

Mr. Liakatali Hasham

Brownscombe Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Brownscombe Lodge is a residential care home providing personal and nursing care to 16 people aged 65 and over at the time of the inspection. This included some people living with dementia. The service can support up to 24 people in one purpose-built building.

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

People told us they felt safe living at Brownscombe House. One person told us, "I've always felt safe here." Staff were recruited safely but there were times during the day when the service needed more staff on duty. This was addressed by the manager immediately following the inspection. The home was clean and had safe infection prevention and control practices and procedures in place.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. This was because best interest decisions had not been recorded for people when they had been assessed as not having mental capacity to make decisions about some aspects of their care.

Not all staff working at the service had received regular supervision and we saw there was a delay before people received some meals. People we spoke to told us this was a regular occurrence. People's needs had been thoroughly assessed before they moved to Brownscombe Lodge and access to healthcare professionals was well supported.

People spoke positively about living at Brownscombe Lodge and liked the staff who supported them. People were treated kindly and had their privacy and dignity protected.

Care plans and other documents detailed people's care needs and staff used these to provide people with the right care and support. People were able to do the things they enjoyed and were supported to have contact with people who were important to them.

Management oversight at the service was not always effective. We found that although regular audits of records were carried out, these did not always identify issues at the service which required attention. People living at the service and staff had confidence in the manager and the service worked well with other professionals to improve people's care.

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

Rating at last inspection

This service was registered with us on 26 March 2020 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been previously inspected.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to consent for support 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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was 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.

Brownscombe Lodge

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

The service had a manager who has registered with the Care Quality Commission since the inspection. 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 registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, nurses and care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment.

After the Inspection

We spoke to the relative of someone who lived at the service and one further social care professional who had worked alongside Brownscombe Lodge. We continued to seek clarification from the provider to validate evidence found. We reviewed a variety of records relating to the management of the service, including quality assurance records, staff training records and policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- There were gaps in the records of fire safety equipment monitoring and the emergency grab folder was not up to date. The manager responded immediately once this was raised.
- People told us they were supported well to reduce risks to them. One person told us, "The staff are very good at keeping me safe. They always help me getting up so I'm safe and don't fall over or anything." We observed that people were supported safely during our inspection.
- People's care plans were linked to risk assessments that outlined the action needed by staff to keep people safe. For instance, we saw where there were risks associated with people's mobility or skin integrity there were clear guidelines in place for staff to follow in order to mitigate risk in these areas.

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

- People told us they felt safe living at Brownscombe Lodge. One person told us, "It's a very safe home, a lovely secure building I feel very safe." Another person said, "I feel safe, the staff are good and know what they're doing."
- There were systems in place to protect people from the risk of abuse. Staff were provided with training to recognise the signs of abuse and were confident in how to identify and report any safeguarding issues if needed.
- We reviewed safeguarding records and found concerns had been appropriately investigated, responded to and information was shared with the relevant organisations including the CQC and the local authority.
- The registered manager described how they and their team learned from incidents which had taken place in order to improve people's care. When issues had arisen, they reviewed care plans and made changes as needed to people's support.

Staffing and recruitment

- People told us that most of the time there were enough staff and they did not usually have to wait long for support. "One person said, "...they are very quick at responding to me." Another person told us, "There is always [a member of staff] around."
- However, we did see there were times of the day including in the morning and lunchtime when staffing levels needed to be reviewed. We saw that some people did not receive their planned support with activities during the morning. A member of staff told us, "An extra member of staff would be helpful, I don't have time to do one to one [support] in the morning." The manager told us they were in the process of arranging for additional care staff for busier times of the day.
- The provider had safe recruitment procedures which ensured only staff suited to work at the service were employed. All required pre-employment checks were carried out including with the Disclosure and Barring

Service (DBS).

