

## Brenan House Residential Home

# Brenan House Residential Home

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Brenan House is a residential care home providing personal and nursing care to 15 older people at the time of the inspection. The service can support up to 16 people in one adapted building.

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

People and relatives told us they were safe living at the service. However, potential risks to people's health, welfare and safety had not been consistently assessed. Staff did not have guidance to mitigate risk and keep people safe. Some areas of the service put people's safety at risk.

Staff were not always recruited safely; pre-employment checks had not been completed consistently. There were not enough staff to provide person centred care. Care staff were expected to clean the service and do people's laundry. Staff did not have time to provide activities, spend time with people and always maintain their dignity. Staff had received training but not in topics related to people's specific health needs such as diabetes or catheter care.

The service was odour free; however, some areas of the service were not clean. There were no cleaning schedules to record when areas and equipment had been cleaned to help prevent infection.

Medicines were not always managed safely. Staff did not have guidance for 'when required' medicines to make sure people received their medicines when they needed them. Accidents and incidents were recorded, and action had been taken. However, analysis had not been completed to identify patterns and trends.

Care plans were not always completed to reflect the care being given to people. However, staff knew people well and supported them in the way they preferred. Some audits were completed but these did not cover all aspects of the service. The audits completed had not identified the shortfalls found at this inspection.

People, relatives and staff had not been asked their opinion on the quality of the service and how to improve it. Relatives told us they would speak to the registered manager if they had any issues and these have been dealt with immediately.

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.

People met with the registered manager before they moved into the service to check staff could meet their needs. People were supported to eat a balanced diet, people had a choice of meals, people's preferences and dietary needs were catered for.

People were supported to be as independent as possible. People's health was monitored, and they were

referred to health professionals when required. People's end of life wishes were discussed and recorded. Staff worked with the GP and district nurses to support people at the end of their lives.

Relatives told us that the registered manager was supportive and kept them informed of any changes in their relatives' care. Staff and the registered manager understood their responsibilities to protect people from abuse.

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 Good (published 31 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches in relation to the assessment and management of risks, staffing and recruitment, medicine management, maintaining people's dignity and the general management of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.  
Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.  
Details are in our well led findings below.

**Requires Improvement** ●

# Brenan House Residential 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.

### Inspection team

The inspection was carried out by one inspector.

### Service and service type

Brenan House 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.

The service had a manager registered with the Care Quality Commission. This means that 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

This inspection was unannounced.

### What we did before the inspection

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

inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, care workers and the cook. We used the Short Observational Framework for Inspection (SOFI). SOFI 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 people's care records and multiple medication records. We looked at two 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.

# Is the service safe?

## Our findings

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

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

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare had not been consistently assessed. There was no detailed guidance for staff to keep people safe. When people were living with diabetes, there was no guidance for staff about the signs and symptoms displayed when they became unwell. There was no information about what action to take if people became unwell. Staff were able to tell us how they recognised if people were unwell.
- Some people required a catheter to drain urine from their bladder. There was limited guidance about how to care for the catheter to reduce the risk of infection. The care plan stated the drainage bag was to be changed on a Friday, there was no record that this was being done. Staff we spoke to did not know when the bag should be changed.
- Some people were at risk of skin damage and there were pressure relieving mattresses in place. We observed the mattresses had been turned off during the day and were deflated. The registered manager told us this was done every day. There was a risk that people would not be lying on a fully inflated mattress, putting them at risk of skin damage. When people's skin had become red and sore, management strategies had not been put in place to reduce the risk of it happening again. People's skin had continued to be red and sore.
- When people required assistance to move around the service, there was no consistent guidance for staff about how to move people safely. One person's needs had changed, and the person's care plan had not been updated. People told us that they felt safe when they were being moved.
- Environmental risks to people had not been consistently assessed. Doors leading to the stairs were not locked. We discussed this with the registered manager. They told us that when people could walk they had a sensor mat in their room, so staff knew when they got up. There was a risk that people would enter the stairs and be at risk of falls. During the inspection, people used the lift to access the upper floors.

