

Mrs N Matthews

# Brockenhurst

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Brockenhurst is a care home registered to provide accommodation for up to 38 people with various health conditions, including dementia and sensory impairment. There were 35 people living at the service on the day of our inspection. Brockenhurst is a converted care home located in Littlehampton, West Sussex.

People's experience of using this service:

People were happy with the care they received, felt relaxed with staff and told us they were treated with kindness. They said they felt safe, were well supported and there were sufficient staff to care for them. Our own observations supported this, and we saw friendly relationships had developed between people and staff. A relative told us, "Many of the staff have worked there a long time, they know [my relative] very well. I couldn't say a bad word about them."

People told us their choices and needs were met. They enjoyed the food, drink and activities that took place daily. People thought the service was well managed and they enjoyed living there. A relative told us, "I think the home is very well managed. [My relative] has been nothing but happy there."

Staff had received training considered essential by the provider. It was clear from observing the care delivered and the feedback people and staff gave us, that they knew the best way to care for people in line with their needs and preferences. A member of staff told us, "We're always having training, it's always available."

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.

The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring that people were cared for in a person-centred way and that the provider learned from any mistakes. Our own observations and the feedback we received supported this. People received high quality care that met their needs and improved their wellbeing from dedicated and enthusiastic staff. A member of staff said, "It's like we're one big family, I enjoy coming to work."

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: Requires Improvement (report published 30 September 2019).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good. 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?

The service was safe.

Details are in our Safe findings below.

Good ●

### 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 well-led.

Details are in our Well-Led findings below.

Good ●

# Brockenhurst

## Detailed findings

### Background to this inspection

The 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

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

Notice of inspection:

This inspection was announced. We gave a short period notice of the inspection. This was to determine the COVID-19 status of the service and to ensure we followed appropriate infection prevention and control (IPC) procedures.

What we did:

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 reviewed information we had received about the service since the last inspection. We took this into account when we inspected the service and made the judgements in this report.

During the inspection:

We observed the support that people received, spoke with people and staff and gathered information relating to the management of the service. We used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included three staff recruitment files, training records, records relating to the management of the service and a variety of policies and procedures and quality assurance processes developed and implemented by the provider. We reviewed three people's care records.

We spoke with two people living at the service on the day of the inspection, and two relatives by telephone. We also spoke with eight members of staff, including the provider, an office manager, the deputy manager, an activities co-ordinator, as well as care and ancillary staff.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

### Staffing and recruitment

- At the last inspection, we found issues in relation to recruitment practices and staff deployment around the service at certain times of the day. We saw that improvements had been made.
- We observed care delivery in all areas of the service. The deployment of staff met people's needs and kept them safe. Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and agency staff were used when required.
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

### Assessing risk, safety monitoring and management

- At the last inspection, we found issues in relation to people's risk assessments being followed by staff. We saw that improvements had been made.
- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. For example, some people were at risk of falls. Their care plans contained comprehensive and specific details for staff on how to manage the risks involved with their mobility.
- People told us they felt they were safe and well cared for. A relative told us, "I've never thought for a minute that [my relative] is unsafe, the staff are always very careful and on the ball."
- The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.
- Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.

### Learning lessons when things go wrong

- At the last inspection, we found issues in relation to the accurate recording and analysis of accidents and incidents. We saw that improvements had been made.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, contacting relevant health professionals after any specific incidents.

- We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

#### Using medicines safely

- Care staff were trained in the administration of medicines. A member of staff described how they completed the medicine administration records (MAR). We saw these were accurate.
- Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks of medicines storage areas. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.
- We observed a member of staff giving medicines sensitively and appropriately. We saw they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.
- Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.
- Nobody we spoke with expressed any concerns around their medicines. A relative told us, "They give it to [my relative] and stays with her while she takes it."

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

- People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety.
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people.

#### How well are people protected by the prevention and control of 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.



# Is the service effective?

## Our findings

Effective – this means 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection, we found issues in relation to staff training and providing consistent care to people. We saw that improvements had been made.
- Staff had received training in looking after people, including safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. They were knowledgeable of relevant best practice and regulations, and we saw staff supporting people with confidence and professionalism. One member of staff told us, "We have an extensive training programme, we always encourage staff to continue to develop."
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.

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

- At the last inspection, we found issues in relation to staff supporting people with their lunchtime meal. Staff were not deployed in a way that fully met people's needs. We saw that improvements had been made.
- The provider met people's nutrition and hydration needs. There was a varied menu, specialist diets were catered for and people were complimentary about the meals served.
- We observed the lunchtime meal. People were supported in a timely and appropriate way. Staff were on hand to assist and encourage people where required.
- Staff told us that specialist and culturally appropriate diets could be available if they were required.
- Snacks were placed around the service for people to help themselves to and drinks were always available.
- People told us they were supported to eat how they wished in the service. One person referring to their lunch told us, "This is very nice."

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

- At the last inspection, we found issues in relation the environment of the service, such as signage and flooring, supporting people to live safely and independently. We saw that improvements had been made.
- People's individual needs around their mobility were met by the adaptation of the premises.
- Hand rails were fitted throughout. Slopes and a passenger lift allowed people to access all parts of the service, and there were adapted bathrooms and toilets.
- Dementia friendly and clear signage enabled people to orientate themselves around the service and locate any specific rooms they needed, such as toilets and bathrooms.

