

GCH (South) Ltd

# Brackenbridge House

## Inspection report

Brackenhill  
Victoria Road  
Ruislip  
Middlesex  
HA4 0JH

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Tel: 02084223630

Website: [www.goldcarehomes.com](http://www.goldcarehomes.com)

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

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

Brackenbridge House is a care home for up to 36 older people. The home is managed by Gold Care Homes, a private organisation managing care and nursing homes. At the time of our inspection 35 people were living at the service.

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

Risks to people's safety and wellbeing had not always been assessed or mitigated.

There had been a number of allegations and incidents, which the provider had responded to appropriately. However, they had not always followed procedures to inform the local authority or CQC so their response to the incidents could be scrutinised and checked by external agencies.

Some people told us about concerns they had. We discussed these with the management team who agreed to look into these individual concerns.

Systems and processes for monitoring the safety and quality of the service had not always identified where improvements were needed.

People felt their needs were met. Care plans included information about people's needs and preferences and staff were aware of these. The plans were regularly reviewed.

People received their medicines in a safe way, had support to stay healthy, to access healthcare services and had enough to eat and drink.

The staff were kind, caring and polite to people. People had a good relationship with staff and were able to make choices about their care.

There were systems to deal with complaints and concerns. People felt able to speak with the management team about these. The provider had a range of audits and checks designed to monitor people's care and support.

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

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 24 May 2019). The provider completed

an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

We undertook the inspection to see if the provider had made improvements since the last inspection.

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

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

You can see what action we have asked the provider to take at the end of this full report.

#### 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 monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Brackenbridge House

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was conducted 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.

#### Service and service type

Brackenbridge House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Brackenbridge House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

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 looked at all the information we held about the provider. This included notifications of significant events. We reviewed information from the local authority about a visit they had undertaken to the service.

### During the inspection

We spoke with seven people who used the service and one visiting healthcare professional. We carried out observations about how people were supported and cared for. Our observations included 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 staff on duty who included care workers, senior care workers, catering staff, the activity coordinator and the management team.

We looked at records used by the provider for managing the service. These included the care records for five people, records of staff recruitment, training and support and records used to audit and improve the quality of the service. We looked at how medicines were being managed. We conducted a partial tour of the environment and looked at risk assessments and checks relating to this.

# 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 requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong  
At our last inspection we found that the provider had not always ensured the safe care and treatment of people using the service. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found not enough improvement had been made and the provider was still breaching Regulation 12.

- The provider had not always assessed, monitored and mitigated risks. There were two staircases. Access to these had been restricted, using a coded door, from the top but not the bottom. There were removable gates which could prevent access to these from the ground floor, but these gates were not used. We looked at the risk assessments relating to the use of stairs. These were not detailed or specifically about these stairs or people using the service. We discussed this with the registered manager who said that people were only sometimes at risk depending on their mood and needs. However, this had not been assessed and there were no safety measures to ensure people did not attempt to climb the stairs without support. There were regular occasions throughout the day when we saw people walking around these areas with no staff supervision or observations.
- There were also two other areas with a small number of steps. Access to these was not restricted. There were no warning signs or distinguishing features to warn people of steps in these areas and no risk assessment relating to these.
- We observed a small number of damaged furnishings, including a broken radiator cover which had sharp edges. This had not been secured and there was no warning in relation to this or other hazards. The damaged items had not been risk assessed.
- During the inspection, staff left a flask of hot drink unattended. This was not intended for people to access. However, one person poured themselves a drink from this, spilling liquid on the floor. The person was shaky and was at risk of scalding themselves. Furthermore, staff did not clear up the spillage when they returned to the room until asked to do so by one of the inspection team.
- Whilst the provider had systems for investigating and responding to incidents, accidents and other adverse events, the staff told us they were not always involved in learning from these. The management team explained they held staff meetings to discuss the outcome of investigations.

We found no evidence people had been harmed from the risks we identified. However, failure to assess, monitor and mitigate risks was a continuing breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The management team told us they were completing further assessments of the stairs and looking at how to help ensure people were kept safe. There were removable gates which could be used to prevent unsafe access to these. Following the receipt of the draft report, the provider explained further action they had taken to help mitigate the risk. The management team also agreed to speak with staff about the incident we observed with the hot drink to help prevent this from reoccurring.
- The provider had taken steps to address the areas of concern we found at the last inspection. They had allocated a specific member of staff to look at ways they could prevent falls. Some staff were now qualified trainers and provided training and guidance for others on how to move people safely.
- The risks relating to people's individual health, nutrition, skin integrity and mobility had been assessed as part of care planning.
- Following receipt of the draft inspection report, the provider told us they had repaired the damaged radiator covers and other damaged furnishings.

