

Tuella Limited

Brookdale House Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Brookdale House Care Home is a residential care home that can support up to 27 people in one adapted building. The accommodation is arranged over two floors with a stairlift available to access the upper floor. People also have access to a garden and patio with seating area. Brookdale House Care Home does not provide nursing care. At the time of the inspection, 21 people aged 65 and over were using the service, many of whom were living with dementia.

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

There had been an incident whereby a relative had viewed a message to staff that included information about people other than their family member. The provider took immediate action to rectify this.

We have made a recommendation about how the provider obtains and records people's consent for their care records to be shared with others.

In some cases, changes to people's needs had not been fully recorded in all relevant care plans. However, staff knew people well and the provider was in the process of amending people's care plans.

People had a range of risk assessments in place, which staff followed to meet people needs and reduce risks to them.

People were supported in a kind and caring way.

The premises were well-maintained and there were on-going plans for improvement. The provider carried out required checks to ensure the premises were safe.

There were enough staff to meet people's needs safely. Recruitment checks had been appropriately carried out to ensure that staff had the required skills and did not pose a risk to people.

People received their medicines as prescribed from staff who were competent and received regular training.

We observed good practice in relation to infection prevention and control.

The provider's quality assurance systems effectively monitored the quality and safety of the service and action was taken to address any concerns identified. When incidents occurred, the provider analysed these to identify learning and make changes to improve people's care.

We received mostly very positive feedback from people, relatives and professionals about how the service communicated with them and kept them involved in people's care. Feedback from people and staff was listened to and acted upon.

The service had not had consistent management, however, we received overall positive feedback about the provider and leadership team from people, their relatives, staff and professionals.

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

Rating at last inspection and update

The last rating for this service was requires improvement (18 December 2020) and there were multiple breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We carried out a short-notice focused inspection of this service on 22 September 2020. Breaches of regulations were found. The provider completed an action plan to show what they would do and by when to improve safe care and treatment, staffing and governance.

We undertook this focused inspection to check they had completed their action plan and confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brookdale House Care Home 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?

Good 

The service was well-led.

Details are in our well-led findings below.

Brookdale House Care 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. 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.

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

Inspection team

This inspection was carried out by one inspector and one assistant inspector.

Service and service type

Brookdale House Care Home 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.

The service did not have a manager registered with the Care Quality Commission. A registered manager, along with the provider, is legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager had left in March 2021. The provider had employed a manager since, however, they also left in March 2021. At the time of the inspection the provider was recruiting a new manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last 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 used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service. We spent time observing care to help us understand the experience of people who could not talk with us. We spoke with three members of staff including a team leader, deputy manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at seven people's care records and sought feedback from 14 relatives. We sought feedback from a further eight members of staff. We looked at training data and a variety of quality assurance records. We sought feedback from three professionals who regularly work with the service. We continued to seek clarification from the provider to validate evidence found.

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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the care and treatment was provided in a safe way. 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.

- In some cases, changes to people's needs had not been fully recorded in all care plans. For example, one person required assistance from two members of staff with their mobility, but some records suggested they walked independently. However, staff knew people well and the provider had identified the inconsistencies and was in the process of amending these sections.
- People told us they felt safe at the home. People's relatives were confident that risks to their family members were identified and acted upon appropriately. One relative told us, "I have received several calls when my [relative] has become poorly or his temperature has been a concern and if [their] food or liquid intake has been a concern. The staff have called the local GP plus 999 when required."
- People had a range of risk assessments in place, for example, to manage the risk of falls. Care records showed that staff followed measures described in the risk assessment. For example, people at risk of skin damage received regular assistance to be repositioned.
- Staff completed monitoring charts for people at risk in relation to their food or fluid intake. Charts showed that people were offered food and fluids in line with their care plans.
- Staff appropriately identified risks to people. For example, when a person was very tired or other risk factors were identified, staff stopped assisting them with their meal and returned at another time to minimise the risk of choking.
- People's weight was consistently monitored. The leadership team analysed any weight loss or gain and updated people's care plans accordingly, as well as escalating concerns to health professionals.
- The provider used recognised tools to monitor people's well-being and identify risks. For example, a new choking risk assessment had been implemented.
- The provider had systems in place to oversee risks to people. Clinical meetings were held regularly, and the nominated individual had set up alerts on the electronic care management system. These highlighted concerns to the leadership team, such as if a person's food or fluid intake was low or a person needed to be weighed. The nominated individual liaised daily with team leaders to ensure that required actions were completed.
- People had individual Personal Evacuation Plans (PEEP) in place, detailing the assistance they would

require in the event of an emergency.

- At the last inspection, we had been unable to review key health and safety records such as required maintenance checks, audits and environmental risk assessments. At this inspection, records showed that checks of the environment were consistently completed to ensure the safety of the premises and equipment. The provider had employed a new maintenance member of staff who had received relevant training and was responsible for these checks.
- At three previous inspections, concerns had been raised about the systems in place to prevent legionella. At this inspection, records showed that required water management tasks were being completed.
- The environment was well-maintained, and the provider had continued plans for improvement.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient staff deployed at all times. This was a breach of regulation 18 (Staffing) 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 18.

