London Residential Healthcare Limited

London Residential Health Care Limited - Brook House Nursing Home

Inspection report

8A Nelson Road
New Malden
KT3 5EA

Tel: 02089429360
Website: www.lrh-homes.com

Date of inspection visit:
17 November 2020
19 November 2020

Date of publication:
22 December 2020

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Inspected but not rated**
Is the service well-led?	**Good**

Summary of findings

Overall summary

About the service
London Residential Health Care Limited - Brook House Nursing Home can provide nursing and personal care for up to 32 people. At the time of our inspection 28 older people were living at the care home, most of whom were living with dementia and required nursing care.

People's experience of using this service and what we found
People spoke positively about the standard of care and support they received at Brook House Nursing Home. People said it was a pleasant and safe place to live.

However, at this inspection we found people were not always kept safe. This was because staff did not follow relevant national guidelines regarding infection prevention and control (IPC). Although we were assured the provider was meeting IPC guidelines in relation to shielding and social distancing rules and keeping the premises hygienically clean; We found some staff did not always wear their face coverings correctly.

The care home was adequately staffed by people whose suitability and fitness to work in such an adult social care setting had been properly assessed. However, the service had been over reliant on temporary agency staff in recent years, but following a successful recruitment drive a number of new permanent nursing and care staff have now started working at the care home. This meant people living in the care home now received better more consistent care from staff who were familiar with their needs, wishes and daily routines. New staff continued to undergo relevant pre-employment checks to ensure their suitability and fitness for their role. Staff received up to date training and support they required to effectively meet the needs of people they cared for.

People were also supported by staff who knew how to prevent and manage risks and to keep them safe from avoidable harm. People received their medicines as they were prescribed.

People spoke positively about the way the care home was managed. The provider had recently appointed a new suitably qualified nurse to manage the care home along with the experienced deputy manager who had been in day-to-day charge for the last 18 months. The provider had established governance systems in place that were effectively operated. This ensured the quality and safety of the service people received was routinely assessed and monitored. The provider consulted people, their relatives and staff as part of their on-going programme to continuously improve the service. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver positive outcomes for people using the service.

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

Rating at the last inspection
The last rating for this service was good (published 11 July 2018).

Why we inspected
We received concerns in relation to the way the service prevented and managed falls and used agency nursing and care staff to meet people's needs. As a result, we undertook a focused inspection to review the Key Questions of Safe, Effective and Well-led only.

We also looked specifically 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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions and therefore did not inspect them. Key Question ratings from this inspection and the previous comprehensive inspection were used in calculating the overall rating for the service.

We found evidence at this inspection that the provider needs to make improvements. The overall rating for the service has therefore changed from Good to Requires Improvement.

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 have identified a breach of regulation in relation to the prevention and control of infection.

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 continue to monitor the service and information we receive about them. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for London Residential Health Care Limited - Brook House Nursing Home on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always Safe.

Details are in our Safe findings below.

Is the service effective?

Inspected but not rated

Inspected but not rated. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to Effective. At our last inspection we rated this key question Good.

Details are in our Effective findings below.

Is the service well-led?

Good

The service was Well-Led.

Details are in our Well-Led findings below.

London Residential Health Care Limited - Brook House Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection prevention and control 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 undertaken by one inspector.

Service and service type
London Residential Health Care Limited - Brook House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the CQC, although a new manager had been just been appointed in November 2020. They had yet to apply to be registered with us, but were aware they would need to do so as soon as possible. This would ensure someone was legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed all the key information providers are required to send us about their service, including statutory notifications.

During the inspection
We spoke in-person with three people who lived at the care home and various members of staff who worked there, including the newly appointed manager, the deputy manager (former registered manager between February and October 2020), the regional manager, four health care workers (two agency and two permanent members of staff) and the maintenance person.

We also looked at a range of records including, two people's electronic care plans, five staff files in relation to their recruitment, training and supervision records, and multiple medicines administration sheets.

After the inspection
We made telephone or email contact with various people who were able to share their experiences of using this service with us. This included eight people's relatives, three community health care professionals (two GP's and a nurse) and three members of staff who worked at the care home.

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection, which included information about staff supervision meetings, staff duty rosters and the outcome of a safeguarding incident. We received the information which was used as part of our inspection.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Preventing and controlling infection

- There were systems in place to assess and respond to risks regarding infection prevention and control (IPC), including those associated with Covid-19, but these were not always effectively operated.
- Although managers and staff confirmed they had been given adequate supplies of PPE, we observed staff were not always wearing face coverings correctly when they were interacting with people using the service. For example, we saw several instances of staff not using their face mask to cover their nose properly and on one occasion their mouth, placing people at unnecessary risk of catching or spreading Covid-19.

