

# St Brelades Retirement Homes Limited

# St Brelades

## Inspection report

5-6 Beacon Hill  
Herne Bay  
Kent  
CT6 6AU

Tel: 01227375301

Date of inspection visit:  
10 January 2023

Date of publication:  
17 February 2023

## 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

St Brelades is a residential care home providing personal care to up to 37 people. The service provides support to people living with dementia. At the time of our inspection there were 33 people using the service.

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

Improvements had been made at the service since our last inspection. However, further improvements were required to ensure people always received a good quality service.

Medicines management had improved. Further improvement was needed to ensure people were always offer medicines overtly before they were administered covertly. Medicines records were now accurate and medicated patches were applied in line with the manufacturer's guidance.

Care plans have been improved to provide guidance to staff about how to manage risks. However, information was not always stored in the same place so staff could refer to it quickly in an emergency. Action had been taken when accidents and incidents happened, but systems were not in operation to look for patterns and trends.

Further improvements were required in relation to quality assurance processes, acting on feedback and planning improvements to ensure the quality of the service continued to develop. Relatives continued to tell us laundry was not always well managed and items continued to go missing. New checks and audits were being implemented but time was needed for these to be imbedded to ensure any shortfalls were identified and action taken to address them.

Development plans were in place but did not cover all the plans the registered manager had to improve the service. Detailed plans would support the registered manager and provider to assure themselves the service was continuing to develop.

The culture at the service had improved. People were no longer discriminated against because of their needs and were free to use all areas of the building. The dementia environment had improved, but further work was needed to ensure people are empowered to understand and interact with their environment as much as possible.

People were protected from the risk of infection. A relative told us "It's always been excellent, clean and tidy. It's just like walking into somebody's home".

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The provider's quality rating was now clearly displayed. Notifications had been submitted as required.

People were protected from the risk of abuse because all staff had now completed safeguarding training. Staff were confident to raise concerns with the registered manager and were assured she would act.

Staff recruitment had improved. There were enough staff who know people well and have the skills and competence to meet people's needs. Staff now felt supported, appreciated and motivated. Staff were confident to make suggestions and these were acted on.

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 last rating for this service was inadequate (published 7 July 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 21/6/2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced focused inspection of this service on 10 May 2022. Breaches of legal requirements were found. This inspection was carried out in part to follow up on action we told the provider to take at the last inspection. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, fit and proper persons employed, staffing, good governance, safeguarding service users from abuse and improper treatment, notification of other incidents and requirement as to display of performance assessments.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. 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.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. At our next inspection we will check the improvements made have been maintained and the service demonstrates consistently good practice over time.

## 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** ●

# St Brelades

## 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 completed by two inspectors, a medicines inspector 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

St Brelades 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. St Brelades is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 4 people and 11 relatives about their experiences of the service. We spoke with 8 staff including the nominated individual, registered manager, operations manager and 3 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 5 people's care records, 9 medication records and three staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits were reviewed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# 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 inadequate. 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.

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to medicines, however, further improvements were required.

- Medicines management had improved but further improvements were needed. Some people continued to receive their medicines without their knowledge, crushed and disguised in food, known as 'covert medicine administration'. Action had been taken since our last inspection to improve the management of covert medicines. However, where people had swallowing problems and declined to take their medicines, care plans did not always contain the correct information. Staff were not offering medicines overtly at each medicine's round where appropriate. This is an area for improvement.
- There had been an improvement in the management of verbal instructions from health care professionals. A second staff member now witnessed the call and records were kept. However, staff were not requesting the change in writing, in accordance with National Institute for Health and Care Excellence guidance .
- Medication administration records had been changed to support staff to quickly identify when medicines had not been given. This protected people from effects of not receiving their medicines consistently, at the correct dose. Medicated patches were now applied in accordance with the manufacturer's instructions to avoid skin irritation. Effective systems had been put into operation to manage medicines stocks.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to protect service users from abuse and improper treatment. 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were protected from the risk of abuse. A person told us, "I like staying here because the staff are so pleasant". A relative commented, "My relative is safe, largely because of the staff. It's a huge relief, they are safer there than when they were at home".
- Staff knew how to identify the signs of abuse and would raise any concerns with the registered manager.

They were confident action would be taken to keep people safe.

- All staff had completed safeguarding training since our last inspection. They were now aware they could raise concerns with the local authority, police or CQC and were confident to do so.
- The registered manager had notified the local safeguarding team about potential abuse so the concerns could be investigated.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess all the risks to service users' health and safety and take action to mitigate risks. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to managing risks to people.

