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# Brownscombe Residency

## Inspection report

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Date of inspection visit:  
19 April 2023

Date of publication:  
11 July 2023

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Brownscombe Residency is a care home registered to provide accommodation and personal care for up to 55 older people. At the time of our inspection there were 39 people living at the service. Some people using the service were living with dementia.

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

People felt safe using the service because they were supported by staff who knew their needs well and knew how to manage risks associated with their care. Staff understood their responsibilities in terms of keeping people safe from abuse and avoidable harm. Action had been taken to reduce the risk of the spread of infection and the provider had ensured practices were updated according to national guidance during the COVID-19 pandemic.

People's needs and choices were assessed and planned for, and their preferences had been considered. Staff were safely recruited and inducted. They had access to training and supervision to ensure they had the skills to support people effectively.

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.

Staff supported people to access healthcare services as required. People were supported by staff who knew them well and had the information required to meet their needs. People and relatives were all consistently positive about the staff and the support they received.

The registered manager provided clear direction and positive leadership. Staff felt valued and supported and were confident that people received good care. Systems and processes for monitoring quality and safety were effective.

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

The last rating for this service was good (published 15 July 2019).

### Why we inspected

We received concerns in relation to staff training and access to healthcare services. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating.

#### 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Brownscombe Residency

## 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

This inspection was carried out by 2 inspectors, a nursing specialist advisor 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

Brownscombe Residency 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. Brownscombe Residency 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 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 sought feedback from the local authority and professionals who work with the service. 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 3 people who used the service and 5 relatives about their experience of the care provided. We made observations of people being supported. We spoke with 8 members of staff including the registered manager, care staff and a chef. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 5 staff files in relation to recruitment.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. People and their relatives told us they felt safe living at Brownscombe Residency. A person told us, "Yes [I feel safe] because the staff are very good." A relative told us, "[Person] is safe. It's the one place we went to that we thought would be the best place for them."
- Staff had a good understanding of their roles and responsibilities in relation to safeguarding and received training in this area. One member of staff told us, "I would report to the senior carer or nurse on duty. If they don't take action, then I go the next authority which is the manager. If they don't take any action, I can report to CQC."
- We reviewed safeguarding records and found concerns had been appropriately investigated, responded to and information was shared with the relevant organisations including the CQC and the local authority.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were regularly assessed and monitored. Lessons were learned when things went wrong. Detailed risk assessments and care plans were in place, so staff knew how to support people. One person had risks associated with their skin integrity, there was a risk assessment and care plan in place which detailed the support this person would need to minimise the risk.
- Another person had risks associated with their mobility, there was clear guidance in place for staff about the support this person would need to minimise the risk of falls and the equipment needed to support them safely.
- The registered manager described how they and their team learned from incidents which had taken place in order to improve people's care. For instance, changes in a person's behaviour had led to a number of incidents. A referral was made to relevant health professionals and the person's support plan was reviewed. The registered manager told us the changes they had made to the person's support were helping and the number of incidents had reduced.
- There were contingency plans in place to ensure people's care would continue in the event of an emergency, such as, a fire or flood if people had to leave the service.

Staffing and recruitment

- There were enough safely recruited staff to support people safely. People told us they did not have to wait long for care and our observations supported this. One relative told us, "As far as I'm aware the staff are available when [person] needs them. He gets on with all of them."
- There was an established staff team at the service which meant they did not need to use many agency staff. This helped to ensure people received consistent care from staff they were familiar with.
- New staff were recruited safely and pre-employment checks were in place, which included verification of

identity, references from previous employers and the Disclosure and Barring Service (DBS) check. 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

- People received their medicines safely. Staff supported people to take their medicines in a person-centred way and medicines were stored at the service securely.
- Staff received relevant training before they were able to give people medicines and the manager checked staff competency in relation to the administration of people's medicines regularly.
- There was clear guidance in place for staff to follow about when to administer people's PRN (as and when) medication. This was individualised and explained how to recognise when PRN medicines may be required.
- Staff completed medication administration records (MAR charts) following the administration of medicines. MAR charts were regularly audited to ensure any discrepancies could be identified and rectified quickly.

#### 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.
- Visits for people living at the home were facilitated in line with the current guidance.



# 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.

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

- People's needs were assessed by the management team prior to them moving to the service to ensure that Brownscombe Residency was able to meet their needs. Assessments from health and social care professionals were also used to plan effective care.
- The provider had responded to changes in people's needs, adapting their care as appropriate. For example, people who were at risk of falls had equipment put in place to help reduce the risk.
- Assessments guided by national framework and standards were completed to ensure that people's needs were assessed and met. For those people living with dementia this included how dementia affected them and how to best support them.

