

London & West Investments Limited

Brooklands Nursing & Residential Home

Inspection report

Costessey Lane
Drayton
Norwich
Norfolk
NR8 6HB

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Tel: 01603262666

Website: www.carebase.org.uk

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Brooklands Nursing and Residential Home is a residential care home providing nursing and residential care to up to 70 people. The service provides support to older people who require residential, nursing and/or dementia care. At the time of our inspection there were 58 people using the service. Accommodation is over three floors, with adapted facilities, and the home has accessible gardens and multiple communal rooms.

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

People who used the service told us their lives had been enhanced by living at Brooklands Nursing and Residential Home. They described care that was person-centred, attentive and compassionate. People spoke of dedicated staff who delivered care and support with respect, patience and kindness; they told us their needs were met.

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 told us they were involved in making decisions around the care they received, and relatives told us they were included in these decisions where this was appropriate. People spoke particularly positively about how well the service communicated and engaged with them.

The quality assurance systems the provider had in place had not been completely effective at identifying some shortfalls. However, the provider took immediate action to rectify the concerns and we found a culture that was open, reflective and proactive at learning lessons and implementing improvements.

People told us they would recommend the service. They told us this was because of the high-quality, attentive care people received and the confidence they had in the staff and management to meet the needs of the people they loved. People gave us examples of the positive impact the service had had on their lives and what this meant to them.

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 (report published on 18 July 2022) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about risk management and end of life care. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and responsive sections of this full report.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Brooklands Nursing & 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 Health and Social Care Act 2008.

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

The inspection was completed by three inspectors, two on site and one leading the inspection remotely, a medicines inspector, a specialist advisor and two Expert by Experiences, one on site and one making remote telephone calls to relatives. 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

Brooklands Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brooklands Nursing and Residential Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered managers and providers are legally responsible for how the service is run, for

the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, a manager was employed and had applied to CQC to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 17 November 2022 and ended on 24 November 2022. We visited the location's service on 17 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and 10 relatives. Feedback was also received from one health professional who worked regularly with the service. We spoke with nine staff including the manager, compliance manager, maintenance person, housekeeping staff, care and nursing staff.

We reviewed the care records for seven people who used the service and the medicines administration records for 17 people. We observed the care and support provided and the administration of medicines; the environment was also assessed for safety and suitability. Multiple governance records were reviewed including staff recruitment records, policies, quality assurance audits, action plans and maintenance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 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. However, some further development is needed.

- People told us they felt safe living in the home and their relatives had no concerns in relation to safety. One person who used the service said, "The staff check on me and I am not alone anymore. That gives me comfort and makes me feel safe."
- The risks to people had been identified, recorded, managed and mitigated. However, better recording was needed in some areas such as ensuring incidents were consistently recorded on one system to ensure they were fully assessed and mitigated.
- Whilst regular servicing of equipment had been completed, further additional and regular checks were required on equipment such as fire extinguishers and fire doors. This would mitigate the risk of faulty equipment in the event of an emergency. We have reported on this in the well-led section of this report.
- Environmental risks had been identified and mitigating measures were in place to ensure its safety. For example, people's bedrooms underwent regular safety checks to ensure they were fit for purpose and safe for people to use.
- A business continuity plan was in place to address adverse events such as the loss of utilities, premises evacuation, staff shortages and equipment failure such as the lift.

Using medicines safely

At our last inspection the proper and safe management of medicines was not in place. This was a breach of regulation 12 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.

- Medicines were stored safely and at correct temperatures. Staff carried out regular checks of medicines and their records to ensure this.
- Overall records showed that people received their oral medicines as prescribed, however, there were

some gaps in records for the application of people's topical medicines prescribed for external application. However, we found no adverse impact to people as a result.

- All staff authorised to give people their medicines had been assessed as competent and we observed that they followed safe procedures when giving people their medicines. Information was available for staff to refer to about people's medicines.
- Written guidance for medicines prescribed on a when required basis (PRN) was available for medicines prescribed in this way and there was person-centred guidance on how people prefer to have their medicines given to them.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from the risk of abuse. People told us they felt safe and protected from abuse. Their relatives agreed.
- Staff had received training in safeguarding and associated information was available to them, and others, on display within the service.
- All safeguarding incidents were logged ensuring a clear audit trail was in place. Our assessment found that incidents of a safeguarding nature had been reported to the local authority and CQC as required.

Staffing and recruitment

- There were enough staff to meet people's needs in a person-centred manner.
- People told us that whilst staff were busy, they were consistently available when care and support was needed. One person who used the service said, "Staff always seem to be available." A relative told us, "Staff are wonderful, always popping their heads round the door to check on [family member], such a relief for us to know they are safe and well cared for."
- Our observations confirmed there were enough staff to meet people's individual needs. For example, we saw that staff were quick to respond to people who may be becoming distressed or anxious. We saw that staff were attentive and responsive to people's needs.
- Staff had been safely recruited however some improvements are needed in relation to records. For example, interview records were available but did not always record who interviewed the candidate nor on what date. We also found some discrepancies in staff's employment histories.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- People told us the service had managed COVID-19 exceptionally well and that visiting had always been in line with Government guidance. Relatives told us they had been consistently and regularly informed in relation to visiting procedures.