Using medicines safely

- People told us they were supported to use their medicines safely. One person said " [Staff] look after [my medicines] for me and let me know when is the right time to take them, they are very helpful." Another person said, "I always get my medicine on time."
- Systems and processes for the management of people's medicines were robust. Staff supported people to take their medicines in a person-centred way and medicines were stored at the service securely.
- There was clear guidance in place for staff about how to support people safely with their medicines including how to support individuals with their PRN (as and when required) medicine.
- Staff received relevant training before they were able to give people medicines and the registered manager checked their competency regularly in relation to the administration of people's medicines.

Preventing and controlling infection

- 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.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Best interest decisions were not always completed in accordance with the MCA. One person had been assessed as lacking capacity to consent to the use of a sensor mat in their bedroom to reduce their risk of falls. However, there was no record of a best interest decision having taken place to establish that this was the least restrictive way to support the person with this element of their care.
- Mental capacity assessments did not always adequately record how a decision was reached about someone's capacity. For instance, one person's records stated that they did not have capacity to make "major" decisions, but they were able to make simple day to day decisions about their care. There was no record of how this judgement was reached, and we have reflected this in the Well Led question.
- People told us they were given choice and staff asked for their consent before providing care. One person told us, "They are always asking me if what they are doing is OK." A member of staff gave us an example of how they ask for consent before providing care. The staff member said, "You greet them, you tell them you have come to do personal care. You ask, 'please can I change your pad?'"
- The manager had submitted DoLS applications to the supervisory body (local authority) as required.

Staff support: induction, training, skills and experience

- Staff told us they had the opportunity to raise any concerns they had with management when they needed to. One member of staff told us, "[The management team] are good, they are supportive. If you need anything you tell them, and they will do it." Staff had not always received regular supervision, and we have

reflected this in the Well Led question.

- Staff said they received an informative induction when starting work at the service which included opportunities to meet people living at the service and time to read through care plans as well as shadowing other staff before providing any care themselves. Records we looked at supported this.
- Staff received the regular training they needed for their job roles. For example, all staff received dementia awareness training

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the management team prior to them moving to the service to ensure that Brownscombe Lodge was able to meet their needs. Assessments from health and social care professionals were also used to plan effective care.
- The provider had responded to changes in people's needs, adapting their care as appropriate. For example, people who were at risk of falls had equipment put in place to help reduce the risk.
- Assessments guided by national framework and standards were completed to ensure that people's needs were assessed and met.

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

- We observed that lunch was served quite late and people told us this was usually the case. We discussed this with the manager who told us that plans were in place to improve people's experience at lunchtime. These included the opening of a new kitchen in the service, as meals were being brought from another building, and additional staffing to help support people. We saw evidence following the inspection that staffing during lunchtime had been increased.
- People who required their food or drink to be a certain consistency had it prepared for them in the correct way and there was clear guidance in place for staff regarding this.
- People spoke positively about the quality of food provided. One person told us, "The food is very good quality. I used to love cooking so not quite as good as mine but the best I could expect. You always get a choice with every meal."

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

- People and their relatives told us they were supported to access healthcare services when they needed to. One person said, "Whenever I need a doctor, I see one straight away, the staff organise it." Another person told us, "I saw my physio this morning and the GP a couple of weeks ago. If I ever need an appointment chasing or anything the manager is on it."
- The care staff and management team worked closely with health and social care professionals and kept records of any interactions with them. They followed up any concerns they saw or were reported to them and recorded actions taken. For example, we saw that someone's care plan included information from health professionals about how to effectively support someone to manage their diabetes.
- Health and social care professionals spoke positively about working with the service. One visiting professional told us, "I have always found the staff team there very welcoming and knowledgeable regarding their residents."

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

- The provider ensured the design and layout of the home was suitable for people living there. Communal areas were comfortable and homely. The bathrooms were suitably equipped to meet people's mobility needs.
- People told us they were happy with their bedrooms and the communal areas. People had personalised their bedrooms with their own furniture, decorations, pictures and ornaments.

