

Little Brook House Ltd

# Little Brook House

## Inspection report

Little Brook House  
Brook Lane, Warsash  
Southampton  
Hampshire  
SO31 9FE

Date of inspection visit:  
21 January 2016

Date of publication:  
24 March 2016

Tel: 01489582821

Website: [www.littlebrookhouse.co.uk](http://www.littlebrookhouse.co.uk)

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Little Brook House is a privately run residential home for up to 25 older people, some of whom are living with dementia. The home also provides a respite service. There were 18 people living at the home at the time of our inspection.

The home had a new registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our unannounced inspection on 26 June 2014, the provider was in breach of six regulations relating to; Respecting and involving people who used the service; Care and welfare; Safeguarding people from abuse; Safety and suitability of premises; Staffing; and Assessing and monitoring the quality of the service. The provider sent us an action plan telling us what they would do to meet the requirements.

We carried out a further unannounced comprehensive inspection on 30 & 31 July and 3 & 19 August 2015 under the new Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and found some improvements had been made. However, the provider remained in breach of six regulations relating to; Care and welfare of people; Safeguarding people from abuse; Safe care and treatment; Staffing; Fit and proper persons employed; and Good governance.

We took action and issued enforcement notices against the provider in relation to Care and welfare of people; Safeguarding adults from abuse; Staffing and Good Governance due to the on-going breach of these regulations. We told the provider they must meet the requirements of these regulations by 14 December 2015. The provider sent us an action plan to tell how they would do this and to tell us how they would make improvements to meet the other regulations.

We undertook an unannounced focused inspection on 21 January 2016 to check they had followed their plan and to confirm that they now met legal requirements in relation to the enforcement notices. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Little Brook House on our website at [www.cqc.org.uk](http://www.cqc.org.uk). We did not inspect the other breaches of regulation at this inspection and will do so when we return to carry out our next comprehensive inspection.

Staff had received training in how to safeguard adults from abuse. They understood how to recognise the signs of abuse and report any concerns within the home or to CQC. We judged that the provider had fully met the requirements of this enforcement notice.

There were sufficient staff deployed to meet people's care needs. We observed staff responding promptly to

people's requests for support. Staff told us there were enough staff most of the time, although there were still times when they were stretched. People told us there were enough staff to meet people's personal care and support needs although some people we spoke with said staff did not have time to sit and chat with them. The registered manager told us they were recruiting additional staff and would be increasing staffing on each shift.

Staff had completed additional training in some key areas. However, there were outstanding training requirements for several staff. The registered manager had a training schedule in place for the next twelve months, although we told them that this needed to be completed more urgently due to the length of time training had been outstanding. We judged the provider had met the requirements of the enforcement notice. However, there was still further work to be done.

Care plans and other records had improved. The registered manager was in the process of transferring care plans over to a new format and this was a work in progress. However, some people's care plans were not always sufficiently up to date to provide staff with the information they needed. Staff were aware of people's individual care needs and risk assessments and knew how to mitigate the risks, although this was not always recorded effectively. People whose care we tracked had received appropriate healthcare interventions when required. We judged the provider had met the requirements of the enforcement notice although there was still work to be completed.

People's care records were now stored securely and confidentially, although some people's records were not always accurate and fit for purpose. New quality assurance systems had been put in place to assess and monitor the quality of the service. However these were not yet fully effective.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take in the main report.

## 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 provider had taken action to improve safety. The registered manager had appointed additional staff. Recruitment was on-going to ensure people's needs were met.

Staff had received training in fire safety and how to safeguard adults from abuse and up to date guidance and policies were in place. Staff understood how to identify abuse and report it within the home and to external agencies.

We have changed the rating for this key question from 'inadequate' to 'requires improvement' due to the improvements that had taken place.

**Requires Improvement** ●

### Is the service effective?

The provider had taken steps to improve effectiveness. Although staff had received additional training to ensure they had the right skills to meet people's needs, there were still significant gaps in staff training.

People were supported to maintain good health, and were referred to health professionals, such as GPs and district nurses, when required.

We could not improve the rating for 'effective' from 'requires improvement' because there was still work to do and the provider needed to demonstrate consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service responsive?

The provider had taken action to improve responsiveness. Although people's care plans were person centred and took account of their individual preferences, some people's care plans and risk assessments were out of date and did not reflect their current needs.