### Preventing and controlling infection; Learning lessons when things go wrong

- The service was not as clean as it could be. Some equipment posed an infection risk, and this had not been managed to reduce the risk. For example, some people used commodes that were shaped as armchairs and covered in fabric.
- Care staff completed the cleaning. There were no records or cleaning schedules to show what had been cleaned and how often. Some areas in the service were not clean, there were cobwebs around the service and bathrooms did not look clean. Mats that were put by people's beds when they were at risk of falls, were dirty and the plastic covers were split increasing the risk of cross infection.

- Some equipment such as commodes, were covered in fabric. There was no guidance for staff about how these should be cleaned and how often. We discussed this with the registered manager, who agreed that there should be guidance about cleaning equipment. They told us they would consider changing to commodes that could be wiped.
- Staff had access to gloves and aprons to use when required. We observed staff using these appropriately during the inspection.
- Accidents and incidents were recorded, action had been taken following falls. However, the information was not analysed to identify patterns and trends.
- When action had been taken, it had not been assessed to check that the action had been effective. Records showed that some people had recurrent falls, but there was no record that the action taken initially had been evaluated and changes made.

The provider had failed to do all that is reasonably practicable to mitigate risk. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- People told us, they received their medicines when they needed them. However, medicines were not always managed safely.
- When medicine instructions were hand written these had not been signed by staff to confirm the medicine and the instruction was correct. This increased the risk of people not receiving the correct medicine or the correct amount.
- Some people were prescribed medicines on a 'when required' basis such as pain relief and medicines for anxiety. There was no guidance for staff about when to give medicines, how often and what action to take if the medicines were not effective.
- People had not always been given their medicines as prescribed. One person had not received their medicines on two nights. The registered manager told us this had been discussed with staff and action had been taken.

The provider had failed to ensure the proper and safe management of medicines. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- Staff were not always recruited safely. Safety checks did not always contain a full employment history. The files of recent staff employed did not contain a full employment history.
- Staff had a Disclosure and Barring Services (DBS) criminal records check. The DBS had not been checked when someone was employed. The registered manager told us this had not been done as the DBS was only a few months old. The registered manager had not checked that there had been no incidents since the DBS had been completed.

The provider had failed to operate effectively established recruitment procedures to meet the regulations. This is a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager used a dependency tool to calculate the number of care staff required to meet people's needs. However, care staff were also expected to complete the cleaning, laundry and activities, the tool did not take this into account. There were always two care staff on duty, during the week days they were supported by the registered manager. Staff told us that this number had remained the same and had not



changed when people's needs changed.

- There were mixed views from people and staff about if there were enough staff. People told us they did not always have enough to do, and they sometimes had to wait. Some people required two staff to support them, at these times there would be no staff to support the other people. The registered manager told us they or the cook would come onto the floor. However, when the cook was not in the service, people would be left at risk, as no staff would be available.
- During the inspection there were few call bells and staff answered them within 10 minutes. However, staff anticipated people's needs and helped before people asked.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from abuse. The registered manager and staff understood their responsibilities to report any concerns they may have.
- Staff told us that they were confident that the registered manager would take the appropriate action if they raised a concern. Staff understood the whistle blowing policy and told us they would report concerns to the local authority when required.
- The registered manager had discussed concerns with the local safeguarding authority when needed, to keep people safe.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The service is a large house that had been adapted to meet people's physical needs. There was a passenger lift and hoists to enable people to get in and out of the bath.
- People had access to a small courtyard garden. However, people did not have safe access to all areas of the courtyard. Some concrete slabs were broken or unsafe, the registered manager told us these were going to be replaced. There was a large rotary line full of washing, this was blocking the access to another part of the courtyard.
- Some of the building needed redecoration and some carpets were worn. The registered manager told us there was an improvement plan in place to put in more en-suite facilities and replace carpets.
- Most of the doors within the service looked the same. There were no pictorial signs on people's doors or around the building to help people find their way around.

The provider had failed to properly maintain the service. This is a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager met with people before they moved into the service to make sure that staff could meet their needs.
- The pre-admission assessment did not cover all areas of the person's life. The assessment did not include all the protected characteristics under the Equalities Act 2010 such as their culture and sexual orientation. We discussed this with the registered manager, who agreed it would be added into the assessment.
- People's health needs were assessed such as skin integrity and nutritional needs, following national guidelines.