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

- Staff undertook assessments of people's care and support needs before they began using the service.
- Pre-admission assessments were used to develop a detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.
- Documentation confirmed people and relatives were involved in the formation of an initial care plan. This enabled staff to have the correct information, to ensure they could meet people's needs.

Supporting people to live healthier lives, access healthcare services and support

- People received effective care and their individual needs were met. A relative told us, "The staff are very good, it's like they know exactly what to do."
- Access was also provided to more specialist services, such as opticians and podiatrists if required.
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GPs, chiropodists and social workers. Feedback from staff and documentation we saw supported this.
- We saw examples of how staff had recognised that people were poorly and had contacted the relevant professionals. A relative told us, "The staff are very good at calling in the doctor if [my relative] needs it. They always let me know too."

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

The 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection, we identified issues in respect to people's privacy and dignity being respected and the way staff communicated with people. We saw that improvements had been made.
- People's privacy and dignity was protected, and we saw staff knocking on doors before entering and talking with people in a respectful manner. A relative told us, "The staff are always very respectful to both me and my relative, I think they are all lovely and caring."
- Staff supported people and encouraged them, where they were able, to be as independent as possible.
- Care staff informed us that they always prompted people to remain active and carry out any personal care tasks for themselves, such as brushing their teeth and hair and mobilising around the service.

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

- Staff provided people with choice and control in the way their care was delivered. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time.
- People were empowered to make their own decisions. People were free to do what they wanted throughout the day. They could choose what time they got up and went to bed and how and where they spent their day. A relative told us, "There are some things that clearly [my relative] is unable to choose to do or participate in, but they never force anything upon her."
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

Ensuring people are well treated and supported; equality and diversity

- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences.
- People were attended to in a timely manner and were supported with kindness and compassion.
- We observed positive interactions and appropriate communication. Staff appeared to enjoy delivering care to people.
- People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. The provider was acting in line with Government guidelines and visits from family were taking place at the service in a safe and appropriate way.
- Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice,

explore choices and options and defend and promote their rights.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

- At the last inspection, we identified issues in respect to staff supporting people who may present behaviours that challenge others. We saw that improvements had been made.
- Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included people's choices around what they enjoyed doing during the day and their preferences around clothes and personal grooming.
- Care plans also contained details to guide staff should somebody present behaviours that challenge others. Staff were guided to try techniques such as distraction and reassurance. We saw staff assisting people with patience and did not observe anyone becoming unsettled or distressed.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. A relative told us, "Yes I've been involved in setting up the care plan and the reviews."
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

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

- At the last inspection, we identified issues in respect to the provision of meaningful activities. We saw that improvements had been made.
- People had been asked about their interests and hobbies when they started to receive care from the service.
- As a result of the pandemic, many of the social activities within the service such as visits from outside entertainers had been curtailed or put on hold. Nevertheless, staff had worked to make key events in the year special for people.
- The activities co-ordinator used fun and innovative ways to engage and entertain people and we saw good examples of the activities and one to one tasks that people had been involved with.
- People were supported in their relationships with loved ones. Staff had helped people with telephone and video calls to keep in touch with family and friends during the pandemic. Staff took time to share moments with families who were unable to visit freely.

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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- We saw evidence that the identified information and communication needs were met for individuals. Staff ensured that where required people's communication needs were assessed and met.

#### End of life care and support

- Peoples' end of life care was discussed and planned, and their wishes were respected. People could remain at the service and were supported until the end of their lives. Observations and documentation showed that peoples' wishes, about their end of life care, had been respected.
- Specific training and support was given to staff in order to care for people at the end of their life.

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

- People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed.
- The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required.

# Is the service well-led?

## Our findings

Well-Led – this means 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- At the last inspection, we identified issues in relation to the monitoring of people subject to Deprivation of Liberty Safeguards (DoLS). Improvements had been made and the provider had implemented a tracker system for DoLS and had submitted all DoLS notifications to CQC as required.
- The provider had informed the CQC of other significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check that appropriate action had been taken.
- The provider also undertook a range of quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medicines, infection control, care plans and health and safety. The results of which were analysed to determine trends and introduce preventative measures.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.

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

- We received positive feedback in relation to how the service was run, and our own observations supported this. A relative told us, "[Provider] is very good, I have full faith in the way she runs the home, it's very professional."
- People, relatives and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. The registered manager and staff told us that the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality care. Our own observations supported this, and a relative told us, "It's an excellent home, they've worked wonders with [my relative]." The provider added, "We are providing a real home for people, with excellent oversight of their care."
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. This was reinforced through training. A member of staff told us, "We would always make sure the right thing was done."

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

- People and staff were actively involved in developing the service. For example, people had influenced food

choices and activities.

- There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. Meetings, events and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided. For example, topics discussed at staff and residents meetings included up to date guidance to follow in respect to the COVID-19 pandemic.

Continuous learning and improving care

- The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- Staff commented that they all worked together and approached concerns as a team. A member of staff told us, "Nothing is a problem here. That goes for the residents and the staff. We support them and we support each other. It's a happy big family."
- Up to date sector specific information was made available for staff including details of specific topics, such as dementia care and the MCA, to ensure they understood and had knowledge of how to assist people.

Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns. Due to the lockdown some professionals were not routinely visiting the service, but were providing remote support and guidance.
- Local churches and charitable organisations also engaged with the service.

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

- The registered 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 guideline's providers must follow if things go wrong with care and treatment.