- Action had been taken since our last inspection to protect people from the risk of harm. Everyone we spoke with felt their loved ones' needs were being met appropriately and in a caring way. For example, the risk of people falling had been assessed and staff followed guidance around how to keep people safe.
- People were now protected against risks associated with diabetes. Information was available to staff about people's usual blood glucose levels and the action to take if they became unwell. The leadership team planned to make further improvements to diabetes information to make sure it was quickly and easily accessible to staff.
- Care had been planned for everyone with epilepsy, including what each person's seizures looked like. Information was also available about when to call for emergency medical care. Information about epilepsy was not recorded in the same part of each person's care plan to make sure it was easily accessible to staff. This is an area for improvement.
- Following our last inspection action had been taken to ensure hot water in people's bedrooms did not exceed 44 °C. This was required to manage the risk of people being scalded. Other equipment was managed safely and safety checks were completed regularly.

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.

#### Learning lessons when things go wrong

At our last inspection the provider had failed to operate effective systems to assess, monitor and mitigate health and safety risks to service users. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, in relation to the management of accidents and incidents. However, further improvements were required.

- Action was taken to learn lessons when things went wrong. However, there was a risk of a delay in the registered manager being informed. Staff completed electronic accident records and the registered manager relied on staff informing them of these. They did not know how to effectively use the computer system to identify patterns and trends. There was no evidence people had been put at risk and this was an area for improvement.
- One relative told us about an incident involving their loved one. They said they had been "cross" at the time but the staff have learnt from it and taken action to prevent it happening again. They felt their relative was now safe at the service.

#### Staffing and recruitment

At our last inspection the provider had failed to complete robust checks of staff's conduct and experience in previous social care roles. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- People were now protected by safe recruitment practice but further improvements were needed to ensure the provider had all the information they needed about new staff. Checks had been completed on staffs conduct in previous care roles to ensure they had the skills and experience to meet people's needs. However, appropriate references had not been consistently obtained from previous employers. The registered manager addressed this following our inspection, along with ensuring they had a photograph of each staff member on file.
- Disclosure and Barring Service (DBS) checks had been completed for staff. New DBS checks had been completed for staff who had worked at the service for a number of years to ensure they remained of good character. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

At our last inspection the provider had failed to deploy suitably competent, skilled and experienced staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since our last inspection the provider has supported staff to develop their skills and competence. Staff had completed recognised training in relation to dementia care. They had also completed other training to meet people's needs, including catheter care and epilepsy. Staff administering medicines had completed training and their competency to administer medicines had been assessed.
- We observed some staff supporting people with their meal. Staff supported people at their own pace and people were calm. We observed staff moving people safely in chairs to reduce the risk of injury. One person told us the staff were "marvellous".
- People and their relatives told us there were always enough staff to meet their needs. Their comments included, "There's always plenty of staff. They know the residents and they know me", "There's always

enough staff around when I'm there" and "When she rings her buzzer the staff come. She doesn't have to wait long because they're always around."

- Since our last inspection more staff had been employed and the use of agency staff had dramatically reduced. Staff told us this increased the time they had to spend with people and people received more consistent care from staff who knew them well. Accidents and incidents had reduced as the staff team became more consistent.

#### 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.
- 
- There were no restrictions on people receiving visitors. Relatives told us, "We can visit freely. They're very welcoming and always offer us tea" and "We call in at various times and we're always welcome". Visitors were supported to continue to visit safely when people at the service were unwell.

# 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 inadequate. 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

At our last inspection the provider had failed to seek and act on feedback from service users, their representatives and staff, for the purposes of continually evaluating and improving the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 in relation to acting on feedback received. However, further improvements were needed to ensure issues raised were resolved.

- Issues relating to laundry had not been fully resolved and relatives continued to tell the provider and us of their concerns. Their comments included, "The laundry's ok but the my relative is always wearing something of somebody else's. I take in new stuff but don't see it anymore or see someone else wearing it", "The laundry is a pain. I've mentioned it time and time again but nothing changes" and "There were a few issues but the last time I checked my relative only had their own clothes in their wardrobe".
- One relative told us, "I've raised in meetings that the residents should be able to go out in the garden unsupervised but it's still an unsafe area. The manager has promised to attend to this". The provider told us they were putting plans in place to make the garden more accessible to people.
- All staff had been asked for their views following our last inspection and they told us most of their feedback had been acted on. They gave us examples of new equipment which was requested and received promptly. Some staff had raised concerns about colleagues not always fulfilling their duties. The registered manager planned to put processes in place to understand staff practice and address any concerns.
- We observed staff act on people's feedback during our inspection. For example, when one person did not want what was on the menu staff offered them an alternative they knew the person liked. The person enthusiastically accepted this. Another person had commented to staff about wanting to apply make-up and staff had purchased some for them.