Steps had been taken to provide a wider range of opportunities for people to take part in social activities to minimise social isolation.

**Requires Improvement** ●

We could not improve the rating for 'responsive' from 'requires improvement' because there was still work to do and the provider needed to demonstrate consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Is the service well-led?**

Actions had been taken to improve how well led the service was. Record keeping had improved, although some people's records were not accurate or up to date to reflect their current needs. People's personal care records were stored securely and confidentially.

New systems were in place to assess, monitor and develop the quality of the service, although these were not always effective.

We could not improve the rating for 'well led' from 'requires improvement' because there was still work to do and the provider needed to demonstrate consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** 

# Little Brook House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. The inspection checked whether the registered provider had made the necessary improvements required to meet the enforcement notices we issued following our comprehensive inspection in July and August 2015. The inspection considered whether it was appropriate to revise the rating for the service under the Care Act 2014.

This inspection was carried out by an inspector and a second inspector on 21 January 2016 and was unannounced.

During our inspection we observed staff interaction with people. We spoke with ten people living at the home and one relative to obtain their views on the quality of care. In addition, we spoke with the manager, the deputy manager and three care staff. We reviewed four people's care records which included their daily records, care plans and risk assessments. We also looked at records relating to the management of the home. These included audits, minutes of meetings, maintenance and health and safety records. We spoke with one health and social care professional after the inspection to find out their views about the service.

# Is the service safe?

## Our findings

People told us they felt safe at Little Brook House. Comments included "The staff are kind" and "I feel safe here and feel at home." One relative told us "It seems very good. [My relative] had a fall last year and they called the emergency services. She has an emergency call bell around her neck and is aware how to use it. She did then" [when they had the fall].

There were mixed comments from people and staff about the level of staffing. Some people told us staff did not have time to sit and chat with them. One person said "If you don't need caring for you don't see them." Another person told us "There are not enough staff but it's not dangerously low." One member of staff told us they thought there should be four staff on the morning shifts. Other staff said they thought staffing had improved and there were now enough staff on duty. Other people and a relative said they thought there were enough staff and were happy with the level of care and support they received.

At our inspection in July and August 2015 we found there were insufficient staff, who were not suitably qualified, competent, skilled and experienced, on duty to keep people safe and attend to their needs. At this inspection we found the provider had met the requirements of the enforcement notice but had not fully met the regulation as there was still outstanding training which needed to be addressed. You can see details of this under the detailed findings for 'effective'.

At this inspection our observations confirmed there were sufficient numbers of staff deployed to meet the needs of the eighteen people living at the home. Improvements had been made to the way staff were deployed and how their duties were allocated. People received prompt support when they needed it, and staff did not seem to be rushed.

We spoke with the registered manager and deputy manager about staffing. They had introduced a dependency tool which they used to assess the level of care people required. This then informed the number of staff required on each shift to meet those needs. They told us there had been changes to contracted hours and shift patterns to make more effective use of staff hours and enable more time for handovers. The registered manager had appointed a new senior carer and was in the process of recruiting another. They said "I need a senior on each shift. It needs to be run, and not by the carers." They said their staffing levels would now increase to one senior carer to lead and oversee each shift, alongside three care staff, although this was not represented on the current rotas.

The registered manager had introduced "Care cards" for each staff member on each shift. Staff told us they liked the new system as it made clear what was expected of them for their shift. One staff member said "It clearly outlines the responsibilities of each staff member for the shift." We were told that staff were no longer having to worry or think about everything in the whole house. They now had their own tasks and residents to look after so it was a more efficient way of working. A new Keyworker system had also been introduced. This enabled more efficient staff planning in relation to supporting and overseeing people's on-going care and support planning.

Staff had received training in emergency procedures. They told us they had taken part in fire safety training, and according to the training information supplied to us by the provider, all but one staff member had completed fire safety awareness training. The rotas we sampled showed that at least one member of night staff on duty each night shift had completed first aid and fire training. Each person had a personal emergency evacuation plan in place which detailed the support they required from staff in the event of an evacuation. Fire drills had taken place which included people, visitors and staff. It was reported that this went well and everyone evacuated safely. A new fire panel had been installed and was awaiting connection to the new fire sensors which had been put in place.

At our inspection in July and August 2015 we found concerns in relation to how the provider safeguarded people from abuse. At this inspection we found the provider now met the requirements of the enforcement notice.

