

Bromfield House Residential Home Limited

# Bromfield House Residential Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

The inspection took place on 24 April 2018. The inspection was unannounced.

Bromfield House Residential home 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.

Bromfield House Residential Home accommodates up to 10 older people. There were two floors, the first floor was accessible by passenger lift. There were nine people living at the service when we inspected.

At our last inspection on 12 January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The service had a registered manager in post. 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 2008 and associated Regulations about how the service is run.

Risks were appropriately assessed and mitigated to ensure people were safe. Medicines were managed safely. Records evidenced that people had received their medicines as prescribed.

Effective systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service. Accident and incident records were closely monitored, actions were taken in a timely manner to ensure lessons were learnt.

People were happy with their care and support. Staff had built up good relationships with people. Relatives confirmed that their family members were happy living at the service.

The service provided good quality care and support to people enabling them to live as fulfilled and meaningful lives as possible.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the service was calm and relaxed. Staff treated people with dignity and respect. People's privacy was respected. The service was homely, clean and tidy.

People were supported to maintain their relationships with people who mattered to them. Relatives told us they were able to visit at any time.

There were enough staff deployed to meet people's needs. The provider continued to operate a safe and robust recruitment and selection procedure to make sure staff were suitable and safe to work with people. Staff received training, support and supervision to enable them to carry out their roles safely.

Staff knew what they should do to identify and raise safeguarding concerns. The registered manager knew their responsibilities in relation to keeping people safe from harm.

People were encouraged to make their own choices about everyday matters. People's decisions and choices were respected.

People's care plans clearly detailed their care and support needs. People and their relatives were fully involved with the care planning process. The service had developed care plans which clearly detailed people's likes, dislikes and preferences. Care had been delivered in line with people's choices. The registered manager reviewed each person's care with each person on a monthly basis. People were encouraged and supported to engage with activities that met their needs.

People had choices of food at each meal time. People were supported and encouraged to have a varied and healthy diet which met their health needs.

People were supported and helped to maintain their health and to access health services when they needed them. The registered manager and staff maintained good communication with other organisations such as the community nursing service, GP and other healthcare services. Relatives were kept well informed about their family member's health needs.

People and their relatives were given information about how to complain. People and their relatives were actively involved in improving the service, they completed feedback surveys and had meetings.

Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

The registered manager had built strong links with other local registered managers and providers who they gained support and advice from. The registered manager had signed up to conferences and events in the local area to help them continuously learn and improve.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Bromfield House Residential 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 was planned to check 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.

This inspection took place on 24 April 2018 and was unannounced.

The inspection was carried out by one 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.

Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We spoke with eight people and observed staff interactions with people. We also spoke with three relatives and a visitor. We spoke with five staff and the registered manager who was also the owner.

We requested information by email from local authority care managers and commissioners and other health and social care professionals involved in the service. We also contacted Healthwatch to obtain feedback about their experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better. We received feedback from a community matron, a practice nurse, a GP and a commissioning officer from the local authority.

We looked at the provider's records. These included three people's care records, which included care plans, health records, risk assessments, daily care records and medicines records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, accidents and incidents and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including staff training records and policies. The information we requested was sent to us in a timely manner.

## Is the service safe?

### Our findings

People told us they felt safe living at the service. Comments included, "I feel safe because there is somebody here all the time"; "I feel safe because the way the home is designed and the people around"; "I've never felt so secure in my life because there is always someone here to look after me"; "I feel safe always somebody at the end of a button" and "I definitely feel safe living here." Relatives told us that their family members received safe care. One relative said, "She was not safe living on her own but she is really safe here."

People continued to be protected from abuse or harm. Since the last inspection all staff had received training in safeguarding adults. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. All staff we spoke with told us they would report safeguarding concerns to the provider immediately.

Risks to people's individual health and wellbeing had been assessed. Each person's care plan contained individual risk assessments. People's care plans and assessments were reviewed by the provider on a monthly basis. We observed staff maintaining people's safety during the inspection. We observed staff reminding people to use the equipment they had been assessed as requiring. Each person had a Personal Emergency Evacuation Plan (PEEP). A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency. PEEPs had been updated to include additional information such as if people were prescribed lotions and creams which were paraffin based, as these could be accelerants in the case of fire.

The provider continued to maintain recruitment procedures that enabled them to check the suitability and fitness of staff to support people. There were enough staff to support people. Staffing rotas evidenced a stable and consistent staff team. People told us, "[Staff] come quickly if I push my button"; "In the daytime they come quickly, at night time only one staff so bell is slower" and "Night shift you sometimes have to wait a bit." health and social care professional told us, 'Staff are always present and visible when I visit, and I have never had any concerns about the level of staffing on duty. Most of them have been working at Bromfield House for years and are very competent.'