This represents a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This issue described above not withstanding we were assured the providers other IPC measures they had in place to prevent or minimise the risk of people catching or spreading infections were suitably robust.

- Access to the home was being restricted for non-essential visitors. Visits were pre-arranged and, on arrival, visitors were expected to have their temperature taken, to wash their hands and wear appropriate personal protective equipment (PPE). A relative told us, "I have seen first-hand the care home has all the measures in place. They have coped really well in very difficult circumstances."
- Additional cleaning schedules had been introduced, including daily cleaning of high touch points, such as door handles, hand rails and light switches.
- The care home was engaged in the 'whole home' testing programme, which meant everyone living and working at Brook House was routinely tested for Covid-19.

Staffing and recruitment

- The care home was adequately staffed by people whose suitability and fitness to work in such an adult social care setting had been properly assessed.
- Staff were visibly present throughout the care home. We observed one-to-one staff support was in place for everyone who had been risk assessed as requiring this additional staff support and staff respond quickly to people's requests for assistance throughout our inspection.
- The service had significantly reduced the number of agency nursing and care staff they used in recent months. People's relatives, community professionals and staff told us the service had been heavily reliant on temporary agency staff in recent years, but were aware their numbers had been significantly reduced lately following a successful staff recruitment drive. A relative said, "The care home was using far too many agency staff who didn't know what my [family member] needed or liked, but just recently I've seen a lot of new staff about, who I'm told are permanent. I'm confident my [family member] is better cared for now and kept safe

by staff people she knows and who know her." A member of staff also told us something similar when they remarked, "We've been so reliant on agency staff this past year, but we've definitely started to reduce their use since we recently recruited a whole bunch of new nurses and carers."

● Managers confirmed they had recently appointed several new registered nurses who were now responsible for the day-to-day managing the care home, clinical governance and waking night shifts. The service now only has one vacant position remaining for nursing staff.

We discussed the matter of the service being over reliant on agency staff in the last two years with the managers who all acknowledged this had been an issue, but were confident it had now been addressed and that people would receive continuity of care from staff who were familiar with their needs and wishes.

● Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. Staff files contained a proof of identity and right to work in the UK, full employment history and health check, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

Assessing risk, safety monitoring and management

● Staff understood where people required support to reduce the risk of avoidable harm. For example, staff knew what action they needed to take to prevent or manage risks associated with people moving independently around the care home or behaviours considered challenging.

● Care plans also contained basic explanations of the control measures for staff to follow to keep people safe including, risks associated with people's mobility, eating and drinking, skin integrity and behaviours that might be considered challenging.

● We received mixed feedback from people's relatives and community health care professionals about how the care home had managed risks people might face in the past, but people said they were confident staff now knew how to keep their family member or client safe from avoidable harm. A community professional told us, "I was concerned about the way the service was supporting my client, but since they have employed more competent nurses I feel my [clients name] is in good hands." A relative also remarked, "I know the staff have carried out risk assessments for my [family member] and they are aware of the risks she faces."

● Staff participated in regular fire drills and demonstrated good awareness of people's personal emergency evacuation plans (PEEP).

Systems and processes to safeguard people from the risk of abuse

● The provider had effective safeguarding policies and procedures in place.

● People told us they were protected against the risk of avoidable harm and abuse. One person living at the care home said, "I feel very safe here. There's always lots of staff about I can call I need any help with anything." In addition, a relative remarked, "The care home makes sure my [family member] has the one-to-one staff support we all agreed she needs to stay safe, which is very reassuring."

● Staff had completed up to date safeguarding adults training and knew how to recognise abuse and respond to it. A member of staff told us, "If I saw any abuse here I would make sure the resident was safe first and then inform the management about what had happened". If I ever saw anything untoward happening to anyone at Brook House, I would tell the person in charge that day straight away. No ifs or buts."

● Managers had notified the relevant authorities without delay when it was suspected people using the service had been abused or neglected. There was one safeguarding concern open at the time of our inspection, which had been reported to the local authority and the police and was currently being investigated.

Using medicines safely

● Medicines systems were well-organised, and people told us they received their medicines as prescribed. A relative commented, "I have no reason to believe that my [family member] does not receive the right medicines they need on time."

● Staff who were authorised to manage medicines followed clear protocols for the safe receipt, storage, administration and disposal of medicines. We found no gaps or omissions on any of the medicines records we looked at.

● Managers and nurses routinely carried out monitoring checks and audits on staffs' medicines handling practices, including their medicines recording. This helped ensure any medicines errors or incidents that occurred were identified and acted upon quickly.

● Staff received on-going management of medicines training and had their competency to continue doing so safely, routinely assessed by managers and nursing staff.

