

RCH Care Homes Limited

Brentwood Care Centre

Inspection report

Larchwood Gardens
Pilgrims Hatch
Brentwood
Essex
CM15 9NG

Tel: 01277375316
Website: www.ranccare.co.uk

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17 September 2020
21 September 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Brentwood Care Centre is a residential care home providing personal and nursing care to up to 112 people aged 65 and over. At the time of the inspection there were 44 people living at the service. Care is provided over three floors. The Balmoral unit accommodates people with nursing needs, the Windsor unit specialises in providing care for people with dementia and the Buckingham unit accommodates people with personal care needs.

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

When we last visited the service in July 2019, we met a new registered manager who told us about the improvements they were making. There had been a high turnover of registered managers in previous years, and the provider assured us things were starting to improve and settle down. However, when we returned in September 2020, the previous registered manager had left and we were welcomed by another newly registered manager.

Although the registered manager had made positive changes since their arrival, these improvements need to be sustained to demonstrate management stability across the service. The feedback we received during our inspection combined a positive view of the new registered manager, with an anxiety that they would leave. A relative told us, "When you raise an issue with the manager you then feel you are getting somewhere and then the manager ups and leaves." A member of staff said, "I've seen lots come and go [registered manager] is by far the most knowledgeable and professional."

The registered manager had started to address the concerns we had raised at our last inspection. They had a practical, person-centred approach which was making a difference to the care people received. Feedback was particularly positive about how well and openly the registered manager was communicating with people, families and staff.

We found care was well-planned and staff minimised risks to people's safety. The administration of medicines had improved. Risk from the spread of infection was well managed.

Previously we had concerns senior staff did not have an oversight of the clinical care people received. The registered manager had employed a new clinical lead and they both had a good understanding of the health needs of the people at the service.

There were enough staff to keep people safe. The registered manager was working well with the staff team to improve staff turnover, morale and skills.

The number of safeguarding alerts had reduced since the arrival of the new registered manager. They were working well with external professionals to investigate and resolve outstanding concerns.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The registered manager promoted a person-centred approach to managing restrictions resulting from the covid-19 pandemic. They communicated well with people and families to explain restrictions.

Senior staff carried out regular checks on the quality of care and took action which directly improved care standards.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 25 September 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last five consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. We also met with the provider and the former registered manager to discuss their action plan. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns that the provider did not have effective systems in place to keep people safe. We also had concerns about the high turnover of registered managers within the provider's services. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this 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 coronavirus and other infection outbreaks effectively.

We considered how well the provider had responded to the concerns and breaches found at the previous inspection. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brentwood Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Brentwood Care Centre

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Two inspectors and a nursing advisor visited the service on 16 September 2020. We limited the amount of time spent at the service to minimise risk and so arranged for the registered manager to speak with us by phone on 21 September.

An assistant inspector spoke with staff by phone on 17 and 18 September 2020. An Expert by Experience rang and spoke with family members on 21 September 2020. 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

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

Immediately after our visit the new manager received their registration certificate with the Care Quality Commission and so is referred to in this report as the registered manager. They and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We rang the registered manager from the car park of the service to announce our inspection. This helped us to discuss with them how best to minimise the risk of infection at the service.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We noted this provider information return was written by the former registered manager. We had not requested an updated return before our inspection. We took this into account when we inspected the service and made judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used all of this information to plan our inspection.

During the inspection

We focused on speaking with people who lived at the service and observing how they were cared for. Where people at the service were not able to talk with us, or chose not to, we used observation to gather evidence of people's experiences of the service. We spoke with six people.

We spoke with the new registered manager, the new deputy who was also the clinical lead, one nurse, ten care staff, one activity coordinator and one domestic staff.

We viewed a limited number of key records as we were minimising our time at the service.

After the inspection

We received additional information from the registered manager, as requested and spoke with them on the phone. We spoke with eighteen relatives by phone to ask their views of the service.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

At our last inspection the provider had not ensured adequate systems were in place to protect people from the risk of choking, poor administration of medicine and spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our last inspection we had concerns that risk was not well managed at the service. The new registered manager had acted quickly and put systems in place to make sure people were safe. A member of staff said, "The manager deals with things very quickly and as soon as they are informed of concerns for both residents and staff."
- The previous concerns about risk from choking had been addressed, involving external professionals, such as speech and language therapists. Care and monitoring had changed where required to reduce risks to people's safety.
- Before the inspection we had received concerns about support for people who were losing weight. The registered manager described how they had reviewed the weights for all the people at the service and taken action where necessary. A person had started to gain weight after staff had involved their GP and made a referral to a dietitian. We were assured the registered manager had taken the required action to resolve these concerns.
- We observed staff continually prompting people to drink, helping to minimise the risk of dehydration. People had personalised care plans which gave staff guidance on the specific support needed with fluids.
- Staff did not always use fluid charts to check whether people were drinking enough. We discussed this with the registered manager who described how they were addressing this issue, to ensure charts which monitored people's drinking were person-centred and made a difference to the care people received.
- The registered manager had learnt lessons from how the fluid charts had been implemented in the past. They were working with staff to help them understand the reasons for monitoring charts and how they could be used to manage risk.

Using medicines safely

- At the last inspection we found medicines were not always given safely. On our return we found there had been a marked improvement and people received their medicines as prescribed.
- We observed medicines being given by a nurse. This was done both sensitively and safely with care taken

to ensure infection control safeguards were in place. The detailed knowledge the nurse had regarding the needs of the residents meant the administration went smoothly and safely.