Safeguarding procedures were in place. Staff told us they had access to the registered manager and the owner and felt confident they would act if they raised a concern. Staff told us they had received safeguarding training and information provided by the registered manager confirmed all but two staff had completed this. Staff were able to explain how they would identify and report suspected abuse within the home or to CQC and were aware of the lead agency for reporting safeguarding concerns to (The local authority), which was included in their safeguarding policy.

The safeguarding adults' policy had been updated to ensure that staff had up to date guidance on safeguarding people in the home.



## Is the service effective?

### Our findings

People and relatives told us they felt the staff were competent in their role. One person said "I think they've been trained. They seem to know what they're doing." A relative told us "Staff seem clear about their roles." People told us they would speak to staff if they felt unwell and staff would get the help they needed.

At our inspection in July and August 2015 we identified some concerns in relation to staff training and supervision. At this inspection we found improvements had been made but there was still some outstanding training for staff.

Some staff had received appropriate support, training, supervision and appraisal to enable them to carry out their duties. Staff confirmed they had received additional training in key areas such as first aid, moving and handling, medicines and fire safety. Following the inspection, the manager sent us their staff training records which confirmed that training had been undertaken by a significant number of staff in important key areas. However, there were still a number of areas of training required. For example, only five of the eighteen staff had completed infection control training in the past twelve months. Only five staff had completed training in diet and nutrition, seven staff had received Health and Safety training and only five staff had been trained in the Mental Capacity Act 2005.

The registered manager told us they were now using an external training provider to deliver classroom training. They showed us a training schedule for 2016 which included all of the subjects required, which would be completed by all staff by the end of the year. However, we had first identified concerns with training in June 2014 and due to the length of time training had been outstanding for some staff we told them this would need to be completed more urgently.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received a formal induction when joining the service which supported them to learn and understand about the home and the people they were supporting. The induction included the Care Certificate which is a recognised standard that staff must reach in order to demonstrate their competency in care. They received on-going one to one supervision meetings as well as an appraisal. These were opportunities to review practice, identify training needs and bring up any concerns staff or their line managers may have.

People were supported to maintain good health. Staff encouraged people and their relatives to be involved in their health care. Records of visits by health professionals showed that staff made referrals for specialist advice, support and treatment when required. For example to GPs, district nurses and the speech and language team.

## Is the service responsive?

### Our findings

People spoke with us about their day to day care and support needs and said they were happy and felt involved. A relative told us they were kept up to date with any changes by staff.

We identified some concerns in relation to the planning and delivery of people's care at our inspection in July and August 2015. At this inspection we found the provider had made improvements and had met the requirements of the enforcement notice. However, there was still work to do.

Two out of four people's care plans were comprehensive and personalised, and provided guidance to staff in how to provide care in the way people wanted. However, the other two people's care records were not up to date and did not reflect their current care needs. One person's health had deteriorated and they were now receiving palliative care. Their end of life care plan had not been updated since 29 March 2013. There was no information or guidance for staff in relation to how to identify if they were entering the final stages of their life or when they should contact the district nurse to administer emergency pain relief. There was also no guidance for staff about how the person wanted to be supported in their final days and hours so they may not be supported appropriately and in line with their wishes.

We asked a member of staff to tell us about the person's nutritional needs. They told us this person now only had pain relief patches and drank coffee. However, their diet and nutrition care plan stated that staff should offer a choice of food [the person] likes and to support them with eating and drinking and to offer regular drinks and snacks. We showed this to the registered manager who agreed it did not reflect the person's current needs and would update the documents. We also showed them a number of other care records in the person's file which had not been reviewed since April 2015 which were also out of date because they did not reflect the person's current needs.

Another person had recently been admitted to the home. As part of their admission assessment staff had completed a risk assessment for their skin. This had identified they were at risk of developing pressure sores. However, there was no care plan to provide guidance for staff in how to care for the person's skin to minimise the risk of them developing a pressure sore.

This is a breach of regulation 9(3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Person centred care.

The registered manager told us they were in the process of updating each person's care file and transferring it over to a new file management system. This was a work in progress. Other people's care plans and risk assessments included details about their health conditions and how to support them if they became unwell. This included information about people's life history, interests, individual support needs and what was important to the person. Care plans and risk assessments were relevant to people's individual circumstances and were reviewed and updated regularly or when their needs changed.