Learning lessons when things go wrong

- We saw that the management team had processes in place to record incidents, mitigate reoccurrence, discuss findings and act in response to ensure learning had occurred.
- Accidents and incidents were analysed to identify trends and reduce reoccurrence.
- Where shortfalls were identified as part of this inspection, we saw that the management team were responsive and quick to act in order to rectify.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had been included in decisions and the MCA adhered to in practice. However, some improvements were needed in relation to evidencing this via records. The provider has already identified this issue and had plans in place to address it.
- Where relatives held legal authority to make decisions on people's behalf, they told us the service understood what this meant and included them in care and treatment decisions. Records reviewed confirmed this.
- DoLS had been applied for appropriately. Where these had been granted, we found no conditions attached.

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

- People's needs had been holistically assessed in line with best practice.
- For example, we saw the service understood the importance of oral care. People had oral healthcare plans in place and staff supported them to maintain good oral health including seeing the dentist.
- People told us staff supported them to meet their needs in all aspects of their lives and their relatives agreed. One person who used the service said, "The staff are marvellous and will do anything for me. Nothing is a problem for them. That makes me feel good about living here."

Staff support: induction, training, skills and experience

- People told us they had confidence in the staff's abilities and trusted them to care for them. Relatives agreed with one telling us, "Staff appear to be well trained." People consistently commented on how well

staff knew people's needs and their ability to meet them.

- Staff told us training provided them with the skills they needed, and we saw that appropriate training was in place to meet people's needs.
- Supervisions were completed regularly with staff and they told us they felt supported. One staff member told us about the support they had received both professionally and personally and the positive impact this had on them.

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

- People's nutritional needs were met although some improvements were needed in documenting food and fluid intake to fully evidence this. This was promptly acted upon by the provider.
- People told us the food provision was good and that they enjoyed it. One person who used the service said, "The food is really good, very tasty and you get plenty to eat as well as a choice." Another person told us, "Staff make me a drink whenever I want one."
- Two people explained the individualised support they received around their diet. Both told us staff spent time with them to discuss food options to meet their specific dietary requirements and ensure their health. One person said about this, "I think that is really good and I know they are trying to do their best for me."
- We saw that the lunchtime experience was pleasurable and sociable for people, that they received a choice of food and drink, enough to eat and drink and that the support was available as required.

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

- People's healthcare needs were met, and they had access to a variety of professionals including the GP, dentist, optician and chiropodist.
- One healthcare professional told us the service liaised well with them, made appropriate referrals and followed their instructions and recommendations. They told us they had no concerns in relation to staff meeting people's healthcare needs.
- Records showed that staff liaised with professionals to seek advice or alert them to changes in people's needs.

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

- The home was spacious and gave people options in where they spent their day; it was well maintained and clean throughout.
- Consideration had been given to how the environment met people's needs. For example, we saw that people's rooms were personalised and that, for people living with dementia, navigational signage was in place with objects available that they could interact with.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us the service had made a positive impact on their quality of life and that they received compassionate and kind care from dedicated staff.
- One person who used the service said, "Staff are very kind, and nothing is too much trouble. They need so much patience... but they treat everyone the same."
- People's relatives agreed that not only were their family members treated with kindness, but they were too. One told us, "Staff are the biggest asset which speaks volumes. They put on a lovely birthday tea for [family member]; it's the small touches of care and compassion."
- Our observations confirmed staff treated people with thoughtfulness and knew them well. For example, we saw a staff member use an object to engage a person living with dementia in conversation about their past. Another staff member was seen to kindly steer another person to a quiet area when noise levels began to distress them.

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

- People and their relatives felt involved in their care and although they told us they weren't always involved in formal care plan reviews, they had control over care decisions.
- One person who used the service said, "The staff are excellent and always take things onboard."
- A relative told us how the staff involved them in a decision about their family member's care and the impact it had. They told us, "It had a positive change in their behaviour and staff supported me with the decision. The communication makes me feel engaged in [family member's] care."

Respecting and promoting people's privacy, dignity and independence

- Care was delivered respectfully and discreetly whilst people's dignity was maintained, and independence encouraged. People told us this and our observations confirmed it.
- One person who used the service said, "Staff always put me at ease when they help me with personal care. They shut the curtains and doors and leave you to do personal things if you can. They are very good like that."
- Another person described how staff used respectful and kindly humour to make them feel comfortable during personal care. They said a staff member, "Pulls me up by my hands and says, 'what dance shall we do tonight?'"
- People's relatives agreed with one telling us, "Staff all know [family member] well... they always treat them with dignity and respect and good humour; very good staff." Another said, "The staff are very caring, good rapport and have built up a relationship with [family member], there's dignity and they respect their

