

GCH (South) Ltd

Brackenbridge House

Inspection report

Brackenhill
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Ruislip
Middlesex
HA4 0JH

Date of inspection visit:
05 April 2023

Date of publication:
11 May 2023

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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

Brackenbridge House is a care home for up to 36 older people. The home is managed by Gold Care Homes, a private organisation managing care and nursing homes. At the time of our inspection 33 people were living at the service and 2 people were in hospital.

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

People told us they felt safe when they received care. There was a robust recruitment process which enabled the provider to ensure new staff had the appropriate skills for their role. When an incident and accident or safeguarding concern occurred, any lessons which could be learned to reduce future risks were identified with care plans and risk assessments updated. Risks associated with each person's care and wellbeing were identified and risk management plans developed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The provider had a range of quality assurance checks in place to monitor the care being provided. Staff felt supported by the management of the home.

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 (published 12 July 2022). 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

We carried out an unannounced comprehensive inspection of this service on 7 June 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Brackenbridge House on our website at www.cqc.org.uk.

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?

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.

Brackenbridge House

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 carried out by 1 inspector, a nurse specialist advisor and an Expert by Experience carried out interviews with people living at the home. 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

Brackenbridge House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Brackenbridge House is a care home without 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 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 a registered manager in post.

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 (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 contacted the local authority for feedback on the service. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 2 relatives. We also spoke with 8 staff members which included the registered manager, deputy manager, regional manager, the head of development and wellbeing, 2 senior care workers, 1 care worker and a housekeeper. We reviewed a range of records which included 6 people's care plans, various medicines records and the recruitment records for 3 staff members.

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; Learning lessons when things go wrong

At our last inspection the provider had failed to assess, monitor and mitigate risks. This was a continued 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.

- The provider had identified, assessed, monitored and mitigated risks in relation to people's care and support. Risk assessments had been developed in relation to the staircases around the home. A risk assessment had been completed for each person who could be at risk of attempting to use the stairs without support. There were also risk assessments for people who were able to use the stairs and did not require support. The risk assessments were detailed and identified the possible risks for each person and how these could be mitigated.
- The 2 areas with a small number of steps had warning signs in place and warning tape on the steps to enable people to see where the steps were.
- The environment of the home was clean and tidy. The furniture in the lounge areas was well maintained and staff were able to wipe the chairs clean if there were any spillages. There was a member of staff responsible for maintenance who carried regular checks around the home to ensure people were safe from any environmental risks.
- We saw staff supported people with food and drink in a safe way and ensured people were unable to assess any flasks with hot drinks.
- When an incident or accident occurred it was recorded and investigated with the lessons learned identified and discussed with staff.
- When a person had experienced a fall we saw their care plan and risk assessment had been updated to reflect what had happened.
- A range of risk assessments had been completed for people relating to their individual health needs, oral health, nutrition and mobility.
- The provider had developed a risk assessment in relation to the use of face masks by staff and professionals visiting the home in line with current 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Brackenbridge House and when they received support. People's comments included, "I do [feel safe], they even look in at night to see if you are ok" and "Yes I'm safe here I've got no complaints I even leave my door open."
- The provider had a process to report and investigate any safeguarding concerns which were identified. We reviewed the records of safeguarding concerns which had been raised since the previous inspection. We saw the records included copies of the investigation, any interview notes and care records. Any lessons which could be learned from the concern were identified and actions were taken to reduce further risks.
- Staff demonstrated a good understanding of what would constitute a safeguarding issue. They knew how to report issues within the home and which external organisations could also be contacted if their concerns were not responded to when reported to the provider.

Staffing and recruitment

- People felt there were enough staff providing support with a person saying, "Yes I think so I have no trouble even at night staff are nice they look after me well."
- The number of staff on duty were based on an assessment of the support needs of people living at Brackenbridge House.
- Staff told us they felt there was usually enough staff on duty at the home to provide safe and appropriate care.
- The provider's recruitment process enabled them to identify new staff who had the appropriate skills and knowledge for the role. We reviewed the recruitment records for 3 staff who had joined the home since the previous inspection. The recruitment records included 2 references, a Disclosure and Barring Service checks for any criminal record and checks on the staff member's right to work in the United Kingdom. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The provider had a process in relation to the management and administration on medicines to ensure people received their medicines as prescribed and in line with national guidance.
- All medicines were stored appropriately and safely in locked trolleys in a secure room. The temperature of the room and any fridges used were checked daily and the recorded temperatures were all within the acceptable range for the medicines.
- Medicine administration records were completed clearly and if the medicine was not given, for example the person refused, the reason was recorded.
- We saw staff administered people's medicine in a kind, caring and supportive manner. Staff who administered medicines had completed training and had their competency assessed to ensure they were doing so safely.
- Where a person managed some of their own medicines a risk assessment had been completed. Thickener powder for fluids were safely stored in the kitchen or in the medicines trolley and staff had guidance on their use. Where people required topical creams to be applied staff had guidance on how often and where they should be applied. Staff recorded when they applied any topical creams.