At our inspection in July and August 2015 we found people were not provided with regular opportunities for

meaningful activities. At this inspection, we found improvements had been made and the provider had met the requirements of the enforcement notices.

Staff told us there was a part time activities co-ordinator who also worked as a member of the care staff so they knew people well, and what they liked to do. One member of staff said they thought activities were better now, and more activities were being offered. People had a choice about what they wanted to do. They told us about one day when "Bingo was scheduled but people actually wanted to play cards with music on so that's what they did." We observed people taking part in activities in the communal areas on the day of the inspection.

People had been asked what they would like to do and their ideas, such as puzzles and board games, had been developed in to an activities programme which was advertised in the conservatory. There were puzzles and games available and accessible for people to pick up as and use when they wanted to. We observed people were sitting around chatting to each other or reading. One person told us they enjoyed talking to others and "Discussing what was going on in the world." Although two people told us they hadn't seen any activities taking place, they said they were happy watching TV, chatting or reading.

## Is the service well-led?

### Our findings

Staff were complimentary about the new registered manager. A staff member said things had "Improved a lot since [the registered manager] has been on board." Staff said that they had received regular supervision and that they attended regular staff meetings and shift handovers which aided communication.

The new registered manager had established themselves and had made a number of changes within the home within a short space of time and staff spoke positively about the changes so far. The registered manager was committed to improving the quality of life for people in their care and told us "I want people to have a life, not just an existence, and I want staff to enjoy their jobs."

At our inspection in July and August 2015 we found that quality assurance systems were not always effective and people's records were not kept securely and were not always accurate and fit for purpose. At this inspection we found improvements had been made. However, there was still work to do.

Records were not always accurate or fit for purpose because they did not always reflect people's current care needs. For example, one person was receiving palliative care but this was not reflected in their care plan which had not been reviewed since March 2013. Their food and fluid chart did not accurately record the food and fluids they were given each day. The daily intake totals were not recorded so staff could not easily monitor if they had achieved their daily intake target.

Quality assurance systems and audits were being put in place to assess and monitor the quality of the service, but these were not all yet fully effective. We found a number of care records that were overdue for review and which did not reflect people's current needs but the audits had not identified this. When we spoke to the registered manager about this they agreed the documents needed to be reviewed or updated and said they would address this urgently.

Other steps had been taken to improve the service. For example, an external audit had been carried out by a local pharmacy to review the management of medicines and provide advice for improvement. An infection control audit had been completed within the home and an action plan put in place.

The registered manager had worked hard to review and restructure the staff team and make changes to the way staff were deployed. This had improved the effectiveness of the running of the shifts and the support people received. They had implemented a keyworker system which increased the efficiency of communication between people, relatives, health professionals and the staff team. This was because identified staff had delegated key responsibilities for a small number of people.

A new service development plan had been drawn up which included key priorities for the management and development of the home. For example, progressing staff training and improving the environment. However, not all improvement actions were recorded on the plan, such as those relating to the infection control audit. Other key tasks such as dry cleaning of curtains and the purchase of new furniture were in progress. The home had operational policies in place and these had been updated to reflect the Health and Social Care

Staff told us the home was well led and that the manager was approachable. Staff meetings took place regularly and staff told us they felt supported. There was a positive atmosphere in the home with management and staff working together to implement the new systems. Feedback from staff was positive with most staff liking the changes that had been made. Comments included "I'm happy with the role," "Well supported," "Enjoy the work," "Staff meetings well run and open" and "Enjoy the keyworker role of supporting people who live in the home."

Annual surveys were sent to people and relatives to obtain their views about the quality of the service. People and a relative confirmed they were asked for their views about the home and said they would feel able to speak to a member of staff or the registered manager if they had a complaint or a concern. Written compliments about the service included a comment from a relative which stated "I feel more reassured about Little Brook House than I have done during the last year." A new newsletter had been developed for people and relatives to update them of progress and events at the home, and the first issue had been sent out in December.

There was a system in place to monitor incidents and accidents, which were recorded and investigated. Systems were in place to manage the health and safety aspects of the home, such as fire and emergency lighting checks, and water temperature checks which were up to date. Certificates were in place to confirm the annual maintenance and servicing of appliances and equipment had been carried out and any remedial action completed.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People did not always have a clear care and treatment plan. Reviews were not always carried out to ensure care plans reflected people's current needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff had not all received training to ensure they were competent to carry out their role