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

- There were suitable systems to help prevent abuse. These included clear procedures and training for the staff. However, we noted that one member of staff failed to demonstrate a good understanding about recognising and reporting abuse. We discussed this with the registered manager so they could address this. They told us they discussed safeguarding procedures during meetings with all staff.
- Some staff and people themselves told us about concerns people had raised about missing valuables, the attitude of some staff and care provision. The registered manager was aware of some these allegations, had investigated the past concerns and was in the process of investigating new concerns. However, they had not always informed the local safeguarding authority or CQC about the allegations of potential abuse people had raised. The registered manager explained this was because their investigations had found the allegations unsubstantiated. The local authority safeguarding processes are in place to help ensure other agencies are informed at the point of allegation, and not only when allegations have been substantiated. We discussed this with the registered manager to help make sure they were aware for future concerns.
- People told us they felt safe. Some of their comments included, "The staff do a wonderful job and I feel safe" and "I feel safe here."

#### Using medicines safely

- People received their medicines in a safe way and as prescribed.
- We identified some improvements were needed to the recording and monitoring of medicines. For example, one person's records did not include information about a medicine which had been prescribed and was administered by visiting nursing staff and the records for administration for another person's medicines did not record the exact time this was administered. It was important that this was recorded because the medicine was time critical, therefore the provider needed to ensure each dose was given at the right.
- Whilst medicines storage areas were secure, we found they were cluttered, and medicines fridges were hard to access. We also found a pill crusher had not been cleaned and contained a powdery residue.
- We discussed where improvements were needed with the management team in order for them to address these.
- In general medicines records were clear, accurate and appropriately detailed. Staff were trained to administer medicines safely and had a good understanding about this. The managers assessed their skills, knowledge and competencies relating to medicines.
- People had their medicines regularly reviewed.

#### Preventing and controlling infection

- There were appropriate systems for preventing and controlling infections. However, we found some

equipment needed deep cleaning. Additionally, we found a rubbish bin for clinical waste needed emptying. We returned to this area some hours later and found this was still the case.

- Staff wore personal protective equipment (PPE), such as masks. However, on the day of our inspection, some staff did not wear these appropriately, exposing their noses.
- We informed the registered manager about these concerns and they agreed to address them.
- The provider had policies regarding infection prevention and COVID-19. The staff had training in these.
- The kitchen was clean and well organised. Food was appropriately stored, and storage areas were regularly checked.
- The provider had supported staff and people using the service to have a good understanding of safe practices for preventing and controlling COVID-19 infections, including vaccinations.

#### Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. Most people told us they did not have to wait for care and their needs were met. One person explained the staff were sometimes busy in the mornings and this impacted on the care they received. We discussed this with the registered manager who was aware of their concerns and was working at ways to resolve these.
- Call bells were answered promptly and the staff paid people attention and responded when people needed help.
- There were suitable systems for recruiting staff which included checks on their identity, competencies and skills.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed and planned for. The assessments included information about people's social history and background, health, personal and social care needs.
- Assessments were regularly updated and reviewed when people's needs changed.

Staff support: induction, training, skills and experience

- The staff caring for people were appropriately trained and experienced. All new staff completed inductions which included assessments of their knowledge and skills.
- There was regular training for staff to help them provide good quality care.
- The provider had allocated staff champions, who took a lead on specific pieces of work and helped to make sure other staff had a good understanding in this area.
- There were regular team and individual meetings with the management team to help ensure staff were well informed about people's needs and how to care for them.

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

- People were supported to have a balanced and varied diet. Their nutritional and hydration needs were assessed and planned for. Referrals were made to healthcare professionals when the assessments indicated people were at nutritional risk. Care plans reflected feedback from these professionals and good practice guidance. The staff monitored people's weight as well as their food and fluid intake when needed.
- The catering team had information about people's dietary needs and preferences. They provided a range of meals and choices which catered for people's needs.
- Snacks, fruit and drinks were available for people between mealtimes.

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

- People's healthcare needs were assessed and planned for. There was information about these needs. People had regular access to the healthcare professionals who supported them and information from these professionals was incorporated into care plans.
- We met a visiting healthcare professional who told us the staff worked well with them, taking their advice and supporting them to keep people healthy and meet their needs.

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

- The building was suitably designed and decorated to meet people's needs. Communal rooms were light,

well ventilated and nicely decorated. People were able to personalise their own rooms.

- There was a range of equipment, which was regularly serviced and maintained.
- There were notice boards and signs to help inform people about the service .

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was meeting the requirements of the MCA. People's mental capacity had been assessed and the provider had applied for DoLS when needed.
- People had been asked to consent to their care and treatment.
- The provider worked with people's representatives to make sure decisions were made in their best interests

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and supported. They told us they liked the staff and had good relationships with them.
- We observed the staff being kind, friendly and checking on people's wellbeing. They were quick to respond when people became unhappy or showed distress.

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

- People were able to make decisions about their care. They were involved in care planning and reviews.
- People told us the staff offered them choices and we observed this, with staff asking people what they wanted to eat, drink and do with their time.
- There were notice boards with information to help inform people and support them to make choices.

Respecting and promoting people's privacy, dignity and independence

- The staff respected people's privacy and dignity. People told us the staff provided care in private and treated them respectfully.
- People were supported to be independent where they were able. Some people explained how they managed certain tasks themselves and others told us how the staff had supported them to be independent.