- People and their relatives were positive about staffing levels. One person said, "There's always somebody around". Comments from relatives included, "Whenever I have visited, staff are always visible and have been quick to respond to call bells", "[Staff] take time to speak and interact" and "there always seem to be enough staff available."
- Staff spoke positively about staffing levels and told us they had significantly improved. Some staff felt that additional staff would allow more activities to take place for people, however, all staff agreed there were sufficient staff and told us that as a result they now enjoyed their work more. One member of staff commented on "the happiness you see on the residents' faces when we come in, and the time we have to spend with them without the need to feel stressed or rushed." Another member of staff said, "We're seeing it become a more relaxed home, the residents are more relaxed".
- The nominated individual used a dependency tool alongside feedback from staff to determine appropriate staffing levels.
- The provider had increased staffing levels by employing a chef, a daytime deputy, a night-time deputy, a maintenance person and additional housekeeping staff. The provider was also continuing to recruit further care staff.
- We observed staff supporting people in a kind, attentive and non-hurried way.
- The provider recruited staff safely by carrying out appropriate checks to ensure that staff were safe to work with vulnerable people and had the right skills and experiences.
- Staff received regular supervision and appraisals and told us this was an opportunity to discuss their development and any support they required from the provider.
- Staff were positive about the training they had received and were confident they had the skills to meet people's needs.

Using medicines safely

At our last inspection the provider had failed to ensure the care and treatment was provided in a safe way. 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.

- People's relatives spoke positively about how the service managed their family members' medicines. One relative told us, "They do manage this well and I am sent the care plan which details any changes."
- The provider had introduced an electronic medicines administration system. There had been initial challenges, however, the provider had worked with relevant professionals to resolve these. A weekly medicines' count and observed medicines rounds had been introduced in addition to monthly audits to ensure that learning was embedded. We undertook stock checks during the inspection and did not identify any concerns.
- People's individual electronic medicines administration records (eMAR) included a photograph of the person, their date of birth and information about any allergies. This meant people were safely supported to take the right medicines.
- The provider was in regular communication with the GP and pharmacy.
- Covert medicines were administered in line with good practice and legal frameworks. A health professional told us they were always consulted with regards to decisions about covert administration. This helped ensure that decisions were made in people's best interest and that covert medicines were administered safely.
- The provider had installed a new medicines room for secure storage of controlled drugs, homely remedies and medicines that needed to be stored in the fridge. All other medicines were stored securely within people's own bedrooms. Staff told us the new arrangements had improved their experience of medicines administration and reduced the risk of errors.
- People had detailed medicines care plans, which were supplemented with protocols for 'as required' (PRN) medicines. This meant staff had guidance available to help them identify whether a person needed PRN medicines or when medical advice needed to be sought. Staff monitored the effectiveness of PRN medicines.
- People received their medicines from staff who had appropriate training and whose competency was regularly assessed.

Preventing and controlling infection

At our last inspection the provider had failed to ensure care and treatment was provided in a safe way. 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.

- We were assured that the provider was preventing visitors from catching and spreading infections. One relative told us, "I was impressed with the [infection prevention and control] processes on site".
- 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 observed staff following best practice guidance. The provider had installed additional hand sanitizers and PPE dispensers across the home.
- We were assured that the provider was accessing testing for people using the service and staff. For example, if a person declined to be tested when first offered this was regularly revisited to ensure that people were being tested in line with government guidance.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Further housekeeping staff had been employed and more robust cleaning schedules had been implemented. Staff told us that they all took responsibility for ensuring the environment was clean. For example, one member of staff said, "We've made it our little thing at night, we clean all the handles and hot spots and if we have time, we do a deep clean of the bathrooms".
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- People's relatives were kept informed of their family member's well-being, including any incidents that occurred.
- Staff were confident in responding to incidents and the leadership team investigated these to identify learning. For example, the number of falls that occurred at the service had reduced as a result of consulting relevant professionals more and putting measures such as sensor mats in place to reduce risks.
- The nominated individual spoke transparently about the learning that had taken place since the last inspection and the measures introduced to address concerns and drive continued improvements.
- The provider had included people and their relatives in the learning process. Relatives told us they were aware of the challenges the home had experienced and some relatives told us about concerns they had had prior to the nominated individual supporting the home. However, most relatives spoke very positively about the changes they had experienced and expressed confidence that learning was being embedded.

Systems and processes to safeguard people from the risk of abuse

- Relatives were confident that their family members' safety was a priority for staff. One relative told us, "The team provide a safe, caring, nurturing environment."
- Staff spoke passionately about keeping people safe and told us they felt confident to escalate concerns if needed.
- Records showed that incidents of a safeguarding nature were appropriately referred to external agencies.

