

Mrs J Filsell

# Brookfield Residential Home

## Inspection report

1 Clayhall Road  
Alverstoke  
Gosport  
Hampshire  
PO12 2BY

Tel: 02392581103

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Brookfield Residential Home is a residential care home providing personal care to up to 29 people. The service provides support to older people who may be living with dementia. At the time of our inspection there were 25 people using the service.

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

Some risks to people's individual health and safety were not fully assessed, and management plans were not always up to date or consistent, however staff knew people well. There were safety and maintenance issues related to the building, including risks related to fire. Aspects of medicines were not appropriately managed. There were enough staff deployed to keep people safe.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People's mental capacity to consent had not been assessed in line with relevant legislation. Visiting restrictions remained in place where government guidance had been withdrawn, and the service had not demonstrated this had been risk assessed in line with people's needs and best interests.

The service did not always ensure relevant healthcare professionals' advice and guidance was sought related to food and drink, or that their advice was incorporated into care plans and escalated if there were issues in implementing it. Staff skills varied. We observed most staff were skilled, with some very good practice but we also observed some poor practice by staff when supporting people.

The governance system within the home, maintenance of the building and record keeping required improvement to ensure the home was providing safe and effective care to people.

People were positive about the food and appeared comfortable with the staff. Staff we spoke with knew people well and were positive about the management and support in the home. People's relatives praised the home and felt their loved ones were well looked after. We received positive feedback from the local GP partnership regarding their working relationship with the home.

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 23 October 2019). The last inspection of the service was 20 December 2020; however, the service was not rated at that inspection.

### Why we inspected

We received concerns in relation to infection control, medicines management, the condition of the building,

poor quality care and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We inspected and found there was a concern with consent to care and eating and drinking, so we widened the scope of the inspection to include the key question of effective. 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 good to requires improvement based on the findings of this inspection.

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

### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to consent, safe care and treatment, premises and equipment and good governance.

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 effective?

The service was not always effective.

Details are in our effective 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** ●

# Brookfield Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was undertaken by 2 inspectors on site, with another supporting remotely.

#### Service and service type

Brookfield Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brookfield Residential Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service and sought feedback from other stakeholders. We used all this information to plan our inspection.

## During the inspection

We reviewed 4 people's care records and various medicines administration records. We reviewed the building and records related to its maintenance. We spoke with 4 people about their care, where they were able to speak with us, and made observations of staff interaction and support of people, including during mealtimes.

We invited relatives to give feedback on care at the service and received feedback from 8 people's relatives. We spoke with 6 members of staff, including the chef, and the registered manager. We spoke with visiting professionals. We reviewed training records, policies, audits and other records related to the running of the service.



# 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. At this inspection the rating has changed to 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.

### Assessing risk, safety monitoring and management

- Some risk assessments and management plans for individuals were not detailed, consistent, accurate or up to date. This meant some risks were not appropriately assessed and there may not have been sufficient measures in place to manage them.
- Some risk assessments had not been updated to reflect changes in people's needs or their current condition. For example, where someone had lost weight and their mobility had reduced, their nutritional risk assessment and pressure ulcer risk assessment did not reflect this change. There was no change to their care plan as a result of this increased risk to ensure measures were appropriate.
- Some people's care plans contained out of date information, or information had been updated in parts but not in others. For example, where someone's mobility and moving and handling support had changed, this had not been updated throughout the care plan to reflect the support they now needed. Information about people's diet – including the modified texture of food they required due to a risk of choking – was inconsistent and could lead to errors.
- Some aspects of health and safety in the building were not safely managed. A recent fire safety audit by the fire service had highlighted several significant gaps in fire risk assessment and management, including issues with the building and improvements needed in evacuation procedures and carrying out evacuation drills. Some of these actions had been completed but not all.
- One window on the ground floor had no restrictor, and another's lock was broken - these have been addressed since the inspection. Some potentially hazardous substances were stored in locked areas, including people's toiletries, however the laundry room door was open, had no lock and the room contained detergents. On the second day - the laundry door was locked with a push button to open.
- There were no individual risk assessments in place for people having emollient creams – which pose a fire risk - this was addressed after the inspection.