Continuous learning and improving care

At our last inspection the provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 in relation to checks and audits. Further improvements were required to ensure checks and audits effectively identified and resolved shortfalls.

- A number of checks and audits had been introduced since our last inspection. These were a work in progress and further improvements were required to ensure shortfalls were always identified. For example, checks had not identified the shortfalls we found at the service, including in recruitment records. Environmental checks had not noted a heavily stained bathmat and people's toiletries being stored in communal bathrooms.
- The registered manager had introduced staff competency checks. These had been delegated to a senior member of the care staff, however the registered manager had not assured themselves the staff member had the skills to complete the checks. They were also unsure what areas the competency checks looked at, to ensure high risk areas were being checked.
- The provider had a development plan in place which they reviewed regularly. However, this did not include suggestions made by relatives and staff to improve the service. The registered manager told us they had plans in place, including further development of care planning. Their plan had not been formalised with dates for completion so they could measure progress and assure themselves the quality of the service was improving.
- Medicines audits had improved and any shortfalls had been identified and addressed. They were now fit for purpose and reflected the medicines management processes in operation at the service.

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

- Leadership at the service had improved. A new registered manager had been working at the service for 3 months and staff told us they provided clear direction. The culture of care had also improved. Mealtimes were now planned and people received the support they needed in the way they preferred. People were not rushed and staff supported them without interruption.
- Staff were now supported and encouraged to care for people in a dignified and respectful way. One person told us how they liked their hair styled and how staff supported them with this. People were supported to remain independent and continue to make choices about all areas of their lives. This was underpinned by information in care plans about what people like to do and how they preferred their support.
- Concerns raised previously about people not being treated equally had been addressed. People were now free to use all communal areas and were not restricted dependent on their needs. We observed people sitting and chatting together in lounges and enjoying each other's company.
- At our last inspection we observed one person in their bedroom calling out for help on several occasions. Staff told us the person preferred not to be with others but had not considered how the person may feel on their own. At this inspection we found the person's room had been decorated to their taste. The person was content to spend time in their bedroom and chose when they used communal areas.
- Consideration had been given to creating an environment which was easier for people living with dementia to understand. These included pictorial menus and an activities calendar.

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

- People had received an apology when things had gone wrong. They told us, "There was a mishap one night but accidents happen. They rang me and made a report and they couldn't be more apologetic".

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements; Working in partnership with others

At our last inspection the provider had failed to notify CQC of allegations of abuse without delay. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Services that provide health and social care to people are required to promptly inform us of important events that happen in the service. This is so we can check appropriate action had been taken. Following our last inspection, notifications had been received appropriately and without delay.

At our last inspection the provider had failed to display at least one sign showing the most recent rating by the Commission that relates to the service provider's performance at those premises. This was a breach of regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 20A.

- Since our last inspection the provider had taken action to ensure their current rating was always displayed in the entrance hall. This was so people, visitors and those seeking information about the service could be informed of our judgments.

- An experienced registered manager had been appointed to lead the service since our last inspection. Staff told us they felt supported by the registered manager, who was approachable, listened to them and acted on what they were told. One staff member told us they now felt involved and their opinion was valued. They told us the registered manager had made improvements and this had impacted on people's quality of life.

- Senior staff told us the registered manager was part of the leadership team and supported them to fulfil their roles. They told us the registered manager was always contactable and would contact staff working at the weekend to check if they required any support.

- Staff morale had improved and staff told us they felt appreciated by the registered manager. One staff member commented, "There is always a thank you at the end of the day". Staff felt the registered manager recognised when they went over and above to support people.

- Since our last inspection the provider had improved WIFI connectivity throughout the service so staff could complete electronic records promptly. Staff told us this was an improvement and they had more handheld devices to use. Staff now used paper records to record people's medicines and these were accurate and complete. The registered manager told us the community pharmacy was putting pressure on them to begin using electronic records again but they would not do this until they were confident effective processes were in place.