

Regal Healthcare Properties Limited

# Brooke House

## Inspection report

Brooke Gardens  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Brooke House is a residential care home providing personal and nursing care to up to 35 people. The service provides support to people mainly aged over 65 years, and many of the people were living with dementia. The service consists of a main house with bedrooms and shared facilities across 2 floors, with a people carrying lift, and then a ground floor unit joined to the main house, which supported people living with more advanced stages of dementia. At the time of our inspection there were 26 people using the service. The service was surrounded by spacious grounds offering people the opportunity to spend time outside.

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

From reviewing accidents and incident records, as well as medicine management records we identified examples of incidents which had not been reported to the local authority safeguarding team and to CQC, as required, to maintain people's safety and welfare.

We identified risks within the care environment, where equipment needed to be replaced, changes were needed to reduce the risk of harm to skin from hot and uncovered surfaces and unsecured access to risk items, which placed people at risk of potential harm. This was of particular concern because many of the people at the service were living with dementia and relied on staff to maintain their safety.

Some areas of medicine management needed to be improved to ensure staff were working in line with local and nationally recognised best practice. We observed some people's teeth and finger nails to be visibly dirty, their daily records indicated gaps in the completion of these basic care tasks.

Provider level auditing and oversight of the service, in the absence of a registered manager required some improvements, as areas of risk and shortfalls identified at this inspection had not been found as an outcome of their own audits and quality checks.

Inspection findings have resulted in breaches of the regulations and a recommendation being made to support improvement at the service. We found the provider team to be responsive to our feedback from the inspection, and they acted promptly to make changes and address risks to support improvement and safety at the service.

People were supported to engage with visitors, friends, and members of the local community to reduce the risk of social isolation. We observed there to be sufficient numbers of trained staff on shift to respond to people's needs.

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.

We observed caring and friendly interactions by staff and members of the management and provider team with people and their relatives. Members of the provider team were familiar with people's needs and we observed they made time to meet with relatives and visitors during the inspection.

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 and update

The service was rated good at the last inspection (published 04 November 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. There had also been some concerns brought to our attention relating to the management of people's pressure care needs. A decision was made for us to inspect the service and examine those risks. This was a focussed inspection looking at safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate overall rating.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report for further details. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brooke House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to protecting people from the risk of harm or abuse and safe care and treatment. The service is required to have a registered manager, the lack of a registered manager also impacted on the rating given for well-led.

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 from 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 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 not always safe.

Details are in our safe 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** ●

# Brooke 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

2 inspectors and an Expert by Experience. 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

Brooke House 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. Brooke 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 not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the 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. Prior to the inspection we reviewed information we held about the service since our last inspection to help with inspection planning.

### During the inspection

We spoke with the operations manager, deputy manager and director of compliance, 3 members of care and 2 members of ancillary staff. We spoke and interacted with 7 people living at the service and observed care provided in communal areas. We spoke with 1 person's relative about the care provided.

We reviewed a range of records, including 10 people's care records and 10 medication records. We looked at 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.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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.

Systems and processes to safeguard people from the risk of abuse

- From reviewing the service's incident, accident and complaints records, as well as information relating to the management of people's medicines, we identified examples of incidents which had not been reported to the local authority safeguarding team, and to CQC, as required.
- Safeguarding policies and procedures were in place, so inspection findings did not demonstrate staff were fully implementing training and following the provider's processes in their approach to people's care.
- We identified some areas of environmental security needing to be improved. This was of particular concern as a person had managed to leave the service without staff being aware in February 2023, and some people living at the service had Deprivation of Liberty Safeguards in place.

Safeguarding reporting processes were not consistently followed to protect people from risk of harm and abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were observed to respond quickly to people showing signs of distress or experiencing agitation and were familiar with approaches to support them to feel safe and secure within the care environment. People told us they felt safe living at the service. One person said, "I feel safe because I know there are staff around and I am being fed and looked after. No, I have never felt unsafe."

The provider acted on our feedback to address the concerns found during the inspection, to maintain people's safety.

Assessing risk, safety monitoring and management

- We identified risk items unsecured within the service. People living with dementia were at risk of consuming drink thickener being left in communal dining/ lounge areas and we found denture cleaning tablets and other personal care products including prescribed creams unsecured in people's bedrooms.
- We identified a number of windows without restrictors in place to aid security and reduce the risk of people falling from a height. These risks had not been identified through the provider's own audits.
- We identified items of equipment including handrails which were in need of replacement to ensure these were in safe working order for people to use.
- From a sample of bedrooms and communal areas checked, we identified exposed hot surfaces and water running hot to the touch placing people's skin at increased risk. These risks had not been identified through the provider's own audits and checks.
- From our observations and interactions with people, and reviews of their corresponding daily records, we

identified examples of people with visibly dirty teeth and nails. Their care records showed gaps in the completion of these basic personal care tasks.

Risks relating to the condition of the care environment, areas of people's health and welfare were not always assessed and managed. Shortfalls were not always identified through the provider's own audits and checking processes. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider acted on our feedback to address the concerns found during the inspection, to maintain people's safety and that of the care environment.

- From records reviewed, we could see those people with risks relating to the management of their skin, including the need for repositioning and monitoring of bowel care was being regularly completed and documented. Use of pressure care equipment was in place. One relative told us, "Yes, [Name] is safe. They have very delicate skin and the staff are really careful."
- Individual risks relating to the management of nutrition and choking were well managed, and records were reviewed and updated following guidance from Speech And Language Therapists, GPs and dieticians.
- The operations manager overseeing the running of the service confirmed Norfolk Fire and Rescue service had recently completed a fire safety audit visit, and confirmed the service was compliant with the requirements.

