

Intacare Limited

# Broomhill Care Centre

## Inspection report

Broomhouse Whittington  
Broomhill Road, Old Whittington  
Chesterfield  
Derbyshire  
S41 9EB

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Tel: 01246260697

Website: [www.intacareltd.co.uk](http://www.intacareltd.co.uk)

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

Broomhill Care Centre is a residential care home for people living with dementia and complex mental health needs. The care is provided in a purpose-built home with accommodation over three floors; bedrooms are on the first and second floor and can be accessed by a lift. There is a secure garden for people to use and there is access to public facilities. The service can support up to 16 people and there were 10 people at the time of the inspection.

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

Improvements were needed to ensure best practice guidelines were followed to maintain standards of infection prevention and control and management of COVID-19. The use of Personal Protective Equipment (PPE) was reviewed following our inspection to ensure all staff used PPE as required and regular cleaning around the home was completed. Where new people were admitted to the service, people could use the second floor to ensure there was a period of isolation.

People's care had been reviewed to reflect any changing support needs. Risk management was generally comprehensive and guidance for staff was up to date and detailed. One person's risk plan associated with physical intervention and risks associated with personal care, needed more detail; this was discussed with the registered manager who took immediate action.

Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. People were protected against the risk of abuse, as checks were made to confirm staff were of good character and suitable to work in a care environment. There were sufficient staff available to support people. Medicines were managed safely, and people were supported to take their medicine as prescribed. The provider analysed accidents and incidents and used this information as a learning tool to improve the service.

Staff had reviewed how people could be supported during the COVID-19 pandemic and restrictions in the community and supported people to be involved with activities in the home and do the things they enjoyed. People were encouraged to express their views about their care and staff were responsive to their comments and any concerns.

There were systems in place to monitor the quality of the service and enable the provider to drive improvement. Staff had regular meetings to keep them updated on training and good care practice. The provider had an ongoing action plan that showed how the service was continually improving.

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 Requires Improvement (published 2 July 2019).

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.

#### Why we inspected

This was a planned inspection based on the previous rating to review improvements and prompted in part due to concerns received regarding how people were supported, care was recorded, and medicines managed. A decision was made for us to inspect and examine those risks. 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 coronavirus and other infection outbreaks effectively.

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.

We have found evidence that the provider needs to make improvement within the key question of Safe.

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

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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Broomhill 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

Two inspectors carried out this inspection.

#### Service and service type

Broomhill 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.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service, two care staff, domestic staff member, the compliance manager, registered nurse and registered manager and a health care professional. We reviewed a range of care records including care plans and risk assessments and medicine records.

After the inspection

We continued to seek clarification from the provider to validate the evidence we found. We looked at policies and quality audits completed by the provider.

# 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 Requires Improvement. At this inspection this key question has remained the same.

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

At our last inspection the provider had failed to robustly assess how risks were managed and how people received personalised care to meet their individual needs. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of Regulation 9 (Person Centred Care) 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 and Regulation 9.

- New care plans had been developed and recorded people's needs, preferences and interests. Staff understood how people wanted to receive support and respected their decisions.
- Staff generally felt the care plans provided the information necessary to keep people and themselves safe when providing support with complex behaviour. However, one record needed further review to ensure staff understood how to provide support when assisting with personal care.
- Staff were aware of the risks associated with people's care and told us they worked well together to ensure people were supported safely.

### Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to medicines management. 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.

- People's medicines were now managed in a safe way. Medicines systems were organised, and there were safe protocols for the receipt, storage, administration and disposal of medicines.
- When medicines were administered, we saw the staff took time with people and explained what the medicines were. Records were completed when medicines had been administered.
- Daily audits were completed to ensure checks were made that people had received their medicines as prescribed.

- Some people were prescribed medicines to take 'as required'. Staff asked people if they wanted these and there was clear guidance in place to support staff to know when these were needed.