Staff support: induction, training, skills and experience

- Staff received face to face training on a variety of topics such as mental capacity, moving and handling, safeguarding and first aid. Staff had not received training on health subjects such as diabetes and catheter care to meet people's needs, this was an area for improvement.
- We observed staff moving people safely. People told us they felt safe when being moved by staff and thought the staff were well trained.
- Staff received regular supervision and yearly appraisal to discuss their development and practice.
- Staff told us the registered manager was approachable and supportive. Staff were confident to take any concerns they had to them.

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

- People were supported to have a balanced diet. People's dietary needs and preferences were met, and people were given a choice of meals. At lunchtime, we observed people had chosen four different meals, and the meals looked appetising.
- People were offered snacks and drinks throughout the day. People told us they enjoyed the food and there was always plenty to eat.
- People supported people to eat when needed, prompting them when needed. Staff gave people time to eat and enjoy their meal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health, including their weight. People were referred to relevant health professionals if any concerns were and identified and their needs changed. Staff followed the guidance from health professionals such as ensuring people received supplement drinks.
- People had access to health professionals such as opticians and chiropodists. People were reviewed regularly by their GP and district nurse when required.
- People were supported to live as healthy lives as possible. People were encouraged to be as mobile as possible. During the inspection, we observed people taking part in chair exercises.

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

The Mental Capacity Act 2005 (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 when this is in their best interests and legally authorised under the MCA. 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.

- The registered manager had applied for DoLS authorisations when required, none of the applications had been assessed or authorised at the time of the inspection.
- People's capacity had been assessed when required for specific decisions and people had been supported in the least restrictive way possible. When the use of bedrails had been proposed, this had been assessed and decided that a crash mat was a less restrictive option.
- People were supported to make decisions. Staff told us how they gave people time to understand what was being said and used the knowledge of people's past preferences to help them make decisions.
- When people had a Power of Attorney in place, there was a copy in the person's care plan. People's representatives were involved in planning people's care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was not always respected. Some people wore clothing protectors when eating, these had not been removed between meals. We observed one person had cornflakes from breakfast still on their clothing protector at lunch time.
- The furniture in people's rooms did not always match and were in poor repair. Some people shared a room, they did not always have a separate wardrobe, and the doors of the wardrobe had a label on it. People's clothes had not been put into the appropriate drawers and some clothing belonged to people who no longer lived at the service.

The provider had failed to treat people with dignity and respect. This is a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to use walking aids and specialist cutlery to maintain their independence.
- We observed, and people told us that staff knocked on their doors and waited to be asked in. People told us, staff respected their privacy when they were being helped with getting washed and dressed.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people's preferences and choices and supported people in these. People told us staff knew what they liked and helped them as they wanted.
- People were comfortable to ask staff for support when they needed it. Staff anticipated when people needed assistance, we observed staff giving people the things they wanted around them.
- People were supported to maintain relationships with people who were important to them. Visitors were welcome to visit when they wanted. Relatives told us they could speak to their relative on the telephone when they wanted.

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

- Where possible people were encouraged to express their views about their care and signed their care plans to confirm they agreed with them.
- People's decisions were respected by staff, they understood how people's likes and dislikes, would affect their decisions.
- Staff supported people to attend healthcare appointments and express their views.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

- Each person had a care plan. However, care plans did not reflect or include all their needs, choice or preferences. Care plans did not consistently include guidance for staff to meet people's needs and what was the expected outcome. The recording of the care given was not detailed and did not confirm that people had received care that met their choices and preferences.
- Some people's care plans stated the plan would be updated when staff knew their routines, this had not been done. Some people's care plans were inaccurate including people's continence and mobility needs.
- People's preferences to how they spent their leisure time were not consistently included. Some care plans included if people enjoyed reading or watching television, others had no information.
- People told us they enjoyed the music man, who came each week and the armchair exercises. However, they told us at other times they did not always have enough to do and were only given word searches or crosswords to do.
- Staff were responsible for activities each day, there was no plan or dedicated time for staff to support people in activities. There were no records that any activities had taken place. Staff told us that they did give people word searches to do as they had other duties. During the inspection, people spent the afternoon in the lounge watching television or were sleepy.