Medicines continued to be suitably managed. Staff were trained to follow the arrangements in place to ensure people received their prescribed medicines. Medicines were stored safely and securely. Staff continued to receive training, including refresher training in medicines administration. Medicines were given at the appropriate times and people were fully aware of what they were taking and why they were taking their medicines. There was a good system in place to ensure people had access to emergency medicines when they needed it.

The service was clean and tidy and it smelled fresh. People told us that they were happy with the cleanliness of the service and they were happy with the laundry service. People told us, "Every morning dusting, mopping and hoovering. It is excellent. Laundry is excellent, odd times something goes missing" and "Cleanliness very good, the cleaner is in Monday to Friday." Staff had access to appropriate personal protective equipment such as gloves and aprons to minimise the risk of cross infection.

Since the last inspection the service had been inspected by the fire service. The fire inspection identified some works which were needed to upgrade fire safety in the home. The provider had undertaken all the actions in a timely manner to ensure people were safe from harm. Fire alarms had been regularly tested and monthly fire drills had taken place. Staff had a good understanding of the fire procedures and how to evacuate people safely. The service had an out of hour's policy and arrangements were in place for staff to gain management support. Checks had been completed by qualified professionals in relation to legionella testing, the passenger lift, electrical appliances and supply and gas appliances to ensure equipment and fittings were working as they should be. Moving and handling equipment such as the assisted bath had been serviced and checked in line with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

The provider reviewed all accidents and incidents to ensure that relevant action had taken place. Records evidenced that the provider had referred people on to the community physiotherapist if they had frequently fallen and this had been done through the GP. Copies of people's accidents and incidents were kept in their care file which helped staff understand why care plans or risk assessments had been amended.



## Is the service effective?

### Our findings

People gave us positive feedback about the food. Comments included, "Very nice food, you choose at mid-morning tea and coffee time. If you don't like the choice you can have something else. The manager comes round with the new menus and we suggest new things"; "Food is good, there are two choices but if you don't like either they try to cater for you"; "Food is excellent, they are measuring my liquid intake at the moment due to catheter, I only drink squash" and "Food is alright, usually two choices, if you want something different you can always ask. I asked for venison as a joke but we got it." A relative told us, "They seem to think of absolutely everything, if they want anything it is brought in. Mum likes [popular fast food] so they fetch that for her. She loves chocolate éclairs and the manager brings them in for her."

People received effective care and support from staff to meet their nutritional and hydration needs. Staff offered people choices of drinks throughout the inspection. The weather was hot and staff recognised that people may need to drink plenty to stay hydrated. People had choices of food at each meal time. People had their nutritional needs assessed and were provided with a diet which met their needs and preferences. People's care and support records provided very clear information about people's likes, dislikes and allergies. Staff had a good awareness of people's nutritional needs; all staff knew about one person's sodium imbalance which meant they had to have additional salt added to their meals. A healthcare professional told us, 'We have a large number of patients who we monitor and try to reduce the frequency of infection and development of urosepsis. Of all the homes I cover, Bromfield House is at the bottom of the list for the prevalence of urinary tract infections. I strongly believe that this is largely due to the diligence of staff in ensuring that their residents maintain an adequate fluid intake and remain well hydrated.'

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff had undertaken MCA and DoLS training. We observed that people made decisions about their care and treatment. We heard people declining and accepting offers of food, drink, personal care, people chose whether to participate in activities. People who had capacity to consent to care and treatment such as agreeing their care and support, or receiving influenza vaccinations had signed consent forms to evidence their consent. One person had made an advanced decision not to accept blood transfusions due to religious reasons. This was clearly recorded throughout their care records and staff were aware of the person's religious needs. No one living at the service had a DoLS authorisation in place.

People continued to receive appropriate support to maintain good health. People were supported to attend regular health appointments. People told us, "If you're ill in the morning they phone the doctor and he

usually comes in the afternoon, the matron, a specialist nurse, comes to check my chest"; "The manager took me to the optician"; "The home organise hospital transport to take me to my mental health appointments" and "Doctor up here like a dose of salts if you are not well."

The registered manager and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were well met. This was evidenced throughout people's care records as well as through the positive feedback we received from all the health professionals we made contact with. One healthcare professional said, 'The staff at Bromfield are caring and will not hesitate to discuss any medical issues with us. Our patient was challenging when he initially moved into care home and later he had a risk of developing pressure ulcers. On both occasions the care home staff was very proactive and caring and managed him very well.'

People's needs were assessed and their care was planned to ensure their needs were met. There were holistic assessments of people's needs prior to a service being provided. The assessment covered the person's history of falls, all of their diagnoses, mobility, personal care and eating. The assessment had identified what support was needed and this was pulled through to the care plan. There were processes in place to ensure there was no discrimination under the Equality Act when making care and support decisions.