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. Any conditions related to DoLS authorisations were being met.
- Where people's relatives or friends held legal authority for health and or welfare and finance related decisions, this was reflected in their care records.
- At our request, relative approval was sourced where people shared a bedroom. However, we would expect to see formalised mental capacity assessments in place at the point of admission, and then kept under review.

Where the decision is made for people to share a bedroom, we recommend completion of a formal assessment of their mental capacity and ability to consent to this area of their care and daily life.

#### Using medicines safely

- We identified out of date medicine, and medicine that had been discontinued by the prescriber to still be accessible to staff in the medicine room, increasing the risk of unsafe or accidental use.
- Where people needed as required 'PRN' medicine, for the management of constipation or anxiety, the PRN protocols for staff to follow lacked sufficient detail. This was of particular concern as some people were



unable to easily communicate their needs and wishes.

- People told us they received their medicines on time, and completed reviews with the GP if any changes were required.
- Medicine records showed people were receiving their medicines as prescribed, with regular stock counts in place to prevent people's medicines running out.

#### Preventing and controlling infection

- Areas of the service were found to be visibly unclean, including a high level of mould in a communal bathroom, and rust evident on equipment impacting on the ability to keep items clean.
- Whilst the provider's infection prevention and policy was up to date, their corresponding audits had not identified areas of concern and risk found during this inspection.
- Staff were using PPE effectively and safely.

#### Visiting in care homes

- People were able to spend time with visitors on and off site. Social events were regularly planned at the service involving people's relatives, friends and members of the local community.

#### Staffing and recruitment

- From reviewing rotas, sourcing feedback from people and relatives and our own observations, people's needs were being met by sufficient numbers of staff. One person told us, "Yes. Someone is always popping in [room] to see if I am okay or want anything. They [staff] do as much as I want them to do."
- We reviewed staff files, including for those staff working under the visa scheme. The provider was ensuring all required pre-employment safety checks were in place prior to commencing employment, including the completion of Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff completion rates of the provider's mandatory training courses was high. The service had a training programme with courses and refresher dates booked in for completion by staff throughout the year.
- Staff records confirmed completion of regular formal supervision, with dates booked for future 1 to 1 meetings and outstanding performance appraisals.

#### Learning lessons when things go wrong

- Whilst we identified risks and shortfalls as an outcome of this inspection, we were assured by the level of response received from the provider team to ensure they learnt from and acted on our feedback.

# 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 good. At this inspection the rating has changed 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

- Areas of the provider's own monitoring systems required improvement, as shortfalls and risks were identified as an outcome of this inspection. Where action points had been identified from the provider's own audits these had not been addressed, and remained present when we inspected.
- A rating limiter for this service, resulting in a requires improvement rating for well-led was the lack of a registered manager being in post, in line with the provider's conditions of registration.
- In the absence of a registered manager, there was a deputy manager who was being supported by members of the provider's operations and quality team. Consistent leadership at the service would further support improvement.
- The operations manager confirmed there were no staff under performance management at the time of our inspection, and they were clear of expected standards for the staff team to work towards, including new members of staff.

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

- We observed staff to actively engage and communicate with people and their visitors. They used items of reference, music and personal history information to support those people living with dementia to participate in conversations.
- There were strong relationships between the local community and service to reduce the risk of social isolation. On the day of our inspection, a PAT (Pets As Therapy) dog visited, and we observed people to enjoy engaging with the dog.
- Staff and members of the provider team were observed to be familiar with people and their relatives and be proactively engaging with them when they visited to ensure good lines of communication were maintained. This also reduced the likelihood of complaints, as any concerns were addressed in a timely way.

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

- From reviewing the service's compliments and complaints log, this showed recognition by staff where things had not gone right, and an openness to speak with people and their relatives about ways to make things better in line with their responsibilities under duty of candour.
- People and their relatives told us they felt comfortable speaking with staff or members of the

management team if they needed to raise a complaint or concern or felt things needed to be improved. One person told us, "The home is well run. The food, cleaning, all the staff and the service is great. I have peace of mind in here, particularly when my family is away." A relative said, "I have had no reason to raise anything though but I am positive they [deputy manager and operations manager] would listen and respond to suggestions."

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

- People and their relatives as well as staff were regularly asked for feedback on the service and standards of care provided. Where we shared a request for a person's ensuite shower to be fixed, we received immediate assurances this would be addressed. From the feedback received, people chose whether they wished to attend 'resident meetings' or not. One relative told us, "They have regular meetings for relatives with coffee. They are mostly attended well and useful. We find out what's happening and can make suggestions."

- People's relatives and members of the local community were encouraged to be an integrated part of the day to day running of the service. This resulted in people's hobbies, interests and spiritual welfare being supported. One relative told us, "It is not just the care here, it is the loving care. I have complete confidence in the staff."

Continuous learning and improving care

- We found the provider responsive to our inspection feedback and prompt to take action to address the shortfalls we identified. They communicated regularly with us to ensure we were updated for example as items of replacement equipment were ordered and delivered.

Working in partnership with others

- Staff told us they had good working relationships with the GP practices responsible for the service, to ensure good health outcomes for people. This was confirmed from relative feedback.
- Members of staff told us they worked collaboratively as a team to achieve good care outcomes for people. A member of kitchen staff gave examples of how they worked with the care staff to support people to maintain good food and fluid intake, ensuring their likes and dislikes, as well as any specialist dietary requirements were being met.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The care provider did not always ensure that people and the care environment were consistently kept safe.</p> <p>This was a breach of regulation 12 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The care provider did not always follow local and national safeguarding guidance, or ensure they notified CQC of incidents in line with their regulatory responsibilities.</p> <p>This was a breach of regulation 13 (1)</p>