

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

London Residential Health Care Limited - Brook House Nursing Home

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Tel: 02089429360

Date of Inspection: 22 July 2014

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Staffing	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	London Residential Health Care Limited
Registered Manager	Mrs Kamaljeet Kaur A K K Gill
Overview of the service	Brook House Nursing Home provides nursing care for up to thirty two older people who may have dementia. At the time of this inspection 31 people were living at Brook House.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 July 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We considered our inspection findings to answer questions we always ask; is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

When we visited Brook House there were 31 people using the service. We spoke with four of the people using the service, five relatives, the registered manager and five other members of the staff team. We reviewed four people's care plans and five staff files.

Was the service safe?

People told us that they felt safe living at Brook House. One person said, "Oh yes, it's really safe here, the team approach makes it like a home from home". People said if they had any concerns then they would speak to staff or the manager. Safeguarding procedures were robust and staff understood how to safeguard the people they supported. There were mechanisms in place to help to safeguard people from the risks of abuse. People were treated with respect and dignity by the staff.

The home had proper policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Relevant staff had been trained to understand when an application should be made.

The manager had ensured there were sufficient numbers of staff on duty, appropriately qualified to meet the support needs of people who used the services. This has helped to ensure that people's needs were met.

The manager set the staff rotas. They took people's care needs into account when making decisions about the numbers, qualifications, skills and experience required. This had helped to ensure that people's needs were met.

Staff recruitment procedures were robust to ensure that only suitable people were employed.

Is the service caring?

People were assisted by kind and supportive staff. We saw that staff showed patience and professionalism and gave appropriate encouragement when supporting people. The people we talked to said the staff treated them well and respected their wishes, dignity and privacy. Relatives of people living in the home were very positive about the care given to people. We observed that staff knocked on doors before entering people's rooms and asked if it was convenient for them to go in. This reflected the caring environment that we found on the day of the inspection.

Is the service responsive?

The way in which care should be provided was set out clearly in care plans and we saw that care was delivered in line with this. Relatives of people who use the services told us that if a person's needs changed, their care and support was tailored to those changed needs. We saw that care plans were reviewed regularly and changed appropriately. This was important as this helped staff understand what people wanted or needed or how they were feeling.

All the people who use the services we spoke with knew how to make a complaint. There was an appropriate complaints procedure in place and discussions we had with relatives and staff indicated that they would be supportive of anyone who needed to complain. People can therefore be assured that complaints would be investigated and action taken as necessary.

Is the service effective?

People were protected from the risks of inadequate nutrition and hydration. Also, people told us that they liked the food they were provided with and we saw that it met their cultural needs. People's needs were regularly assessed. Care plans were "person-centred" focusing on people's individual needs. We found that care was delivered in line with these care plans.

People's health and care needs were assessed together with them, and they were involved in their care and support planning. All the risk assessments and care plans that we saw had been signed by people indicating their agreement with what was written down. People told us that they had been involved in their care and support plans and that the plans reflected their needs. One person said, "Staff explained to me what was in my care plan after an earlier discussion with me and my daughter about what I needed". We inspected four people's care files. They included essential information about the person, needs and risk assessment information, care plans and records of health care appointments.

Is the service well-led?

Systems were in place to effectively assess and manage risks in relation to people's health, safety and welfare. The service worked well with other agencies and services to make sure people received their care in a joined up way.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and quality assurance processes were in place. This helped to ensure that people received a good quality service at all times.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We saw consent to treatment authorisation forms on people's files, signed and dated appropriately. Needs and risk assessments and care plans had also been signed by people indicating their consent to what had been written down.

People's diversity, values and human rights were respected. The majority of the people who were living at Brook House had a degree of dementia or short term memory loss and might sometimes have found it difficult to make an informed decision regarding their needs. However other people were able to talk with us and they told us that they were free to spend their days as they wanted to, joining in with activities or occupying themselves and seeing their relatives. We noted that many relatives visited people living at Brook House on the day of the inspection and we were told that this was quite normal with relatives being able to call in freely to see people as they wished. One person told us, "my relative comes in every day to see me; I really like that because it keeps me in touch with my family". Another person said, "The manager doesn't mind us coming in to see people at all, I'm in at least two or three times a week".

Those people who were mobile were free to walk around the home as they wished and out into the garden. Staff told us that the range of activities provided for people was good and people were given choices for individual activities as well as group activities. We were able to see photographs of events that had taken place. A regular news letter was published with information about forthcoming events. Staff told us that they tried to offer people choices about how they liked to be supported, the clothes they wore and the meals they would like to eat.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Where people's cognitive impairment limited their ability to make

choices they tried to find out more about their likes and dislikes from their relatives. The manager told us that where it was needed for people, assessments had been carried out under the Mental Capacity Act. These assessments had been done with social workers from the local authority Kingston. We saw documentary evidence of this. The home had proper policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Relevant staff had been trained to understand when an application should be made.