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

At our last inspection the provider had failed to operate effective systems to assess, monitor and mitigate risks to people using the service and to securely maintain accurate and complete records relating to people's care and treatment. This was 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.

- A relative told us that whilst reviewing their family member's care plans, they had been able to view a message to staff which included information about people other than their relative. The provider took immediate action to rectify this.
- The provider had given people's relatives access to their family member's electronic care records. Whilst this was positive and appreciated by people's relatives, it was not always clear how people's consent had been obtained.

We recommend the provider review the process for seeking and recording people's consent or their mental capacity in relation to decisions about access to their care records.

- There was no registered manager in post at the time of this inspection. Since the last manager had left in March 2021, the nominated individual had been leading and supporting the service. The provider was recruiting a manager at the time of the inspection.
- People and their relatives spoke overall very positively about the nominated individual and the leadership team. One relative told us, "Despite the problems with employing a suitable manager for the home, [nominated individual] has risen to the challenge that this created with both professionalism and an extremely caring manner... as a family member [they have] always been supportive and responsive to any questions or queries raised".
- The provider completed a wide range of audits, including reviewing medicines management, care plans and the safety of the environment. Where these audits identified concerns, action was taken to address these and implement changes promptly.
- The provider used quality assurance systems and action plans to make significant improvements to the

service with regards to risk management, medicines management, infection prevention and control, and staffing.

- In addition to monthly audits, the nominated individual completed daily reviews and checks. They told us they wanted to see sustained improvement and were continuing to maintain close oversight to ensure that learning was fully embedded over time.
- The provider was displaying the current CQC rating on their website and at the service.

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

- People told us they were invited to provide feedback on their care. One person said, "We have residents' meetings maybe once a month". Feedback received from people was acted upon. For example, an evening activity had been introduced for people who preferred to go to bed later. Night staff told us that they enjoyed spending this time with people and that evenings were now more relaxed.
- People's relatives told us they were invited to share their views and contribute to planning their family members' care. One relative told us, "I have attended a care planning meeting and I have access to [daily care records] which I am able to view anytime. All issues we discussed at the meeting have been addressed and plans tailored accordingly". Another relative said, "I am kept informed daily by e-mail" and "They have been very proactive and supportive. They reassured me that if I had any concerns not to leave the home worrying, they took the time to talk and listen. I could always ring and have a chat with staff caring for my [family member]."
- Staff told us that the atmosphere at the service had significantly improved and that they were proud of their team. One member of staff said "When I joined the home after the last CQC inspection I wanted to walk out and never come back. However, since being there... and staff feedback being taken onboard and listened to and acted upon, the home is now an amazing place to be."

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

- People spoke positively about their experience of the service. One person said, "They're good... know what they're doing". Another person told us, "They're super, the staff, they treat me very well" and said, "There's nothing you can't have, we're terribly spoilt, it's much better than at home."
- People's relatives were confident that staff knew their family members well and treated them with kindness. Comments included, "[Nominated individual] and the team have been highly proactive, organising events and providing variety during these challenging times", "They have taken the time to get to really know my [relative] and look after [them] accordingly" and "Their interaction with the residents is amazing, the love and care they have for their every need."
- Staff spoke about the importance of people's choices being respected. For example, one member of staff said, "Some people are very independent, and they can do what they like to do, we just keep an eye when we can, but it's also about recognising their independence and freedom". Staff spoke fondly of people.
- People's relatives were informed of any incidents that occurred. For example, a relative said, "The team contact me every day with an update on how my [family member] is, they send photos and they keep me informed when [they] have injured [themselves] through falls which [they are] prone to."

Continuous learning and improving care

- People's relatives acknowledged the challenges that the home had experienced but told us that the provider had made positive changes. One relative said, "I was worried about my [family member] being admitted as I read the previous CQC report but I have been so impressed with the care and staff. I feel they have worked hard to address the issues that were raised previously". Another relative told us that there was

"a much more cohesive team" and "a much calmer and settled environment." However, some relatives were also concerned that the changes needed to be sustained longer term.

- The provider analysed any incidents that occurred within the home and learning was shared with staff so that this was embedded. For example, clinical meetings were carried out to discuss topics such as accidents or incidents, visits from health professionals and new admissions to the home.

- Professionals told us that the service proactively sought support from them when required. For example, the nominated individual requested support from the Clinical Commissioning Group to review and assist them to rectify concerns identified with regards to medicines administration.

Working in partnership with others

- Professionals told us that the service worked well with them. One health professional said "They have shown me that they are caring staff... They offer me a good amount of clinical information to help me make clinical management plans."

- We saw evidence of the service working with health and social care professionals to seek specialist advice to meet people's needs. For example, a referral was promptly made to health professionals for a person who was experiencing swallowing difficulties.

- The provider attended training and information sessions organised by other agencies to ensure that they were aware of updates to best practice guidance.