Failure to appropriately assess and manage risks to people's health and safety was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### Using medicines safely

- Some people were prescribed 'as needed' (PRN) medicines, which require clear protocols for their use. Some people's PRN protocols did not contain enough information on their use, particularly where a person was on several medicines for constipation, or where the dose was variable. Staff did not record the reason PRN medicines were given, or if the medicine worked to relieve the symptoms treated.
- Some protocols did not reflect the prescription, such as where PRN prescribed medicines were being given daily. Times of medicines given were not always recorded, which could result in doses being given too

close together.

- One person, who had a pain patch, had no record for ensuring the patch was rotated between sites as per the manufacturers guidance, or checked between administration to ensure it remained in place. This has since been addressed.
- There were issues identified with stock management of medication - where a recent delivery had not been signed in and therefore current stocks, including controlled drugs, were not recorded. Some medications had the prescription label removed and a name handwritten on the box, and some out of date items or items without a current prescription were found.
- People's topical medicines or creams had been dispensed into pots without key information transferred onto the pots, and some had not been appropriately disposed of. After the inspection we sent information to clarify use of creams which has been acted upon.

Failure to safely manage medicines was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- After the inspection the registered manager told us they had updated PRN protocols and requested updated prescriptions where needed.

#### Staffing and recruitment

- There were enough staff deployed to keep people safe, staff handed over and ensured they did not leave an area of the home without staff supervision where this was required. We observed times when people were in their rooms and expressing distress and no staff were nearby. There were limited resources for one-to-one activities, however the registered manager told us they were recruiting to an activities co-ordinator.
- The provider undertook pre-employment checks as part of their recruitment procedures. This included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- The provider had not obtained evidence of conduct in all previous relevant roles for all staff, however when this was highlighted, the registered manager retrospectively sought this information, and this was resolved during the inspection process.

#### Preventing and controlling infection

- Some areas of the home required improved maintenance and deep cleaning. Some carpets had stains or ingrained dirt and a lingering odour. The registered manager told us they were planning to replace the carpets in these areas of the home.
- Hoist slings were shared across people and were stored on the hoist between uses, which did not reflect good infection control practice. When this was highlighted, the registered manager ordered slings for each person.

Failure to ensure all premises and equipment used by the service is clean, properly used and properly maintained was a breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The visiting policy had not been updated following removal of government guidance for care homes during COVID-19. Visitors continued to be asked to undertake a lateral flow test prior to entry, were asked to pre-book visits and remain in a living room away from most people living in the home.
- The registered manager told us this was in agreement with people and their relatives, and accommodations were made for urgent or sensitive visits. We identified this required review and formal risk assessment, ensuring this policy is least restrictive to people's rights, consented to by all residents or

evidenced as in people's best interest if they lack capacity to consent.

- 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 making sure infection outbreaks can be effectively prevented or managed.

Learning lessons when things go wrong

- Incidents were reported and reviewed. We could see that staff were discussing incidents and that risk management plans were updated after incidents.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures in place for safeguarding were appropriate. Staff felt confident to report concerns.
- Staff knew people well and understood what signs to look for in behaviour which would concern them.

Relatives told us they felt their loved ones were safe.

# 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. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Assessment of people's capacity to make decisions was not in line with the MCA in that assessments were not decision-specific. For 3 people we reviewed, the provider had undertaken 1 assessment for the decision to move into the home and this had been reviewed 1 year later.
- Decisions, including those which were made based on risks and which resulted in restrictions to the person's life - such as modified texture diets or falls alarms - had not prompted a capacity assessment where this was appropriate due to the person's diagnosed impairment.
- One person had an impairment affecting their mind or brain which would prompt an assessment of their capacity to make decisions, particularly where these were more complex. The provider had not undertaken mental capacity assessments related to their ability to consent to any decisions about their care.
- People were presumed to have capacity, however where measures in place were restrictive, there was no evidence people were given the information about options, risks, pros and cons about these measures to enable them to express their view or make the decision.
- Some consent forms within care records, such as for photographs to be taken or for sharing of information, were signed by a member of staff on behalf of the resident. However, staff cannot consent on people's behalf. There was no indication of whether the person had given verbal consent, or if they had capacity to consent.

