

Hill Care 3 Limited

# Broadacres Care Home

## Inspection report

Naylor Street  
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Rotherham  
South Yorkshire  
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Tel: 01709526455

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## Ratings

|                                 |                        |
|---------------------------------|------------------------|
| Overall rating for this service | Good ●                 |
| Is the service safe?            | Good ●                 |
| Is the service effective?       | Requires Improvement ● |
| Is the service caring?          | Good ●                 |
| Is the service responsive?      | Good ●                 |
| Is the service well-led?        | Good ●                 |

# Summary of findings

## Overall summary

The inspection was unannounced, and took place on 20 November 2018. The home was last inspected in November 2017 where concerns were identified in relation to staff training and governance. The home was rated "requires improvement" at that inspection. We asked the provider to complete an action plan setting out the improvements it intended to make to address these shortfalls, which it did.

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

The home is located close to the town centre of Rotherham, South Yorkshire. It is in its own grounds in a quiet, residential area, but close to many amenities and public transport links. The home accommodates up to 50 people with support needs including dementia. At the time of the inspection 41 people were using the service. The home comprises two discrete units, each with a mix of en suite bedrooms and bedrooms without an en suite, as well as lounge and dining areas.

The service had registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We observed a genuine warmth when staff spoke with people and people told us they had good relationships with the staff.

Mealtimes were observed to be comfortable and pleasant experiences for people. People told us they enjoyed the food available and said it was plentiful.

Staff told us they received a good level of training, and we observed staff were knowledgeable and competent.

Medicines were stored and handled safely, with staff having appropriate training to ensure that people received medicines in a safe way.

Where people were at risk of harm, or presented a risk to others, there were appropriate risk assessments in place to ensure staff kept people safe.

Recruitment procedures were sufficiently robust to ensure people's safety.

The home had an activities coordinator who devised a varied activities programme, including activities both within the home and within the local community.

There was a formal complaints procedure in place, and people we spoke with told us they would feel confident to complain if they wished to.

The management team were accessible and were familiar to people using the service. The provider had a comprehensive system in place for auditing the quality of the service, and for obtaining and acting on feedback from people using the service and their friends and relatives.

We found that improvements were required to the way the provider obtained and recorded people's consent to their care and treatment.

## 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 safe. Medicines were stored and handled safely, with staff having appropriate training to ensure that people received medicines in a safe way.

Where people were at risk of harm, or presented a risk to others, there were appropriate risk assessments in place to ensure staff kept people safe.

Recruitment procedures were sufficiently robust to ensure people's safety.

**Good** ●

### Is the service effective?

The service was not always effective, as improvements were required in the way consent was obtained and recorded.

Mealtimes were observed to be comfortable and pleasant experiences for people. People told us they enjoyed the food available and said it was plentiful.

Staff told us they received a good level of training, and we observed staff were knowledgeable and competent.

**Requires Improvement** ●

### Is the service caring?

The service was caring. We observed a genuine warmth when staff spoke with people and people told us they had good relationships with the staff.

**Good** ●

### Is the service responsive?

The service was responsive. The home had an activities coordinator who devised a varied activities programme, including activities both within the home and within the local community.

There was a formal complaints procedure in place, and people we spoke with told us they would feel confident to complain if they wished to.

**Good** ●

## Is the service well-led?

The service was well led. The management team were accessible and were familiar to people using the service. The provider had a comprehensive system in place for auditing the quality of the service, and for obtaining and acting on feedback from people using the service and their friends and relatives.

Good 

# Broadacres Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit took place on the 20th November 2018. The inspection was carried out by two adult social care inspectors.

During the inspection we checked records relating to the management of the home, team meeting minutes, training records, medication records and records of quality and monitoring audits carried out by the home's management team and senior managers. We spoke with four people using the service, one person's visitor, four staff members and the management team.

We observed care taking place in the home, and observed staff undertaking various activities, including supporting people to make decisions and engage in activities, dealing with medication and using specific pieces of equipment to support people's mobility. In addition to this, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, we reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home.

## Is the service safe?

### Our findings

At the inspection of 2017, we rated the service "good" for this domain. At this inspection we found it remained "good."

We asked people using the service whether they felt safe at the home. No one raised any concerns in relation to their safety, with one person saying: "No problems here in that regard." A visitor we spoke with also confirmed they believed the home to be safe.

