

Opus Care Limited

Brabourne Care Centre

Inspection report

209 Hythe Road
Ashford
Kent
TN24 8PL

Tel: 01233643555
Website: www.opuscare.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Brabourne Care Centre is a residential care home providing personal and nursing care to 58 people older people, some of whom are living with dementia. The service can support up to 82 people. The service is purpose built with three separate wings over three floors each of which has separate adapted facilities. One of the wings provides care to people living with dementia.

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

People told us they were happy and felt safe living at Brabourne Care Centre. However, we found that medicines management was not always safe. Staff did not document where pain patches were applied, creams had not been dated on opening and medicines stock numbers did not match those on the medicines administration records. Guidance was not always in place for staff to follow to inform them of how best to support people with risks to health, such as skin breakdown. This was implemented on the day of the inspection.

Audits and checks were completed regularly however, they failed to identify issues with medicines and care plans. The quality lead was in the process of reviewing and updating all care plans and risk assessments, however there was no priority to review the highest risks to people. Following the inspection, the registered manager sent us an improvement plan detailing how they planned to review all risk assessments, alongside a full audit of medicines and improvements to implement.

When accidents and incidents occurred, these were analysed by staff and action taken to mitigate risks to people. People were safeguarded from the risk of abuse. Staff had received training in safeguarding people. People were supported by enough staff and were supported by regular agency staff when needed. The service was clean and well maintained.

There was a positive culture within the service. We observed positive, kind interactions between people and staff. Staff worked with external healthcare professionals to ensure people received joined up care. People's opinions on the service were sought and staff shared information with people and relatives.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 29 August 2018).

Why we inspected

We received concerns in relation to the quality of care and staffing levels. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. The registered manager took action to address the shortfalls we identified and has implemented improvements. We will check this on our next inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brabourne Care Centre on our website at www.cqc.org.uk.

Enforcement

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 to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to medicines management at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Requires Improvement ●

Brabourne Care Centre

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 Care Act 2014.

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

The inspection was carried out by three inspectors.

Service and service type

Brabourne Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care

provided. We spoke with nine members of staff including the registered manager, clinical lead, deputy manager, dementia lead, nurses, senior care workers and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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

- Medicines were not always managed safely. We completed a reconciliation of medicines and found that the medicine count did not match the stock on the electronic MAR. Staff told us that medicine reconciliations occurred daily, however these were not documented or formalised.
- Some people had pain relief patches, which are required to be repositioned to a different site to help prevent skin irritation, possible skin breakdown or possible overdose. Staff did not record the exact position of where the patch was applied and could not demonstrate they were applying the patch in line with guidance.
- Creams and ointments had not always been dated to indicate when the medicine was opened. Some medicines can become less effective over time and therefore need to be used within a certain time frame of opening.

The provider had failed to ensure there was proper and safe management of medicines. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks to people had been assessed but documentation for staff was not always clear on the action to take. For example, some people needed support to move regularly to reduce the risk of their skin breaking down. However, staff were not always recording when and how often the person needed support with re-positioning.
- One person had a history of seizures. Staff documented when the person had a seizure but detailed guidance on action to taken was not available for staff to refer to. When we highlighted this to staff they immediately implemented guidance and informed staff during handover. Staff we spoke with were able to tell us the steps they would take to keep the person safe.
- Staff completed analysis when things went wrong to try to reduce the likelihood of the incident re-occurring. For example, if people fell, this was documented and collated with action taken such as reviewing care plans and making referrals to other healthcare professionals such as the falls team or the GP.
- Personal emergency evacuation plans [PEEPs] were available for each person. This provided information and guidance to staff and emergency services on how to evacuate the person as quickly and safely as possible. Regular fire drills took place to ensure staff understood the fire procedure if an alarm was to sound.
- Risks relating to the building were mitigated by regular testing and maintenance. For example, weekly building checks included checks on the call bell system and checks on window restrictors.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt they were safe at Brabourne Care Centre. Two people told us they very much liked living at Brabourne. One relative told us, "[person] is very safe there, and she is happy there. She has told people she is happy."
- Staff understood how to safeguard people and keep them safe from the risk of abuse. Staff had completed their safeguarding training. One staff member told us, "If there was an issue or something wasn't right, we would raise it with a senior and the nurse on shift."
- The registered manager had worked with the local authority safeguarding team to address any safeguarding concerns and put improvements in place where necessary.

Staffing and recruitment

- There were sufficient numbers of staff deployed to meet people's needs and keep people safe. People and their relatives told us they were happy with the staff. One person said, "The staff are very good and kind," and one relative told us, "The staff are very nice, [staff member] has gone above and beyond helpful."
- Some staff told us that staffing levels could be low at times. This reflected the current issue in the health and social care sector. However, the provider used agency staff when needed and are actively recruiting new staff members to ensure they could safely support people.
- Safe recruitment processes were followed. The provider ensured pre-employment checks were completed before staff began working at the service. These checks included a Disclosure and Barring Service criminal records check (DBS). DBS help employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

Continuous learning and improving care

- Staff and the registered manager completed a wide range of checks and audits on the service; however, these failed to identify and address the issues we highlighted during inspection.
- Risk assessments and care plans we reviewed did not contain the guidance needed to inform staff on action to take, for example if a person was to choke. This was immediately rectified by staff, and comprehensive guidance put in place. The clinical lead informed us they were in the process of reviewing and updating all care plans, however no consideration had been given to address the highest risks first.
- Medication audits failed to identify that medicine counts were not correct, and correct procedures for disposing or returning of medicines had not been followed. Following our inspection we received a report from the registered manager, following a full audit of medicines. The registered manager also sent us details of how they would improve the practice of staff with re-training and more frequent checks implemented. We will check this during our next inspection.

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

- Staff were clear on their roles and responsibilities. Staff have been supported to gain new skills and progress their career. For example, staff had been supported to develop from carers to community leads, giving them more responsibilities. Some staff members had been supported to successfully apply to become student nurses.
- Another staff member told us they were being supported to complete their Care Home Assistant Practitioner (CHAPS) training. CHAPS training supports senior members of staff with clinical and management skills.
- The registered manager had notified the Care Quality Commission of important events as required. This enables us to check that the necessary steps have been taken to keep people safe.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating on a notice board in the service and on their website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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, relatives and staff told us there was a positive culture at the service. We observed kind caring interactions between people and staff, who showed genuine fondness to one another.
- The registered manager told us they were proud of the staff at Brabourne Care Centre and their resilience over a very challenging period. The registered manager told us, "We are a family. We have been through so much and it unifies you." A staff member told us, "Generally very good management and supportive."
- The duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. We found that the registered manager had been open and honest, and understood their responsibility to comply with the duty of candour.

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

- The registered manager held regular team meetings with all staff members. Due to the pandemic, the registered manager told us that more communication was shared via email but that their door was always open to staff.
- Regular newsletters were sent to people and their relatives to keep them informed on events at the service. This included people's birthday celebrations, any activities at the service and big external events such as the London marathon.
- People had been invited to give feedback on their time at Brabourne Care Centre. One comment said; 'Thank you for looking after me so well, I'm getting more mobile.'
- Staff worked with a number of healthcare professionals including dietitians, speech and language therapists and the GP to ensure people's needs were met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure there was proper and safe management of medicines.