# 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 good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People were supported to take part in a range of leisure and social activities. There was a programme of regular activities and special events organised and facilitated by the activities coordinator. People told us they enjoyed these. However, some people said that the planned activities did not always take place. On the day of our inspection, the activities coordinator was involved in providing caring tasks rather than facilitating activities. One person told us this was often the case. They said, "We have a lovely co-ordinator, but [they] get side-tracked with helping the care assistants."
- Some people told us they would like more opportunities to go out on trips. One person explained the registered manager took them to the shops and they appreciated this.

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

- People received personalised care which met their needs and reflected their preferences. Comments from people included, "They certainly care for me, the staff are very good" and "My needs are being met and I am able to make my own choices."
- People's care needs had been assessed and planned for. Care plans included personalised details and staff told us they read these. There were a few areas where we identified records would benefit from updates and clearer information, which we discussed with the registered manager. However, the majority of care records we viewed were clear.
- Records of care provided showed care plans had been followed.

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.

- People's communication needs were assessed and met. Their care plans included information about how they communicated and any special support they required.
- The organisation provided information in different formats if needed. There was a range of information about the service on display on notice boards throughout the home.

End of life care and support

- The provider sometimes supported people with end of life care. They worked closely with external nursing teams to help plan and provide pain free and comfortable care. The staff had received training about end of life care and demonstrated a good understanding of the importance of providing high quality care at this time.
- People's preferences and wishes had been discussed and were included in their care plans.

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

- There were appropriate systems for responding to complaints and concerns. People using the service told us they knew who they would speak with if they had concerns.
- Records of complaints and concerns showed these had been investigated and responded to.

# 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 requires improvement. The rating for this key question has remained 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.

Continuous learning and improving care; 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  
At our last inspection we found that the provider's systems had not always been operated effectively to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found not enough improvement had been made and the provider was still breaching Regulation 17.

- The provider's systems and processes had not always been operated effectively enough to assess, monitor and mitigate risks. We identified potential risks within the environment which had not been assessed or made safe. We also observed risky practices, such as staff leaving hot drinks unattended and not wearing masks correctly.
- Whilst most care plans were personalised and clear, we found one which included conflicting information about whether a person had a DNAR (do not attempt resuscitation) agreement in place. This could lead to the wrong decision being made if resuscitation was needed for the person to survive in the future.

We found no evidence people were being harmed, but failure to effectively operate systems and processes for improving and monitoring quality, as well as assessing and mitigating risk was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had systems for carrying out regular audits and checks. These included observations of care and people's experience, monitoring their health and wellbeing, audits of the environment and records, as well as regular team meetings.
- Information about audits and monitoring was shared with senior managers within the organisation who met with the registered manager to discuss where improvements were needed.
- The provider had kept people informed regarding the outcome of their complaints and had apologised to them when things went wrong.
- Following receipt of the draft inspection report, the provider explained that the way in which information about DNAR agreements was shared with staff meant that the provider felt there was no risk of the wrong decision being made in respect of the person described above.

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

- Most people told us they had a positive experience at the service. Some people explained there were aspects of their care and support they would like improved. We discussed their concerns with the registered manager so these could be addressed.
- Some of the positive things people told us were, "I have a very good life here", "I am happy here", "If I had my way, I would knight the staff, I need help and they help me. I am very grateful" and "The best thing about being here is they look after me well."
- We observed staff being polite to each other and the people they were caring for. There were examples of staff taking extra time to give people personalised care and make sure they were happy. For example, they had helped people to personalise their bedrooms.

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

- There were systems for engaging with people who used the service, staff and others. Some staff felt these were not sufficient and wanted more opportunities for information sharing with the management team. Staff also explained that they did not feel fully supported following incidents where people using the service had commented on their protected characteristics. One staff explained that following an incident where they had felt verbally abused the management team had not checked on their wellbeing or offered a debrief. We discussed this with the registered manager and their line manager so they could review their practices and systems for supporting staff following these types of incidents. The provider told us this incident was being actively investigated and dealt with at the time of the inspection.
- The provider asked people using the service, staff and other stakeholders for feedback through surveys. They had recently issued these for 2022 and had not received or assessed responses at the time of our inspection.

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

- The registered manager was suitably experienced and qualified. They were a registered nurse with experience of working in a number of care services.
- There was a range of policies and procedures as well as information for staff on regulatory requirements.
- The management team kept themselves updated with information about changes in good practice and legislation. They had appointed some staff to 'champion' roles. These staff took a lead on a specific area of work and cascaded learning and information to other staff about this.

Working in partnership with others

- The staff worked with other professionals to help make sure people received the right care and support.
- The registered manager attended local authority forums and met with other managers to share ideas and good practice information.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered persons did not always ensure care and treatment was provided in a safe way.  Regulation 12
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered persons did not always effectively operate systems and processes to monitor and improve quality and to assess, monitor and mitigate risks.  Regulation 17