- The service had several different areas where people could choose to spend their time and people had access to outside space that was safe.

Is the service caring?

Our findings

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

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

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

- We observed that staff were kind, caring, friendly and attentive. When one person became anxious and upset staff were quick to support them. We observed staff reassuring the person and telling them they were there to help them. One person told us, "[Staff] can't do enough for you, they are some of the kindest people I've ever met." A relative told us, "They have worked hard to build a relationship and rapport with [person]."
- People's individual needs had been considered in respect of their religion and culture. Staff had helped to arrange for one person to be able to regularly attend church.
- Staff told us they enjoyed working at the home and spoke to us about people in a way that showed they respected their rights. One member of staff said, "I just feel passionately about improving people's lives in this stage of their life."

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

- People were involved in planning their activities and daily life. One person told us, "[Staff] always ask me what I want to do." Another person said, "They offer me options and ask what I would like to do and at the same time if I'm not sure they weigh up the pros and cons for me."
- One person had recently been supported by staff to attend a family member's wedding which had been very important to them. This person told us, "They moved mountains for me to be there and I really appreciated that."

Respecting and promoting people's privacy, dignity and independence

- We observed that staff respected people's privacy. Staff knocked on people's doors before entering their room and closed their doors before supporting them with personal care.
- People were supported by a staff team who tried to help them maintain as much independence as possible. One person was at risk of spilling hot drinks on themselves so an alternative was suggested so they could maintain their independence when drinking. A member of staff told us, "I always make an effort to encourage them to do things for themselves when possible."
- Staff received dignity and respect training and it was clear that they knew people's needs well.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- We observed that people's care was person-centred and individualised. People were supported by staff who knew them well. One relative told us, "They have worked hard to build a relationship and rapport with [person]."
- People's care plans held information regarding their personal preferences, life history, religious beliefs and people who were important to them. This enabled staff to have up to date information about people's personal preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs and preferences had been identified in their care plans and these were followed by staff.
- Where people's communication abilities were limited, they had specific communication care plans in place to support staff to know how best to interact with them. A member of staff told us, "I lower myself to kneeling so I am on the same eye level as people and I speak clearly."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they had access to a wide range of activities and records we saw supported this. One person told us, "I can do whatever I like, the staff help me...they will make it happen and that's so nice to know." Another person said, "I like to get up and do the activities, we have lots of choice."
- Staff worked positively with people and offered reassurance to help include them in activities and social events. One member of staff told us, "We try to encourage as many people as possible to get involved in all of the activities. A lot of the time the hesitant people enjoy the activities the most."
- During the COVID-19 pandemic, staff had supported people to use various electronic communication devices, such as tablets and mobile phones, to keep in touch with family and friends who were unable to visit the care home in-person. One person told us, "They're very good at keeping video calls and visits up to date so I can stay in regular contact with my family."
- There were activities co-ordinators working at Brownscombe Lodge who planned and supported people with different activities, in addition to external visitors to the home who came in to provide entertainment and activities. People using the service told us they were happy with this, and we observed people engaging

in different activities during our inspection.

Improving care quality in response to complaints or concerns

- People told us that they knew how to make a complaint if they needed to and they felt confident that these would be dealt with appropriately.
- The provider had a complaints policy which detailed how people and their relatives could raise concerns if they were dissatisfied with the service they received, and this explained the providers process for responding to this.
- Records showed that when complaints had been received, these had been responded to and dealt with in a timely way.