need to dress nicely always."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People received care that met their individual needs, personal preferences and wishes.
- One person who used the service said, "I have the freedom to do what I want, when I want." A relative we spoke with confirmed, "[Family member's] named carer clearly knows their likes and dislikes and can articulate what makes them happy or unhappy."
- Staff demonstrated, through discussion, that they knew people's needs, risks, likes, dislikes and preferences. We saw intuitive care that anticipated people's needs.
- Care plans included person-centred detail to support staff to meet people's individual needs and we saw this being delivered. For example, for one person whose care plan said they liked to listen to classical music, we saw this was playing in their room. For another person, we saw staff engaging in practical tasks to help support them with their dementia.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Although the new manager wasn't aware of what the Accessible Information Standard was, this was being met. Once this responsibility was explained to them, they were able to give examples of how they met this need.
- Information was available in different formats and care plans contained information on people's communication needs.
- For one person with a visual impairment, we saw staff describe what was on their plate to them at lunchtime which encouraged independence and choice.

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

- People told us they enjoyed the activities, had choice in what they participated in and felt engaged and stimulated. Several people we spoke with told us how wonderful the recent Jubilee celebrations had been.
- One person who used the service said, "I think the activities are brilliant. We have book clubs, singers and all sorts. They have got their own coach, so we go on outings. I have a daily newspaper delivered which is lovely. I certainly don't get bored."
- One relative told us about the impact the social aspect of the home had had on their family member. They

said, "Being sociable has brought my [family member] back to life in the time he has been there, his mood had declined previously. Now, they do crosswords and singing amongst other activities."

- We saw people happily engage in activities that were well-planned and varied. We saw that the activities were well attended and that the staff member responsible engaged positively and proactively with people.

Improving care quality in response to complaints or concerns

- People told us they had no reason to complain but should they feel the need, they would feel comfortable in speaking with staff. One relative said, "No, I have never complained. I could go to any member of staff. They take anything on board."

- The provider had a complaints policy in place, and this was on display for people should they feel they needed to raise a concern.

- A log of complaints was kept in order to ensure learning from any concerns raised.

End of life care and support

- At the time of the inspection, no-one was receiving end of life care. However, we saw that care plans were in place for when people entered the last days of their lives.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the quality assurance systems in place had not been fully effective at identifying and quickly rectifying issues.

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

At our last inspection the provider had failed to ensure the quality assurance systems in place had been effective at ensuring people received safe care. This was a breach of regulation 17 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. However, some further improvement was needed.

- The quality monitoring systems the provider had in place had not been completely effective at identifying some shortfalls found at this inspection.
- For example, actions needed following a water system assessment had been missed and audits had not identified the need for better recording of people's food and fluid intake. However, although further improvement was still required in relation to MCA records, this has been identified by the provider.
- Whilst regular health and safety checks were being completed on people's bedrooms, these had not included the need to check radiator covers and we found one window without a restrictor in place which had been missed by the provider's checks.
- Regular servicing and inspection of firefighting equipment had taken place however systems had not identified the need for regular visual checks on such equipment in order to fully mitigate the associated risks.
- During our inspection, the provider took immediate action to address the above concerns. They demonstrated they were responsive to feedback and took concerns seriously. We had confidence the concerns had been appropriately acted upon.

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

- People told us the service, and its staff and management, had a positive impact on those that lived at Brooklands Nursing and Residential Home.
- One person who used the service said, "When I lost my spouse, I felt lost. I am disabled as well but being here has helped me to live a life again. I have made friends and have people to care for me."
- Relatives agreed. One said, "It has changed my [family member's] and my life; we are both so much better. I can be their relative again now and not just their carer; it couldn't be much better."

- Staff agreed the home was a good place to work. They told us the culture was positive and supportive. One staff member said, "Staff are always friendly, there is a nice atmosphere and we get on well. We work through issues together as needed."
- People spoke positively about the manager. The people who used the service told us they listened, was approachable and that they regularly checked on them to ensure they were happy.

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 manager understood their responsibility in relation to duty of candour and told us it was about being open and honest when things went wrong. Conversations with the people who used the service, and their relatives, confirmed this approach.
- For example, people told us the service was good at communicating with them when things went wrong and when difficult subjects had to be discussed. One relative told us about a time when a conversation had to be held on a sensitive subject following an incident that could have caused harm to their family member. They said, "Staff acted very quickly, no holding back with informing me... I complimented [the staff] for not trying to hide anything."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People consistently told us the service was good at engaging, involving and communicating with them, both informally and formally through such formats as meetings and surveys.
- Meetings were held for those that used the service and their families. One person who used the service said of a recent meeting, "Staff asked for our opinion on the home. There weren't any complaints and people said how happy they were."
- Relatives were particularly positive on the service's effective communication and described a service that used all forms of communication to engage with them. People spoke of receiving prompt telephone calls, updates via email, formal reviews and invitations to meetings.
- Staff agreed that they felt involved in the service and had their individual needs met. For example, one staff member told us how they had asked for extra support in relation to a training topic and this was received. The staff member said of the manager, "She listens, takes things on board and acts on them; she is striving for improvement."
- We saw that where other stakeholders had provided feedback on the service, action plans had been initiated to address any concerns. Our inspection findings demonstrated these had been acted upon.