People and their relatives were also invited to "residents and relatives meetings" in order to offer comments about what was happening in the service and to make decisions about social events and activities. We saw that a poster was up on the wall advertising the next one.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We inspected four people's care files and we found that people's needs had been assessed at the point when they had just moved into the home and then monthly or earlier if their needs changed. We saw that this information had been used to develop people's care plans. We saw care plans had been redrafted if the person's needs or risks had changed. The care plans we saw had been signed by people indicating their agreement with the contents. Where people were unable to sign for themselves relatives or advocates had done so on their behalf. We saw that the person's wishes or preferences about how the care was to be delivered had been included in the care plans. One person told us, "Staff explained to me what was in my care plan after an earlier discussion with me and my daughter about what I needed". The manager told us that every element of a care plan was discussed by staff with people to ensure they understood what had been proposed and to ensure their wishes and preferences had been stated correctly. Care plans were individualised to each person and included details about the support the person needed in areas such as their personal and health care.

The manager told us that the home had an activities co-ordinator and that this had been a recent and successful appointment because many varied and enjoyable activities had since been developed with people. We spoke with the activities coordinator who told us that in the mornings the activities were tailored to people's individual needs and in the afternoon there were group activities. This format has provided a range of different activities for people and they told us that they enjoyed this new and fresh approach. One person told us that their relative "had had a new lease of life". The manager told us that some people had expressed a wish to do some gardening and as a result they had planted up vegetables and flowers in the garden. We noted from what people told us that this had provided a good deal of pleasure and satisfaction for people. The improved activities plan has helped to encourage and stimulate people to meet their full potential.

Risks to each person had been identified by staff and risk management plans were in place to ensure that people were safe. These included plans to minimise risks to people for manual handling, pressure sores and bed rails. We noted that there were also plans for

people when receiving personal care or where they had specific physical needs; this was to ensure they were supported safely.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The provider responded appropriately to any allegation of abuse. We looked at the safeguarding records held in the home since the last inspection and we saw that where any safeguarding concern had arisen it had been reported appropriately to the local authority safeguarding team.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We spoke with five relatives and six people who told us that they felt safe living at Brook House. One person said, "Oh yes it's really safe here, the team approach makes it like a home from home". People said if they had any concerns then they would speak to staff or to the manager.

The manager told us that staff received training for the safeguarding of vulnerable adults (SOVA). Members of staff were also made aware of the policy via their induction training.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. The home's policies and procedures covered all essential areas of guidance, including what to do if a concern about possible abuse was to arise; physical intervention; service user's finances and such issues as gifts gratuities and bequests. We spoke with two members of staff as well as the manager and they were able to tell us what they would do if they noticed any signs of potential abuse. They said they would report directly to the manager. They were also aware that the lead authority was the local authority. One person said, "I would speak to the manager straight away". Another said, "I'd have to report it immediately to the manager".

There were sufficient organisational policies to safeguard people's welfare e.g. dealing with abuse and a whistle blowing policy.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were prescribed and given to people appropriately and they were safely administered. The manager told us that only the registered nurses on duty on each shift were allowed to give medicines to people. A nurse who we spoke with said they had received training for the safe handling of medicines and that only the nurses administered medicines to people.

In the care plans we inspected we saw that where a person's needs had changed their medicines had been reviewed and changed appropriately. Medicine administration sheets (MAR sheets) that we inspected evidenced this.

Appropriate arrangements were in place in relation to the recording of medicine and medicines were handled appropriately. The home's policies and procedures manual contained policies and procedures that ensured there was appropriate control of people's medicines. We reviewed the MAR sheets for six people and these were seen to be appropriately completed and in line with the home's policies and procedures. Photographs of people were attached to the MAR sheets, there was a medicines profile for each person and all of this helped to ensure that staff administered medicines appropriately.

The registered nurse who we spoke with was fully aware that they should always report any concerns they might have over medicines handling practices within the service to the manager. We were told that there was a regular "in house" medicines audit that was carried out weekly as well as an external audit undertaken by the pharmacist. We saw the records of these audits and we can confirm that these helped to ensure the quality standards expected with the administration of medicines in the home.

We did a spot audit check on the stock control system and this proved satisfactory with the levels of medicines being as stated on the control sheets.