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.
- People were supported to maintain contact and have visits from relatives and friends. The provider followed current guidance in relation to infection control procedures for visitors. Visitors were encouraged to wear masks when visiting but they could choose not to if they wished. People could see visitors in their bedrooms, on one of the lounge areas or they could use the garden.

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. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; 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

At our last inspection the provider had failed effectively operate systems and processes for improving and monitoring quality, as well as assessing and mitigating risk. This was a continued 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.

- The provider had made improvements to the processes they had for the assessment and mitigation of risk around the home. A weekly environmental audit by the housekeeper and a monthly maintenance audit were completed to identify any issues with the environment of the home. A compliance audit was also completed relating to the service of equipment such as boilers, fire safety and water system checks.
- Risks assessments had been developed for the use of the stairs around the home to reduce the risk of falls.
- During the inspection we saw 2 people's care plans included sections which had not been updated to reflect all of their current support needs. We observed staff providing support for these 2 people and they demonstrated they had a good understanding of how to support each person safely. For example, the care plan for 1 person stated 1 staff member was needed to assist with transfers between a wheelchair and a chair but we saw 2 staff provided support with transfers and they confirmed this was the usual practice. Therefore, the staff understood the person's support needs and reflected that in how they provided care. We discussed the sections of the care plans that required updating with the registered manager and regional manager and they confirmed they would be updated immediately after the inspection. The registered manager provided copies of the updated care plans following the inspection and we noted the appropriate amendments had been made.
- A shared learning tool was completed in relation to incident, accidents and safeguarding to identify the outcome of any investigation. This included the lessons learned and recommendations as to actions to take to reduce any risks and when actions were completed.
- The registered manager completed a monthly audit which provided an overview of the other audits which were undertaken. These included the environmental checks, safeguarding, incidents and accidents, pressure sores, staffing levels, training completed, infection control and complaints.
- The registered manager demonstrated a good understanding of the duty of candour and their responsibilities as the manager of the home. They told us, "The duty of candour is being open and honest so if something went wrong, we would talk to the family and if we made a mistake, we owe them an apology and identify any learning from it."

- The provider had a range of policies and procedures which were regularly updated to reflect any changes in legislation or good practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People's care plans were detailed and provided information on the person's background, life experiences, likes and dislikes. We saw staff had a good understanding of each person's care and support needs. Where staff were providing 1 to 1 support with a person the staff member appeared to have a good relationship with the person and knew their preferences and how to support their physical and emotional needs.
- People's cultural background and religious preferences were identified in their care plans. The registered manager explained that they ensured people's dietary preferences were met. For example, vegetarian or curry. If a person requested support to access a preferred place of worship this was organised. At the time of the inspection the registered manager told us they were working with a relative to support 1 person to go to church each week.
- The head of development and wellbeing told us about a new project which was being piloted. This gave staff 5 protected minutes per day to have a meaningful conversation with a person at the home to discuss their experiences and if there was anything which could improve the care they received. For example, the registered manager worked with a person's family to support the person to visit them overseas whilst ensuring they continued to get the same level of care they received in the home.
- A visiting healthcare professional told us the staff contacted their team in a timely and appropriate manner and appeared to get other professionals involved at the right time when necessary. Their comments included, "This is one of my favourite homes, staff are very attentive. They accompany me and do not rush the residents, they take the time to explain to them [what care is being provided], this is even if it takes a long time and they are busy."
- Surveys were carried out with people using the service, relatives and staff to obtain feedback on the service. We reviewed the results of the most recent survey and the feedback that was received was positive.
- We asked people for their views on the management of the home and people we spoke told us, "I haven't seen much of them, they don't push themselves on you", "The management and staff are good from what I can see, the registered manager and the deputy are very good" and "They are all so nice, come and talk to you."
- Staff told us they felt supported by the registered manager and the deputy manager and had regular supervision meetings which were helpful. A staff member commented, "The new staff are being supported by the deputy manager and the registered manager is on hand all the time she is very good and involved in the care, helping out and they are very supportive."
- The registered manager had a good understanding of the responsibilities and legal requirements of their role. They commented, "I am responsible for everything that happens in this home."
- The registered manager also said, "I feel supported by my regional manager and the senior staff from head office. If I ask for specific support they will provide it."
- A staff member told us there were regular staff meetings and they felt staff members were being listened to.

Working in partnership with others

- The provider worked in partnership with a range of organisations which included the Alzheimer's Society, Age UK, the local church who visit for a monthly service and local schools.