- People had detailed care plans outlining the support they needed to take their medicines. Staff completed legible and accurate medicine records.
- Medicines were stored and disposed of safely.
- Senior staff carried out robust checks which ensured they had a good oversight of the medicines people had received. Any medicine errors were acted on swiftly, and where necessary staff were retrained to ensure they had the skills to support people safely.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their safeguarding responsibilities. They had worked well with external professionals on their arrival to the service to resolve a number of concerns.
- People were encouraged to maintain contact with their families, despite the restrictions from the covid-19 pandemic. Relatives described how contact with family members provided reassurance about their safety. A person told us, "I can talk to my family and friends. It's alright, this is quite a nice place to be."
- The registered manager gave us examples of how they had acted swiftly and effectively when staff had not provided safe care. They told us, "It shows we mean business about the standards we expect."

Staffing and recruitment

- When we inspected, we found there were sufficient staff on duty to keep people safe. Feedback from relatives and staff confirmed there was enough staff.
- At our last inspection, we had concerns with the quality of agency staff. The new registered manager had focused on reducing the use of agency staff. This had a positive impact as people were now supported by staff who knew them well.
- Staff had started working better as a team. A staff member told us, "Since the new manager has been in place supervisions are happening without fail and it's a massive difference now."
- Recruitment of staff continued to be safe.

Preventing and controlling infection

- At our last inspection we had concerns that senior staff had not ensured people were protected from the risk of infection. On our return we found a marked improvement in this area.
- We were assured that the provider was preventing visitors from catching and spreading infections. A relative told us, "They are very serious about covid. They do all the sensible infection stuff."
- 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 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 requires improvement. We also found a breach of regulation, as the provider did not have systems in place to ensure improvements were sustained. At this inspection the rating for this key question remained the same.

Leaders and the culture they created had not consistently supported the delivery of high-quality, person-centred care.

At our last inspection we found the provider had not ensured there were effective systems to mitigate risk to people's safety and to promote their welfare and well-being. The provider did not sustain improvements over time. These findings demonstrate a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- When we last inspected, we found the lack of a consistent manager affected every level of the service and negatively impacted on people's quality of life. At this inspection, we could see the new registered manager had made a positive impact in a short period of time. However, more time was needed to be sure the provider could achieve a period of stable leadership and maintain recent improvements.
- Feedback from relatives and staff described the impact of change within the management team. A member of staff said how unsettling it was for them, "I've only been here a few years and have seen four managers." Some relatives told us it was frustrating to raise issues with previous managers which they now had to repeat with the current management team.
- At our last inspection we found checks on the quality of the care and accommodation had not picked up many the concerns we found during our visit. Checks since the arrival of the registered manager were practical and thorough. For example, as part of their actions around weight loss, they had reviewed the care being provided to people who were refusing to be weighed.
- At our last inspection we were concerned there was a lack of oversight of clinical decisions. The new registered manager and deputy manager were qualified nurses and had a good understanding of the clinical support people received. A relative told us, "They've got a new manager who seems adept, I have been impressed, [registered manager] seems to command a level of respect."
- When we last visited the service, we found staff, in particular, - agency nursing staff, were not always clear about their roles. At this inspection we found the registered manager had started to resolve this concern through reducing agency usage and ensuring staff were clear about their roles. A member of staff said, "The manager likes to oversee everything, so they always know what's going on."

- The registered manager told us they received ongoing support from the provider's quality team. This had helped ensure they settled down well into their new role and could start improving care at the service.

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

- At our last inspection we were concerned senior staff did not ensure people being cared for in bed received consistent support to remain stimulated. Although the registered manager had started making improvements in this area, at this visit we found care was not always holistic. In particular in the nursing unit, there was a focus on health care tasks and limited support to enhance people's overall wellbeing.
- We observed staff were caring and attentive. A domestic member of staff took time out of their cleaning to comfort a person in distress. A relative told us, "The domestic staff all acknowledge me and ask how I am, it seems like a really nice place with staff with a common goal."
- A dementia lead had recently started at the service and had made an immediate impact, especially in the dementia unit. A member of staff told us, "Last week we brought out a snakes and ladders games which has been specially adapted and had cards instead of dice." However, there was still work to do in this area, in particular in creating a dementia-friendly environment and developing specialist staff skills.
- The registered manager told us re-decoration had been delayed due to covid-19, including plans to make the service more dementia-friendly. We observed a new visiting "pod" being built in the garden, which would support person-centred care and safe contact with families.

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

- Relatives were positive about how well the service had communicated during covid-19, such as letting them know about restrictions and testing.
- Feedback about communication and openness from the registered manager was particularly positive. A relative told us, "They are informing us more and have a more direct approach. I now feel more confident they are telling the truth; they have a better attitude now."
- Staff told us they felt engaged with changes. A member of staff said, "[Registered manager] is very straight talking, they listen and are very honest in their responses" and "I can already see how much better things seem. There's more structure to things and everyone seems to be happier."

Working in partnership with others

- External professionals told us the registered manager had worked well with them since their arrival at the service. The registered manager had joined the local "My Home Life" Leadership programme, where registered managers support each other and share good practice.
- Despite the challenges resulting from the covid-19 pandemic, staff were involving external professionals when needed, for example, referring people for support with pressure care.