Staff support: induction, training, skills and experience

- People received care from staff who had the necessary skills and knowledge for their roles. We received concerns about staff training not being sufficient in some areas prior to the inspection. The provider had recognised where there were shortfalls and had addressed these.
- People and their relatives spoke positively about the competence of the staff, a relative told us, "The staff are excellent, they have had regular staff for a long time." Another relative said, "The care staff seem to know what they are doing, and he trusts them"
- Regular supervisions gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations as well as identify areas of learning and development.
- New staff undertook a thorough induction from the provider which included shadowing established staff and completing The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. A relative told us, "They keep [person's] diet stable to help with their diabetes." Another relative said, "They get [person] to eat and drink better than I can. They try lots of different techniques to get her to eat."
- People who required their food or drink to be a certain consistency had it prepared for them in the correct way and there was clear guidance in place for staff regarding this. Where people needed food prepared in different consistencies, care was taken to ensure the food still appeared appetising and attractive to eat.
- Feedback about the food provided was positive. People told us they had a choice of meals and the quality of the food was good.

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

- The service worked well with other professionals to meet people's healthcare needs. We received concerns that people were not always supported to access healthcare services when they needed to. The registered manager had made changes to address this, which included updating training for staff.
- People told us they were supported well with their health. Comments from people included, "A doctor visits every Thursday and if there is anything in between then I talk to the manager or nurse and they sort it out." A relative said, "They have improved [person's] health since she has lived there."
- People's oral health needs were assessed, and they were supported to access dental services. Staff supported people with their oral care and promoted good oral hygiene. A person told us, "I wanted to see a dentist as I had a problem with my tooth. I spoke to the nurse and they arranged for a local dentist to come and visit me."

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

- The service was well designed to meet people's needs. There were wide corridors, lifts and grab rails in place to promote independence when moving around.
- People told us they were happy with their bedrooms and the communal areas. People had personalised their bedrooms with their own decorations, pictures and ornaments.

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's care was provided in line with the principles of the MCA. The registered manager was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. DoLS had been applied for appropriately when people had been assessed as not having capacity for aspects of their care and support.
- People told us they were given choice and our observations of people's care supported this. Staff asked people what they would like to eat and drink as well as what activities they wished to take part in. A member of staff told us, "Everybody is presumed to have Capacity unless assessed otherwise. I know that some people we support cannot make many decisions, but I always give people autonomy to choose, no matter how insignificant the choice might seem to others."
- Mental capacity assessments had been completed with people where staff were unsure whether or not they had capacity in relation to an aspect of their care. Where people were found not to have capacity to make decisions, best interest decisions were carried out involving relevant people including families and professionals where appropriate.

# 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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a positive culture and encouraged the views of people staff and others. They worked to continually improve people's experience of care. A person told us, "We can just go and see the manager. We have a residents' meeting when we can ask them things. They are looking into getting a minibus we can go out in."
- People were involved in the planning of their care. Staff knew people well and could tell us what was important to them. We observed kind and caring interactions between people and staff.
- The registered manager told us they were always available to speak to people and staff told us they felt supported. One member of staff told us, "[Registered manager] is supportive, I appreciate the good work she is doing and she is approachable and will help at any time."
- There was a clear vision for the direction of the service, driven by the registered manager, which demonstrated a desire for people to achieve the best outcomes possible.

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 registered manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- Concerns, incidents and accidents were consistently reviewed. The provider was open and transparent and willing to learn and improve people's care. A relative told us, "They call me to tell me everything. Sometimes I think it's too much, but it is good. They keep me informed about everything."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were effective systems and processes used to assess, monitor and review the quality and safety of the service and manage risk.
- Staff were supported to express their views and contribute to the development of the service at team meetings. Staff said they felt comfortable to share their views about the service with the manager. A member of staff told us, "We have meetings and [registered manager] asks for ideas."
- People and their relatives were encouraged to share their thoughts, views and suggestions about the provision of care provided. Relatives told us they felt confident making suggestions and raising concerns with the provider. One relative said, "I know the manager. She hosts the [relatives] meetings. She is onsite

daily and when I visit I usually see her."

- Legal responsibilities were being met and notifications to relevant agencies were submitted in a timely way to ensure effective external oversight and monitoring of the service.

Working in partnership with others

- Partnership working was embedded in the home. The provider engaged with relatives and staff and involved people in decisions regarding their care.
- The service worked in partnership with health and social care professionals who were involved in people's care. This helped to ensure people received all of the support they needed.