End of life care and support

- People's individual preferences and wishes about their end of life care had been discussed with them and their family and incorporated into their care plan. This included if they wanted to be resuscitated, and any funeral arrangements they wished to share with the service.
- The service provided compassionate end of life care to people. Staff worked with healthcare professionals to ensure people's needs were met and consideration was given to the emotional needs of people living at the service during this time.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. 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

- Management oversight processes were not always identifying where improvements were required. For example, audits had not identified a trip hazard on the floor in a downstairs communal room or the infrequency of residents' meetings.
- As reported in safe, there were gaps in the records of fire safety equipment monitoring which had not been identified by management oversight processes. For instance, fire safety equipment which was listed as needing to be checked weekly did not have any safety checks recorded since July 2021 and the emergency grab folder for emergency services did not contain an accurate list of residents living at the service and the rooms they resided in. This could have meant that in the case of an emergency, emergency services would not have been able to ascertain who was in the building and the support they may need to evacuate.
- Some processes, including auditing, were carried out across both Brownscombe Lodge and another care home on the same site. This made it more difficult to identify risks or where improvements were needed. For instance, there was one staffing dependency tool to cover both services despite there being separate staff teams and separate people living in each service.
- Staff were not always receiving regular supervisions with a manager. The provider's policy was for staff to receive supervision on a 12-weekly basis at a minimum however records showed one member of staff had started working at the service in April 2021 and did not receive a supervision until five months later.
- People told us that lunch was often served late and there were not enough staff to support people at lunchtime. One person told us, "They need more staff here, at lunch time it can be so busy." Another person told us, "...we don't have lunch until 1 and sometimes it is not the choice we should have on the day."
- We observed that lunch wasn't served until 1:30pm on the day of inspection and one person who required assistance to eat was sitting with their meal for 10 minutes before a member of staff was able to come and support them.

The provider had failed to implement effective systems and processes to assess and monitor the service. This was a breach of regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us she was working to increase the frequency of staff supervision and we saw there was a plan in place to do this.
- Contingency plans for the safe running of the service in the event of a crisis had been put in place and staff were made aware of these.

- Legal responsibilities were being met and notifications to relevant agencies were submitted in a timely way to ensure effective external oversight and monitoring of the service.

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

- Records showed that residents meetings had only happened sporadically, and people told us they would like the opportunity to have more of these. One person said, "I feel like I can raise things in resident meetings, but we haven't had one since about June. I would prefer them to be regular."
- Despite the recent lack of resident's' meetings people and their relatives told us they were able to give feedback about the service. One relative told us, "I have done a couple of surveys when I have been there, we were able to email and give feedback about visiting."
- Regular staff meetings had been taking place and there were opportunities for staff to make suggestions for improvements. One member of staff told us, "I know I can always put ideas forward and they will get introduced if possible."
- Staff had worked closely with health professionals to support people's health and well-being. A GP visited the service at least once a week and when people's care needs changed, and if they needed support from specialists such as physiotherapists and speech and language therapists referrals to these services were arranged promptly.
- Training had been arranged with the local Clinical Commissioning Group (CCG) for staff to improve their knowledge of infection prevention and control during the COVID-19 pandemic.

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

- People told us they were happy living at Brownscombe Lodge and liked the staff supporting them. One person said, "The staff are very good, and make this place really." Another person told us, "I like it here, the staff are good, they helped me decorate my room."
- Staff spoke positively about the support they received from the manager. One member of staff told us, "It's hard to fault her in terms of support. She has been there from day one. She has been fantastic. She is professional with a warm touch." Another member of staff said, "[Manager] has got a very sensitive management manner, she is a very good listener, she is very warm, a very warm heart and understanding attitude. I can only say positive things about her."
- Staff told us there was good teamwork, with a focus on providing a person-centred service. One staff member told us, "All the staff communicate really well through handovers and the manager is always having chats with us throughout shifts."

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

- The manager understood their responsibilities regarding the duty of candour. They worked openly with families and kept them updated. Staff and people living at the service told us they felt comfortable raising any queries with the manager, and that the culture was an open one.
- When things had gone wrong at the service the manager supported staff to learn from this to help to reduce the risk of similar incidents happening again in the future.
- The manager and staff were enthusiastic and committed to further improving the service for the benefit of people using it. A member of staff told us, "Right now everyone is happy, but we can do more as well."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to implement effective systems and processes to assess and monitor the service.</p>