Staff continued to receive the training, support and supervision they required to provide quality care and support. All care staff had a health and social care qualification. Staff told us they felt well supported by the registered manager, they confirmed the registered manager carried out observations of practice as well as supervision meetings. Comments included, "I feel supported in every way. This place has shown me what good care is. Everything is written down and well documented. I feel confident and always supported by [registered manager] or seniors" and "[Registered manager] is approachable, I know I can come to her, she gives guidance."

New staff received an induction into the service which included shadowing experienced staff to enable them to learn about people's care and support needs and their routines and preferences. The induction process also included training and completion of the Care Certificate. The Care Certificate is a course that gives staff just starting in care the basic knowledge of how to care for people.

The design and layout of the service met people's needs. People knew where their rooms were and where to find communal areas such as the kitchen, lounge and toilets. The garden was secure and flat which made it easily accessible. They garden had a large fish pond, people enjoyed feeding the fish.

## Is the service caring?

### Our findings

People told us staff were kind and caring towards them. Comments included, "You couldn't wish for better staff you can have a laugh and a joke with them"; "All the staff have made the effort to get to know me and me the same with them"; "It's lovely here it really is you couldn't wish for better. I'm very, very happy here"; "Great girls, a little more mature and have a lot of compassion"; "They know me very well"; "I've got lots of connections with people living here"; "They are all good but some are excellent" and "The staff are excellent." Relatives and visitors also told us that staff were kind and caring. They said, "Always let me know if mum needs anything, staff know her very well, having lived on the island all her life a lot of people know each other"; "I get on well with the staff, they are nice, they are good fun" and "The care staff are all very kind and patient, they are very loving nothing is too much trouble."

A health and social care professional told us, 'From watching the interaction between the staff and residents it is clear that they have good relationships. The staff have always demonstrated kindness, compassion, respect and ensure that their residents dignity is maintained as much as possible. For example, when I visit, they always ensure that the resident I have come to see is taken to a private area for assessment, without me needing to ask.'

People were treated with dignity and respect. Staff knocked on doors before entering and checked with people to ensure it was okay to enter. One person told us, "[Staff] always knock on the door or if they've got their hands full they say knock knock." We observed staff calling out "knock knock" during the inspection.

People said they were able to make their own choices for example what time they liked to get up or go to bed. One person said, "I get up at seven, sometimes before and sometimes after. Usually have my tea in my room and go to bed about nine."

People were supported to be as independent as possible. Some people managed their own personal care and some needed more support and guidance. Staff explained how they encouraged people to do things for themselves such as wash their face, hands and arms. People told us, "Very discreet in the bath the carers do my back and legs and I do the rest then they cream and powder me. I cream myself if I just have a wash"; "Someone always collects me from my room for breakfast because of the step and brings me back and the same at lunch" and "I have a bath twice a week, they are very discreet. I try to wash myself other days to try and keep some independence."

The service had a friendly, calm and homely atmosphere. Staff were smiling and upbeat and took time to chat with people and their relatives. There was lots of laughter. Staff all told us how much they enjoyed working at the service.

Relatives and visitors were able to visit their family members at any reasonable time and they were always made to feel welcome. A relative said, "I can visit any time always offered a drink." A person told us, "Visitors can come when they like and get offered tea and coffee."

People's religious needs were met. During the inspection the local church brought communion to one person. The vicar said "They couldn't be more welcoming, they regard me as chaplain to the home. I visit regularly and there is always a great atmosphere." Another person went weekly to the kingdom hall to worship. They said, "I keep my links with the community I am a Jehovah's Witness and I go to the Kingdom Hall weekly."

## Is the service responsive?

### Our findings

People told us they were involved in reviewing and updating their care plans. Comments included, "My care plan is reviewed every month"; "Care plan is regularly updated, the manager did it yesterday" and "Care plan reviewed regularly." A relative told us, "They were so efficient when she came in we were given a list of all the names of the staff and paperwork for all the things we needed to know. Her care plan is updated regularly. Another relative told us, "The care plan is always being updated."

A health care professional told us that the service was responsive to people's changing needs. They said, "The management seem very organised and are dynamic in meeting their resident's needs. [Registered manager] has proven that she knows when to refer someone, and to which service, if their needs change. For example, one of their residents recently suffered a mini stroke and this caused a decline in their mobility. There was no referral made by the hospital for physiotherapy input following discharge, but it was felt they needed this. [Registered manager] made the referral and they visited within days to assess and commence an exercise programme. If she is not sure who to refer to or if a referral is truly needed, she always asks. She also makes sure that referrals are made in a timely manner and isn't shy about chasing things up when she thinks it is necessary.'