Medicines were kept safely. We checked on the storage facilities for medicines, a secure and lockable cabinet was being used for all medicines. We found that these arrangements were appropriate.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. There were effective recruitment and selection processes in place. We were told that the home's policies and procedures for the recruitment of staff were followed for every post that was recruited to. The manager told us that some recruitment papers were held at the head office and that staff recruitment was co-ordinated by head office. This meant that not all the recruitment papers were available for our inspection.

We were told that Disclosure and Barring Service (DBS) checks (previously known as Criminal Record Bureau (CRB) checks) were always a part of the recruitment process. We inspected five staff files and we saw documented evidence that supported this. From our examination of staff files and the discussions we had with staff, we saw that there was a safe and methodical recruitment process in place. We saw that applicants had been interviewed; application forms completed, appropriate forms of identity checked, such as passports, resident's permits and birth certificates, two written references and Disclosure and Barring Service (DBS) checks were seen to be undertaken as a part of the recruitment process.

Staff recruited to the service had their credentials appropriately checked thereby helping to ensure the safety of people who use the service. All this helped to ensure that the well-being, health and security of people who use the services were being protected by the home's policies and procedures on recruitment and selection of staff.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. This was an unannounced inspection and we asked to see the staff rota for the week of this inspection. On the day there were two trained nurses, one team leader, seven care assistants on the two day time shifts as well as the activities co-ordinator. At night time we were told that there was one nurse and four care assistants on waking duty. There were 31 people who used this service. We looked at a sample of staff duty rotas and saw that staffing levels indicated on the rotas matched the number of staff who were working during our inspection. This was confirmed by discussions we had with staff who told us it was custom and practice at the home to have these staff numbers to run each shift, as well as the manager during the day, the activities co-ordinator and a cook and a domestic cleaner.

The people we spoke with told us they felt the home was adequately staffed. One relative said, "The high ratio of staff to people who use the service ensures that there is usually someone to help when it is needed" and another person said, "There are enough staff here to help people when they need it. There is a team approach and people help each other". We saw staff interactions with people who used the service were characterised by kindness, warmth and empathy.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications. The manager said that there was a good training programme for staff with some training provided by Kingston Council, some training was in-house and some provided via computer based e- learning. All essential training was covered and this enabled staff to do their jobs well and efficiently.

Staff were properly trained and supervised. The manager told us that there was a good induction programme in place for all new staff that they started at the commencement of their employment. The staff who we spoke with confirmed that they had done induction training. The manager said that it was based on the "Skills for Care" requirements. We saw copies of the induction programme on the files that we inspected, they had been signed and dated by the staff. Staff said that the induction training had prepared them well for their roles and responsibilities within the home. We saw certificated evidence that detailed each element of their induction training.

The manager told us that there was a properly structured staff supervision policy and procedure. Records were inspected and both the policy and the supervision tools cover the areas that are required in order to implement a reasonable supervision process.

Staff were committed to ensuring that their skills and knowledge was continually developed through training so that they could best meet the needs of the people who used the services.

We were shown the home's staff training matrix. This showed that a wide range of relevant training courses were accessible to staff and that all staff were expected to refresh these areas of training annually. Three members of staff who we spoke with told us that access to training was very good, training needs were identified through the supervision process and then access to a relevant training course was provided.

Training records were examined by us and it could be seen that most staff had completed the following training courses; first aid; fire safety; moving and handling; SOVA; health & safety; infection control and the safe handling of medication. More specialist training

specific to the needs of the client group had also been provided for staff such as: challenging behaviour, person centred care planning and Mental Capacity Act 2005 and Deprivation of Liberty training.

The manager told us that all staff had been appraised in 2014. We saw records for five staff that evidenced this.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. People were given support by the provider to make a comment or complaint where they needed assistance. We saw a clear complaints procedure that enabled people to make a complaint or compliment. We reviewed the complaints procedure and we saw that it contained all of the relevant and necessary information and that it was available to people who use the services, their relatives and other visitors. People and their relatives who we spoke with told us that they had seen the complaints procedure notice displayed on the walls and they said they felt free to complain if they thought it was necessary. One person said, "I know that I would speak to the manager if I needed to complain but I don't have any reason to do so". Another person, a relative, said, "This is a really good home, I don't think there is anything to complain about, but if I needed to I'd talk to the manager who'd sort it out I am sure".

A complaints record was kept. Only one complaint had been recorded since the last inspection. The details of the complaint had been fully recorded and it had been resolved to the satisfaction of all parties within the appropriate timescale set out in the policy and procedures.

People were given support by the staff to make a comment or complaint where they needed assistance. Staff told us they were aware of the policy and knew how to assist people with the process if required to do so. The manager said, "We take all complaints seriously and deal with them as prescribed in our complaints policy".

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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