider had not effectively assessed and managed risks to people's health and safety. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- 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. However, people's DoLS had not always been reapplied for when needed to ensure they remained in date. At the time of the inspection, the new manager was aware of this issue and was in the process of reviewing and reapplying for the relevant DoLS. Following the inspection, they provided an updated tracker to evidence the applications had been made.

#### Using medicines safely

- The provider had systems in place to manage people's medicines. However, during the inspection we observed staff being interrupted and called away whilst administering people's morning medicines. This impacted on their ability to concentrate solely on administration and meant it took longer for people to receive their medicines.
- Following our feedback, the provider told us they would review how staffing was deployed across each of the floors at specific times of the day in order to prevent staff being interrupted.
- Staff were provided with medicines training and people's care plans contained information about what support they required when taking their medicines.
- Staff completed administration records when supporting people with their medicines and guidance was available about how and when to give 'as required' medicines, such as pain relief medicines.

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

- Since our last inspection, there had been an increase in safeguarding concerns raised about the care people received in the service. The provider had engaged with the local authority safeguarding team,



attending regular meetings, and implementing a log to track concerns raised and actions taken.

- The provider was able to demonstrate clear oversight of each concern and outcome and had notified CQC in line with their regulatory responsibilities.
- The provider reviewed any trends and themes from incidents and accidents to reduce the risk of reoccurrence. The management team had shared learning from safeguarding concerns with staff during team meetings and supervisions to drive improvements.

#### Preventing and controlling infection

- The service appeared visibly clean. However, some flooring in the communal bathrooms was worn and stained and odours were noticeable in certain areas of the building.
- The provider told us they had a refurbishment plan in place and any worn or stained flooring was due to be replaced in the near future.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider supported visits into the service in line with government guidance. People received regular visits from friends and relatives.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

- People's care plans were not always personalised to reflect their individual preferences.
- The provider had completed an initial assessment of people's needs, including considering people's protected characteristics and any religious and cultural support needs they may have. However, the information recorded in people's care plans lacked detail and some guidance was contradictory.
- It was not always clear how often people's care plans were reviewed to ensure they remained an accurate reflection of people's needs and preferences.
- People's involvement in their care planning was not always clear. However, relatives told us they felt involved. One relative said, "I can ring and get updates and if I tell them anything it gets sorted."
- At the time of the inspection, the provider was in the process of completing a review of all care plans and was transferring information into a new format. Staff provided examples of what would be included in the new format and told us the layout would enable more detailed and personalised information to be incorporated.
- Despite the concerns regarding care plan documentation, staff generally understood how people liked to be supported. We observed staff engaging with people positively and in a sensitive manner which reflected their personal preferences.

End of life care and support

At our last inspection we recommended the provider review their end of life care planning process in line with best practice guidance. At this inspection we found the provider had started to implement improvements.

- People's end of life care wishes were considered and relevant information was documented in their care plans. However, some information still lacked detail.
- The provider told us they were continuing to review people's end of life care plans as part of the wider review of the care plan format to ensure they were more personalised and reflected people's wishes more clearly.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place to manage any concerns raised. However, documentation showing how individual complaints were being managed was not always up to date. This meant it was not always clear what actions had been taken.
- Despite this, people and relatives told us they felt able to raise concerns and spoke positively about the

responsiveness of the management team.

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, we found people were not always being supported to engage in meaningful pastimes of their choice. At this inspection we found the provider had made improvements and people were being supported with a wider range of activities.
- The provider had recruited an activities coordinator and they were in the process of creating more specific guidance for each person to better reflect their personalised interests.
- During the inspection we observed the activities coordinator engaging people in different ways depending upon their preferences. For example, we saw people singing together and taking part in quizzes. People were also engaging with interactive equipment including a Tovertafel. This is a large console which projects interactive games and puzzles onto a table for people to play.
- Whilst improvements had been made to the quality and range of activities, people's care notes evidenced a lack of engagement and interaction when the activities coordinator was on annual leave. The provider told us they were aware of this and were in the process of recruiting an additional member of activities staff to ensure more consistent support was available.
- People were supported to maintain regular contact with friends and family. Relatives told us they were welcomed into the service when they visited.

#### 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 provider had considered people's sensory and communication needs. People's care plans contained information about how they communicated and any sensory aids they used.
- Staff understood people's communication needs. We observed staff adapting their communication style when engaging with people, in line with their individual needs and preferences.



# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's processes for monitoring the quality and safety of the service were not always effective. During the inspection, we identified several concerns with the oversight of key areas of people's care. For example, the poor completion of daily monitoring records, inaccurate risk assessments and care plans, out of date DoLS applications, and gaps in recruitment and training documentation.
- Whilst the provider had identified there were concerns with the completion of care records; improvements were not yet embedded. Issues were still being identified and it was not clear what process the provider had put in place to monitor and check staff had completed these records accurately.
- The provider did not have robust oversight of the deployment of staff across the service. Staff were not always available when people required support and staff availability was impacted by the time taken to administer medicines and to support people around mealtimes.

We found no evidence people had been harmed. However, the provider did not have robust processes in place to monitor the safety and quality of the service. This demonstrated a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour and their responsibility to act appropriately when required, apologising to people and those important to them when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives spoke positively about the new manager and recent improvements in the service. Comments included, "[Manager] is so approachable and friendly", "It appears to be going in the right direction" and "Things are improving and the atmosphere is better."
- Staff told us the management team were approachable and available when needed. Staff said they felt listened to and this had led to improvements in morale. Comments included, "They [management team] are always listening and they try to help" and "I feel more supported and there's more structure. Management are in a lot and they're more hands on."
- People and relatives told us they had not always had the opportunity to give feedback. However, the

provider had started to address this and was implementing satisfaction surveys in key areas of people's care such as menu planning and activities. People were being encouraged to complete survey cards and rate the quality of meals and the range of social activities. The manager told us they were analysing this information in order to identify what the issues were and make improvements.

#### Working in partnership with others

- The provider worked in partnership with other health professionals to support people's health needs and information about who was involved in people's care was detailed in their care plan. Health professionals we spoke with told us the provider had acted upon their recommendations. However, we received some mixed feedback about how effectively the provider communicated. One health professional told us, "It would help having more communication, it can be difficult to get information from them."

#### Continuous learning and improving care

- The service had been through a period of transition at the time of the inspection. The management team told us they had spent time reflecting on the impact of this in order to identify anything which needed to be done differently. The provider had implemented a continuous service development plan to bring together the actions identified in their internal auditing and create a clear timescale for making improvements.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not effectively assessed and managed risks to people's health and safety.  This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have robust processes in place to monitor the safety and quality of the service.  This demonstrated a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing  We could not be assured there were enough suitably qualified, competent, and experienced staff to support people's needs.  This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