Failure to appropriately assess people's capacity to consent to decisions about their care in line with the Mental Capacity Act was a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- There were issues with the adaptation, design, decoration and maintenance of the building. Some areas of the home needed re-decoration and maintenance. We could not see a clear plan for ongoing development or maintenance of the building.
- The décor was not in line with dementia friendly guidance, such as highly patterned carpet, lack of individualisation or signage for people's rooms, or directions to bathrooms. The dining room did not have enough chairs with arms for those who would benefit, and there was a lack of tables available for people in the conservatory to ensure they had access to drinks at all times.
- Some doorways were narrow and difficult to fit equipment and people in wheelchairs through. The layout, storage of equipment and use of the building exacerbated this. Some carpets required replacement, and there were areas of significant damage to walls, doors and doorframes from equipment.
- Some spaces were under-utilised due to current visiting arrangements. The conservatory had all chairs around the edge of the room, which is not supportive of people interacting with one another.
- Some mattresses were too long for the divan bedframe, mattress protectors were not always appropriate, or were damaged. Storage of some equipment was not appropriate, with hoists left in people's rooms or the dining area, and equipment in bathrooms.
- On the first day of the inspection, one of the two shower rooms were out of order and awaiting works to be completed, meaning there was one shower available for 25 people. This was fixed by the second day of the inspection.

Failure to ensure premises and equipment was clean, suitable for the purpose for which they were being used, and properly maintained was a breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager advised some actions had been taken following our first site visit, including replacement of one carpet, the fixing of one of the two bathrooms and procurement of another hoist.

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

- Evidence-based tools were used to assess people's needs, such as Waterlow for pressure ulcer risks and the Malnutrition Universal Screening Tool (MUST) for people's nutritional risks. Some aspects of assessments required updating to ensure they were reflective of people's current needs. Some lacked detail, such as information about people's past falls.
- Initial assessments and ongoing assessments reflected people's protected characteristics, such as disability, and how their needs could be met. Some aspects of best practice could be further embedded. Where people required modified textures for eating and drinking or if they had swallowing difficulties (dysphagia), up to date terminology was used. However, training in International Dysphagia Diet Standardisation Initiative (IDDSI) had not been provided to staff preparing people's food and drink.
- Some aspects of best practice related to dementia, including friendly environments and support for people with more advanced dementia, could be improved. This included activities and occupation for those less able to participate in groups.

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

- People were not always supported to eat and drink in a way which reduced risks and which promoted their dignity. On the first day of inspection we observed 1 staff member supporting multiple people to eat,

moving between people between mouthfuls. We highlighted this to the registered manager, and this had improved by the second site visit.

- Where people had choking risks, this was acted upon. However, there was no evidence that the provider had made referrals to speech and language therapy services to ensure their modified texture was appropriate, balancing risk and least restrictive. There was no evidence that diet textures were changed incrementally to try less soft options for people and assess if this was safe.
- Where a person had been prescribed a low fibre diet – there was no evidence this had been implemented. The registered manager told us this diet was tried and not successful. However, there was no evidence of a trial, monitoring food or a discussion with a healthcare professional if this diet was not possible.
- We saw another recommendation from a healthcare professional to put in place a target fluid intake for 1 person, but no fluid monitoring was in place and no target had been recorded in their care plan.

Failure to ensure appropriate risk assessment and management, involvement and care planning with relevant other professionals was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We observed some staff were patient and encouraging, offering drinks regularly with choices given.
- People had fortified or high calorie diets as needed, and nutritional drinks if required. People enjoyed the foods they had, which appeared appetising. Choices were offered and there was additional seasoning, butter, sauces and gravy, at the table. People could have more food if they wished.