Learning lessons when things go wrong

● The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received. A relative told us, "We did have concerns about my [family member] falling, which did happen, but to be fair to Brook House, they took appropriate action and put extra measures in place immediately to minimise the risk of her falling again. No issues since, so lessons learnt I feel."

Inspected but not rated

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this. We have not changed the rating of this key question, as we have only looked at the staff training and support part of the key question, which we had specific concerns about. We will assess all of the key question at the next inspection of the service.

Staff support: induction, training, skills and experience

- Staff had received the right levels of relevant and up to date training they required to effectively meet the care and support needs of people living at Brook House.
- All new staff, including agency staff, were required to complete a comprehensive induction programme before they started working at the care home. The induction included a period of shadowing experienced staff so new staff could observed best working practices. This was confirmed by several staff we spoke with. One member of staff told us, "My induction was very good. I got to shadow experienced staff to see how they worked and I was given a very informative induction pack." A second member of staff said, "Although I'm an agency member of staff I had a full induction before I started supporting people here and had to read everyone's care plan."
- Records showed staff had completed up to date training in dementia awareness, moving and handling, safeguarding adults, infection prevention and control, fire safety, basic life support and positive behavioural support. One member of staff said, "I think the training we receive here is always relevant and useful."
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was continuously refreshed.
- Staff had sufficient opportunities to reflect on their working practices and professional development. Staff had regular individual and group supervision meetings with their line managers and fellow peers. One member of staff told us, "We have an individual supervision or job chat meeting as they're sometimes called with our line manager roughly every two months."

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service continued to be consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The service did not have a manager registered with us, although a new manager who was a qualified nurse had recently been appointed at the beginning of November 2020. The former registered manager who had been in day to day charge of the service for the past 18 months continues to work at the care home and support the new manager in their previous role as the deputy manager. The new manager had not yet applied to be registered with us, but was aware they needed to do so as soon as was reasonably practical. We will continue to monitor progress made by the provider to achieve this outcome.
- People using the service their relatives and staff all spoke positively about the way the service was led by the managers. A relative said, "I always felt able to contact the manager [former registered manager] about any concerns I had about my [family members] care, which she would always follow up." A community professional told us, "The manager is available and approachable when required."
- The management team recognised the importance of monitoring the safety and quality of nursing and personal care people received. For example, the providers quality compliance and regional senior managers both regularly visited the service to conduct monitoring inspections, which included observing staffs working practices, checking records and assessing if agreed action plans to improve the service have been implemented.
- Managers had also improved the care homes oversight and scrutiny arrangements by introducing an additional second daily walk around tour of the premises and catch up meetings with various heads of department in order to continuously observe staffs working practices and to keep up to date with any developments within the care home. Other audits that were routinely conducted at the service included those relating to medicines management, infection prevention and control, care plans and risk assessments, and staff training and supervision.
- Managers told us they used all the spot checks, audits and meetings described above to identify issues, learn lessons and implement action plans to improve the service they provided. For example, the mealtimes for people had been improved by making these times protected and ensuring all staff now helped serve or assisted people to eat and drink at these peak periods of activity.

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

- The management team promoted a person-centred culture at the care home. People told us staff treated them as individuals. A relative remarked, "I've noticed staff treat the residents as individuals at Brook House." Furthermore, care plans had recently been updated to ensure they were more personalised and

contained detailed information for staff about each person's life history, daily routines and likes and dislikes, such as the food they preferred to eat and social activities they enjoyed participating in.

● We saw the service's last CQC inspection report and ratings were clearly displayed in the care home and were easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people of our judgments.

● The new manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

● The new manager also understood their responsibilities with regard to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

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

● The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives and community health and social care professional representatives.

● Staff continued to use a range of methods to gather people's views about the care home. The results of a recent satisfaction survey indicated people were satisfied with the overall standard of care provided at Brook House.

● Since access to the home was being restricted for non-essential visitors the service helped people stay in regular contact with their relative and friends through video and telephone calls, and/or window visits. A relative told us, "We're have lots of video meetings with my [family member] at the moment and sometimes we see her through the lounge window from the garden, which isn't ideal, but better than nothing." A second relative remarked, "My [family members] needs have begun to change, better so it was a relief when they put in one-to-one staffing for them after I had mentioned it to the manager."

● The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about how the service was run in terms of what worked well and what they could do better. Staff told us they had regular face-to-face contact and opportunities to share information with managers and senior nursing staff during daily handovers and individual supervision meetings. One member of staff said, "The managers door is always open and I do feel they listen to us and we work well as a team."

Working in partnership with others

● The provider worked in close partnership with various community professionals and external agencies, including clinical commissioning groups (CCG's), GP's, district and palliative care nurses, physiotherapist and the local authority.

● Managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.

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 provider failed to ensure the risk of infection spreading in the care home was always prevented and safely controlled. Regulation 12(2)(h)