The provider had failed to design care to achieve people's preferences and ensuring their needs met. This is a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### 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 received information in ways they could understand. One person used a communication book to express their needs and preferences to staff. They used the book in all areas of their life and this was successful.
- Information was provided in large print and pictorial form when required.

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

- The provider had a complaints policy and procedure in place and people told us they knew how to

complain.

- There had been no formal complaints in the last year. When people raised a concern, it was dealt with immediately.
- Relatives told us that they would speak to the registered manager if they had a concern. They told us that their concerns had been taken seriously in the past.

#### End of life care and support

- The service was not supporting anyone at the end of their life at the time of the inspection. Staff had previously supported people with the support of the GP, district nurses and other health professionals. Staff made sure that medicines were available to keep people comfortable when required.
- The registered manager and a member of staff were going to attend a training course at the local hospice. The registered manager told us they wanted to provide the best end of life care possible.
- Care plans did not consistently contain details of people's end of life wishes. This is an area for improvement.

## Is the service well-led?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were some checks and audits in place. However, they had not covered all aspects of the service and had not been effective in identifying the shortfalls found at this inspection. The registered manager told us the care plan review was the audit tool. The reviews had stated there were no changes required, though the care plans were incomplete and were not accurate. Regular audits had not been completed on medicines or recruitment files where shortfalls were found.
- The registered manager was also one of the providers and had oversight of the service, they had not identified the shortfalls found at this inspection. The registered manager had not identified and managed environmental risks such as infection control. The registered manager had not identified the service was not meeting regulations and had not acted.
- Care plans and other records were not up to date or accurate.

The provider had failed to assess, monitor and mitigate risks, maintain securely an accurate, complete and contemporaneous record in respect of each person. This is breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager had not organised residents' meetings in the past year. The registered manager told us people were able to speak to them whenever they wanted. This did not give people the opportunity to know what was happening in the service or to express their opinions on changes. People had not been asked what activities they would like or had input into the menu. During the inspection, the registered manager asked people if they wanted a meeting and they stated they would.
- Quality assurance surveys had not been sent to people, relatives or staff. The registered manager told us that the surveys were due to be sent out soon.
- Staff meetings had not been held, to enable staff to contribute their suggestions for the service. The registered manager told us they attended staff handover each day and discussed any concerns they had. However, this had not been recorded to show any improvements that had been made.

The provider had failed to seek and act on feedback from relevant persons to continually evaluate and improve the service. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act

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

- Staff told us how they promoted a person-centred approach to people's care and support. Staff discussed with people how they wanted to be supported.
- Relatives told us their relatives had improved since moving to the service. The staff understood how to support their relative and their quality of life had improved.
- However, the management of the service had not promoted an inclusive and empowering culture. The service did not always revolve around people and their needs, as care staff were expected to complete other tasks within 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

- People, relatives and staff told us the registered manager was approachable and supportive. Relatives told us, the service was like an extension of their family. Relatives praised the registered manager for the support they had been given.
- Relatives told us, the registered manager had informed them if there were any issues or concerns with their relative.
- The registered manager had informed the Care Quality Commission (CQC) of events as required in a timely manner.

Continuous learning and improving care; Working in partnership with others

- The registered manager attended local forums to keep up to date with any changes. A new oral health assessment that had been put in place following the publication of the CQC report about oral care.
- The registered manager had engaged with the clinical nurse specialist when they needed support.
- The registered manager and staff worked with other health professionals to provide joined up care.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had failed to design care to achieve people's preferences and ensuring their needs met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  The provider had failed to treat people with dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to do all that is reasonably practicable to mitigate risk. The provider had failed to ensure the proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had failed to properly maintain the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

The provider had failed to assess, monitor and mitigate risks, maintain securely an accurate, complete and contemporaneous record in respect of each person. The provider had failed to seek and act on feedback from relevant persons to continually evaluate and improve the service.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider had failed to operate effectively established recruitment procedures to meet the regulations.