#### Preventing and controlling infection

- We found not all the staff wore PPE effectively and safely when working in the home, including not wearing a face mask and touching their masks. We discussed this with the registered manager and following our inspection, they reviewed how PPE was to be worn, to ensure this was safe, and masks were worn at all times.
- Improvements were needed to ensure necessary checks were recorded when visitors entered the home. The registered manager reviewed this system to ensure all documentation was easily accessible in order that visitor's temperature checks and health declarations were recorded.
- Relatives could visit the home in a designated area accessed through the patio doors in the quiet room. The room had a partition with a glass window so people could see each other and remain in contact with those who were important to them.
- 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 accessing testing for people using the service and staff. We have also signposted the provider to resources to develop their approach.

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

- Staff understood the types of potential abuse that could happen and how to recognise the signs and symptoms if people had been abused.
- Staff had clear understanding of the provider's safeguarding policy and how to report their concerns to ensure they protected people in the event of any allegation or suspicion of abuse.
- Where safeguarding concerns had been identified, the staff had raised these with the safeguarding team and supported any investigation. We had been notified of these events so we could review the action they had taken.

#### Staffing and recruitment

- People received support from staff who were recruited through a safe recruitment and selection process.
- The provider carried out pre-employment checks before staff started to work at the service. These included written references, satisfactory criminal record clearance, identity checks and their right to work.
- There were sufficient numbers of staff available to meet people's needs. Some people had individual staff support to ensure their safety and staff understood their responsibilities.

#### Learning lessons when things go wrong

- The registered manager had reviewed how the service was managed and completed improvements necessary for people to have better quality care and outcomes.
- The provider reviewed, and analysed accidents and incidents and staff took necessary action to reduce the risk of recurrence.
- Staff understood their responsibility to report incidents and these were discussed to ensure that the staff team learnt from those events and protected people from the risk of harm.



# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection the provider had failed to have effective auditing systems in place. 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.

- The registered manager had now developed systems to monitor the quality and safety of the service provided.
- Medicines were audited daily to ensure people received their prescribed medicines and there was an accurate record of medicines kept in the home.
- Environmental audits were carried out and any health and safety concerns were identified. Action plans were developed to identify how improvements would be made. We saw the provider checked for any patterns and trends to ensure actions could be taken as needed.
- Accident, incidents and safeguarding concerns were reviewed. Any risks or learning points identified were discussed with the staff team and referrals were made to professionals as required.

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

- Improvements had been made to the culture of the service and we saw care and support was now planned and delivered in a person-centred approach, to ensure people received the care they wanted.
- Care plans had been developed to record how people wanted to be supported and to manage risks.
- The registered manager had organised the staff team to ensure people received support from staff who knew them, and the use of agency staff had reduced.
- People felt able to discuss concerns and share thoughts and experiences with staff.

Working in partnership with others; 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

- The registered manager had worked in partnership with health and social care professionals to bring about improvements within the service.
- The registered manager was open and transparent and had shared information and records as part of any investigation and to demonstrate improvements.

- Where people needed additional support, referrals were made to health professionals. One health professional told us that there was good communication with the service and staff worked well as a team to ensure people were supported.
- Where things went wrong, the registered manager reviewed how improvements could be made with people and understood their responsibility to offer an apology.
- Staff felt that they would be supported to question practice and raise concerns about poor practice under the Whistle Blowing policy. To whistle blow is to expose any information or activity that is deemed incorrect within an organisation.

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

- Since our last inspection, the registered manager was now supported by a new team of senior staff who we saw worked closely with them to provide support to people and staff, to bring about improvements within the service.
- The management team understood their role and responsibilities and told us they had confidence in the team's ability and skills to continue to develop the service, to ensure positive outcomes for people.
- Staff felt valued and supported and worked well as a team.
- The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration

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

- People attended resident's meetings and told us the staff helped them to understand COVID-19 and the reasons for the restrictions in the community and changes in the home. People we spoke with knew why staff needed to wear PPE to keep them safe and had consented to having the vaccine. They told us they felt they had the information they needed to keep safe and understand current guidelines.
- The registered manager and staff had continued to communicate with relatives on the telephone to share information regarding the current guidelines.
- Staff felt supported by the management team and senior care staff and received supervision to enable them to discuss concerns and their performance.
- There were regular team meetings held to discuss the support people needed, and any changes to care and management of the home. This kept staff informed of developments during the COVID-19 pandemic.