People had care plans in place, which reflected their current needs. Care plans were person centred and contained information about how each person should be supported in all areas of their care and support. Each care plan had a life history section, which had been completed with the involvement of the person and their relatives. This section provided key information about the person's life, hobbies, preferences, religious and cultural or social needs. Care records included details of the person's preferred routine, for example when they wanted to get up or go to bed, and where they preferred to have their meals. People and their relatives (if this was appropriate) were involved in care planning and a monthly review. Each person's likes and dislikes and preferences were recorded.

People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. For example, one person's care records evidenced the type of funeral they wished to have.

A range of activities were available for people who lived at the service and people were able to choose if they wished to join in with activities. Some people choose to stay in their bedrooms. On the day of the inspection, bingo took place in the morning and a session on making other words from one long word in the afternoon. People clearly enjoyed these activities, they were smiling, laughing and chatting and were involved. Comments included, "It's somewhere I live and I don't mind living here, we've got activities, we go out, we have barbecues and we've got a garden we can use"; "Every afternoon we have an activity; cards, bowls, skittles, bingo or a quiz. We have barbecues in the summer"; "They are playing bingo this morning but I sometimes get the numbers muddles and it's embarrassing"; "The activities are good, we had a quiz yesterday for St George's day." A relative told us, "Mum joins in with the bingo."

People kept their independence; one person spent the morning in their bedroom on the internet answering

their emails and on social media. They told us, "I use the computer in the morning; I tag into the homes Wi-Fi." Another person liked to help in the kitchen in the morning. They told us, "I like to keep myself busy, in the morning I fill the dishwasher and do the washing up and then I wipe the tables." One person enjoyed spending time communicating with others through their CB radio. The provider had enabled them to have an aerial fitted so they could get a better reception. The person used Morse code to communicate with people all over the world.

People and their relatives had been asked about their views and experiences of using the service. People felt they were listened to. People said, "Yesterday I was a bit upset and the manager came and had a chat. I get frustrated because there are a lot of things I would like to do but can't" and "Staff make time for me, I'm happy to talk to the manager if I'm worried about anything and she listens."

People and their relatives told us they would complain to the staff or registered manager if they were unhappy about their care. The complaints policy was on display and gave people all the information they needed should they need to make a complaint. People were happy with the care they received and had made no complaints about the care they received.

## Is the service well-led?

### Our findings

People told us the service was well managed. They all knew the registered manager. One person said, "Manager very nice and very open." Relatives knew who the management team were and were confident in approaching them with any problems if they had any. Comments included, "There is good communication any problem with mum they are straight on the phone"; "I know the manager very well" and "Good communication, I like the fact that everything is recorded so always something to look back on should they have to."

Healthcare professionals were complimentary about the management of the service. Comments included, "Generally, I believe that Bromfield House is a well-led home"; 'I can't think of any higher recommendation other than to say that if a family member of mine needed to go into a care home within the Swale area, Bromfield House would be one of my two choices' and 'There is always a senior member of staff available when I visit or telephone, all patient information is organised and available when needed.'

Staff told us they were very well supported by the registered manager. They had regular staff meetings and felt they could obtain support and guidance whenever they needed it. It was evident that the registered manager was very involved with the day to day care and support and had a good oversight of the service. They knew people well and the staff team well.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The provider had purchased policies from an external company and were in the process of replacing and updating their old policies with the new ones. Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported.

The registered manager conducted audits and checks of the service to ensure that people were receiving safe, effective, caring, responsive and well led care. Any actions found were quickly dealt with. The registered manager ensured they signed off audits and checks carried out by senior staff which evidenced that they had checked the results. As well as internal audits of medicines, the registered manager had arranged for the supplying pharmacist to carry out an audit of medicines.

The registered manager had built strong links with other local registered managers and providers who they gained support and advice from. The registered manager had signed up to conferences and events in the local area to help them learn and evolve as well as building a rapport with providers and registered managers outside of the organisation. The registered manager had also signed up to receive newsletters and information from the local authorities and CQC. They also received information about medical device alerts and patient safety alerts. The management team checked these alerts to ensure that any relevant action was taken if people using the service used medicines or equipment affected.

People and relatives told us that staff listened to their views on how they like to be cared for and said that staff treated them respectfully. People had opportunities to feedback about the service they received through completion of surveys and through meetings. They said, "They [meetings] are every six months";

"Things are always actioned after the residents meeting" and "Always go to residents' meetings, they always try to do what's best for us." Meeting records evidenced the registered manager had met with people and their relatives to detail what actions were required, for example following the fire services inspection.

People and their relatives had completed surveys about the service and the care and support received. Five relatives had responded, all with positive feedback. A healthcare professional had completed a feedback survey in May 2018 during a visit to the service. They had written, 'There is no better home on [the] Island.'

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards (DoLS) authorisations and deaths. The registered manager had notified CQC about important events such as deaths that had occurred.

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 judgments. We found the provider had displayed a copy of their inspection report and ratings in the service.