During the inspection we observed that there were staff on duty in sufficient numbers in order to keep people safe. Staff we spoke with told us they were usually busy but there were enough staff working so that they could meet people's needs. We saw that as well as carrying out care tasks staff were able to spend time chatting with people. We observed staff carrying out moving and handling tasks with people, including using hoists to assist people in moving from one chair to another. We saw that on the whole this was completed safely although we did note that on two occasions staff did not ensure that wheelchair brakes were safely in use, putting people at risk of injury. We raised this with the registered manager during the inspection who assured us that this would be discussed with staff.

We found that staff had received training in the safeguarding of vulnerable adults. There was information available within the home advising staff and visitors of safeguarding procedures and what action they were required to take if they suspected abuse, and staff we spoke with confirmed that they understood this. We saw that the provider had made appropriate alerts as required following any safeguarding incidents.

We checked five people's care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained up to date risk assessments which were regularly reviewed and contained sufficient detail so that staff knew what measures they were required to take to ensure people's safety.

Each person had a personal emergency evacuation plan (PEEP) to ensure they were appropriately supported in an emergency. The PEEP set out their specific physical and communication requirements to ensure they could be safely evacuated from the service in the event of an emergency.

Recruitment procedures at the home had been designed to ensure that people were kept safe. Personnel records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided a checkable work history and two referees.

The premises were safely managed, with up to date service records for equipment and a regular audit of the home to ensure the condition of the premises was in good order. We saw staff had received appropriate training in infection prevention and control. We observed that staff were using personal protective

equipment (PPE) when required, and found the home was cleaned to a high standard throughout. We saw there were regular infection control audits, as well as audits of other safety-related systems such as the fire system and staff call bells. We found some bathrooms required attention so that they could be cleaned to an appropriate standard, for example some flooring was damaged and required replacing. The registered manager told us this was part of an ongoing improvement plan, and we saw that this work had already been completed in other areas of the home.

We checked the arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were appropriate. Medication was securely stored, and records were kept of the temperature medication was stored at. There were clear records of medicines administered, and staff told us they had received training to ensure they understood how to manage people's medicines.

There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. We cross checked these records with the stock of some medicines and found that there were some errors in the way that stock was recorded. We raised this with the management team on the day of the inspection and they assured us it would be addressed immediately.

## Is the service effective?

### Our findings

At the inspection of 2017 we rated the service "requires improvement" for this domain. At this inspection we found it remained "requires improvement."

We asked three people using the service about the food available. They were all positive about their experience of food and mealtimes. One person said: "There's plenty and it's always good." Another said: "Compliments to the chef."

We observed lunch taking place, and saw that it was a relaxed and pleasant experience. Tables were well laid out, and people had a choice of eating in the dining area, in the lounge or in their own rooms. We saw that staff supported people to ensure their preference was upheld. Where people needed assistance during the mealtime staff provided it in an unhurried way, supporting people at their own pace and ensuring their dignity was upheld.

We checked five people's care records to look at information about their dietary needs and food preferences. Each file contained up to date details, including screening and monitoring records to prevent or manage the risk of poor diets or malnutrition. Where people were at risk of malnutrition or dehydration the provider liaised appropriately with external healthcare providers to support people in managing their health.

We looked at the training provided to staff. Staff told us they received a good level of training and told us it assisted them in carrying out their roles. Staff files we checked supported this. The provider maintained a central record of staff training however there was a fault with this record meaning it did not display all the training undertaken. The registered manager told us they were in the process of transferring this information to a new system to ensure it was accurate.

We looked at the arrangements in place for complying with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. The 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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS.) We checked records in the home and saw that the provider had taken appropriate steps in relation to DoLS, and the registered manager had a good understanding of the process.

We looked at how the provider obtained and acted in accordance with people's consent. Some of the care plans we looked at showed that the person concerned lacked the mental capacity to consent to their care and support. Where people lack capacity, decisions that are made on their behalf should be made in the person's best interests, and people who know the person well should be consulted for their views about the

decision. We found that this had not been completed. Where people had the capacity to consent to their care, there was not always evidence that the provider had sought their informed consent. We discussed this with the management team on the day of the inspection and they told us they had already identified this work was required and it was part of their ongoing improvement plan.

## Is the service caring?

### Our findings

At the inspection of 2017 we rated the service "good" for this domain. At this inspection we found it remained "good."

We carried out observations of staff interaction with people using the service. We found that staff spoke with people with a genuine warmth and friendliness, and ensured they took time to chat with people in addition to carrying out care tasks. Staff we spoke with had an extremely good knowledge of people's preferences, interests and wishes. We noted that on a small number of occasions, staff spoke with each other about people's care needs in a way which did not uphold their privacy. We discussed this with the management team who told us this was an area they were addressing with individual staff, and were aware it was an ongoing piece of work.

We undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. By using SOFI we saw that people experienced care and support delivered in an unhurried way, with staff appearing to try and understand people's needs rather than assuming or guessing what they wanted.

We looked at how the provider ensured people's rights were upheld. The law requires providers to make sure that people are not discriminated against on the grounds of specific characteristics, such as their gender, ethnicity or disability status. Additionally, providers are also required to ensure people's individual needs are met. Staff had received training in equality and diversity, and care records showed that people's rights were considered when their care was being planned. Staff we spoke with demonstrated a good knowledge of people's personalities and individual needs and what was important to them. Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Bedrooms we looked at were personalised, with people furnishing them with photographs, ornaments and other personal belongings, enabling them to reflect their personal tastes in their rooms.

We looked at five people's care plans to check whether care was delivered in a person centred way. The care plans we checked set out how people should be cared for in accordance with their own personal preferences and needs. They reflected each person's individual choices. Daily notes, where staff recorded the care that they provided, showed that care was given in accordance with each person's stated preferences.

## Is the service responsive?

### Our findings

When the service was inspected in 2017 we rated it "good" for this domain. At this inspection we found it remained "good."

The home had a full time activities coordinator, and activities were plentiful throughout the home. During the inspection a coffee morning with bingo was taking place, and the activities timetable showed that activities planned were imaginative and at times unusual. A pantomime was scheduled to take place the week after the inspection and regular visits took place from a local nursery. We saw a newsletter which showed there had been a Halloween party in October which included a pumpkin carving event with local children.

We checked care records belonging to five people who were using the service at the time of the inspection to check the level of detail and accuracy in them. We found care plans were up to date and contained a high level of detail, meaning that staff understood what was required in order to provide care that met people's needs.

The care plans were regularly reviewed to ensure that they continued to describe the way people should be supported, and reflect their changing needs. Where changes were required these had been implemented, so that staff provided care to people in a way that met their individual needs.

We saw information in some of the care records we checked which showed that people had required the input of external healthcare professionals. Where this was needed the provider made prompt referrals, and where guidance had been provided people's notes and care plans showed that this guidance was being adhered to. We observed an incident where one person using the service appeared to be in pain. Staff acted promptly to make a referral to an external healthcare provider to seek assistance or treatment for the pain, and updated the person to advise them that they had done this.

Each person's care records included a range of screening tools, such as charts where staff were required to monitor the person's risk of poor skin integrity or malnutrition. We saw that these were completed accurately and assessed regularly, so that the provider had an up to date and accurate record of people's health, and could monitor any changes and take appropriate action where required.

There was information about how to make complaints available in the communal areas of the home. We checked records and found that complaints were well managed, with any complainants receiving a detailed written response following a thorough investigation. People using the service told us they would be happy to make a complaint and told us they thought it would be responded to appropriately.

## Is the service well-led?

### Our findings

When we inspected the home in November 2017 we rated it "requires improvement" for this domain. At this inspection we found it had improved to "good."

The home had a registered manager, as required by a condition of its registration. The registered manager was relatively new in post, but had commenced a comprehensive programme of improvements and audits. They had a good oversight of the home, and people using the service told us they knew the registered manager well. In our observations we saw that the registered manager had a good knowledge of people living at the home.

Team meetings were used by members of the management team to inform staff about developments and changes in the home, as well as to discuss standards and any required targets for improvement. Records showed that team meetings were frequent, and staff we spoke with told us they felt they knew what was happening in the home and felt that communications were good.

In addition to team meetings, staff had supervision and appraisal sessions with their line managers. These sessions were used to update staff on developments and changes within the home, as well as to check on staff wellbeing and development needs.

There was a comprehensive system in place to audit the quality of the service. This involved individual audits looking at specific aspects of the service as well as an overarching audit which the registered manager had devised which was used to measure the home's performance against CQC outcomes. There was evidence that the audits were effective as the shortfalls and areas for improvement we identified were already known to the registered manager and actions plans were in place to address them.

The provider regularly surveyed people using the service and their relatives to obtain feedback about the service. We looked at the results of recent surveys and found that the vast majority of respondents were positive about the home, praising the food, the activities and the standard of care.

We looked at records of notifications the provider had made to CQC, which they are required to do by law to tell us about certain incidents within the home. These had all been submitted in a timely manner and to a high level of detail. The last CQC rating, which the provider is required to display, was displayed in a prominent area of the home as well as on the provider's website.