Staff support: induction, training, skills and experience

- Staff said they felt they had the appropriate skills to deliver effective care. Staff had access to a range of training, had support and supervision, though there were some staff with significant gaps in training related to people's needs.
- Handovers were effective, and staff discussed their approach with people to support each other. Some staff were very skilled at supporting people with distress, disorientation, and anxiety. For example, ensuring they told the person what they were doing, informing them they were stood behind them, being patient, comforting and using distraction effectively.
- Some staff were less skilled, particularly with supporting people with anxiety or when supporting people with meals - this was being addressed by the registered manager with staff.

Staff working with other agencies to provide consistent, effective, timely care

- There was positive feedback from the advanced nurse practitioner about the home, stating that the home was "exemplary" and that they worked very productively together.
- Documentation related to advice from professionals needed to be improved to ensure advice was sought and implemented to meet people's needs. Where the person or the home do not feel this is effective it should be reviewed with the relevant professional.

Supporting people to live healthier lives, access healthcare services and support

- People had health and wellbeing outcomes and goals recorded. People's care was planned to maintain their health and wellbeing. There were good links with the GP with virtual ward rounds to review people's changing needs.

# 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; Continuous learning and improving care

- Governance and oversight of the home required improvement. Audits were not always highlighting issues which had been identified by external parties, such as fire risks, health and safety within the building, medicines issues and mental capacity assessment.
- The registered manager told us some audits were not being carried out as often recently due to capacity.
- Some records were not accurate, consistent or up to date - in that sections of care plans and risk assessments had not been updated when a person's needs and care had changed, with out of date information removed.
- Some delegated tasks did not have enough oversight to ensure they were properly carried out, such as oversight of medicines.
- There was no clear improvement plan in place, looking to implement and embed best practice and to support delegation of responsibilities more effectively.

Failure to ensure systems and processes were established and operated effectively to monitor and improve the quality of the service and maintain accurate and complete records is a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager was responsive to our feedback and took actions to address many of our findings.
- Another professional we spoke with felt the service was proactive in identifying new guidance and taking up training offers.

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

- Overall, there was a positive culture, the staff said they felt supported, that they could make suggestions and raise concerns. Staff said the manager and deputy were approachable and cared for people.
- A relative said, "Communication has been excellent. Internal communication appears very good with all staff appearing to be very knowledgeable on residents' situations." Another relative told us staff were, "well mannered, kind, caring, professional".
- Some aspects of the care were provided in an inclusive and empowering way, which was person-centred. Some aspects of care could be improved, particularly as people's needs became more complex, such as

promoting skills-based activities to promote independence, or sensory activities for those with more advanced dementia.

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

- We saw the provider was open and honest with people and their relatives when things went wrong, and acted on duty of candour appropriately.

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

- Staff felt involved, we could see people were asked their views and opinions and people's relatives felt informed. One relative told us, "I can't praise them enough, we had an issue with a member of the care team last year but as soon as I mentioned it to one of the senior care team it was dealt with straight away."
- There was positive feedback from relatives about the care their [relative] received. Another relative said, "They have helped [relative] with her dementia and have kept us all as a family up to date. [Relative] is very happy living at the home."

Working in partnership with others

- There was good partnership working with the local GP surgery, and positive use of technology through the pandemic to support working with other healthcare professionals.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider was not assessing people's capacity to consent to care and treatment decisions in line with the Mental Capacity Act.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not ensure medicines were managed safely, or that risks to people's health and safety within the home were appropriately assessed and managed.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider did not ensure the premises and equipment was clean, secure, suitable for the purpose it was being used for.

### The enforcement action we took:

We issued the provider with a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not ensure governance and oversight of the running of the service was robust, and records were not maintained to be accurate, up to date and consistent.

### The enforcement action we took:

We issued the provider with a warning notice.