

Intacare Limited

Broomhill Care Centre

Inspection report

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

Tel: 01246260697

Website: www.intacareltd.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Broomhill Care Centre provides accommodation for up to 16 people requiring personal care and is based in Old Whittington near Chesterfield. At the time of our inspection there were 10 people using the service. Some people living at the service were living with dementia, some had physical disabilities and others were living with a mental health problem.

People's experience of using this service: Risks associated with people's care were identified but actions to minimise risks occurring had not been highlighted. The management of people's medicines was not always carried out in a safe way. People were safeguarded from the risk of abuse and staff we spoke with knew what action to take if required. Accidents and incidents were monitored to ensure any trends and patterns were identified and addressed. The service had enough staff available to meet people's needs, however, the provider was using a high number of agency staff and was in the process of recruiting more staff. There was a safe recruitment process in place.

Staff received mandatory training and support to carry out their role. However, specific training such as dementia care, was required to enable staff to understand their role and to enable them to support people better. Healthcare professionals were involved in people's care where appropriate and their advice was adhered to. People had access to outside space, although this could be more pleasant. The home was designed and adapted to meet people's physical needs but needed to be dementia friendly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, decisions made in people's best interest needed to be documented better.

During our inspection we spent time observing staff interacting with people. We found staff were kind and caring, however, we raised a couple of interactions which could have been delivered in a more respectful way. Staff ensured people's dignity and privacy were upheld.

People did not always receive person centred care which met their needs and took in to consideration their preferences. The provider had employed an activity co-ordinator, but they were currently covering a support worker role due to staffing issues. No meaningful activities took place during our inspection. The provider had a complaints procedure which was available to people.

The management team completed several audits to identify areas which may require attention. However, the audits had identified some areas we raised on inspection, but they had not been addressed. Some audits had not identified concerns. People we spoke with told us the home was managed well and had confidence that they could approach staff and management if they needed to.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in; Regulation 12; safe care and treatment, regulation 17; good governance and

Regulation 9; person-centred care.

Rating at last inspection: This was the first inspection of this service which registered with CQC in June 2018.

Why we inspected: This was a planned comprehensive inspection.

Follow up: We will continue to monitor the service through the information we receive.

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

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 effective?

The service was not always effective.

Details are in our Safe findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Safe findings below.

Requires Improvement ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Notice of inspection:

This inspection was unannounced in line with our current guidance.

Service and service type:

Broomhill Care Centre is a care home. People in care homes receive accommodation and nursing or personal care. 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.

What we did:

Prior to the inspection visit we gathered information from several sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We asked the provider to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with four people who used the service. We spent time observing staff interacting with people. We spoke with five staff including care workers, the registered manager, and agency nurse. We looked at

documentation relating to three people who used the service, three staff files and information relating to the management of the service.

Is the service safe?

Our findings

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

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. Regulations have not been met.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified. However, risk assessments in place did not contain enough detail to ensure people were supported safely and risks minimised.
- Staff we spoke with could tell us about the risks associated with people's care. However, these were not always documented. There was a high usage of agency staff who had limited information available to ensure people were supported safely and in line with their needs.
- An example of this was the limited information around people's mobility needs. Some people who used the service required hoists and slings to move position safely. Risk assessments did not give information regarding the size and type of sling to use or the loop configurations. The documented guidance for sling usage was to follow the guidance from moving and handling training. This was not person centred and did not take in to consideration people's individual needs.
- One person had bed rails and bumpers in place but there was no risk assessment in place to ensure these were used safely.
- People had personal emergency evacuation plans (PEEP's) in place to show what support people required in case of an emergency. However, one person did not have a plan in place.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Using medicines safely

- People's medicines were not always managed in a safe way.
- Medicines were stored in a locked room and items requiring cool storage were kept in a locked fridge. However, temperatures of the room and fridge were not always recorded.
- Some people required medicines on an as and when required basis known as PRN. Protocols were in place which identified the medicine and dose and what it was used for. However, the PRN protocols did not explain how people would present when the medicine was required. This put people at risk of not receiving their medicines when they required them.
- We looked at medication administration records (MAR's) and found some gaps where staff had not signed to say the medicine had been administered. This did not give a true record of medicines given to people.
- MAR sheets we looked at did not always have a total of medicines in stock and medicines carried over from the previous sheet. Therefore, not all medicines could be accounted for and it was impossible to identify if people had received their medicines as prescribed.
- We looked at items stored in the fridge and found one eye drop bottle that was still in use after the 28-day recommended period. The nurse on duty ordered a new bottle on the day of our inspection.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Staffing and recruitment

- The provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at staff recruitment files and found they contained relevant checks.
- We spent time observing staff interacting with people who used the service. We found there were enough staff to assist people. The provider was using a high proportion of agency staff and was in the process of recruiting to the staff team.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse. Staff told us they completed training in this subject and knew what actions to take if they needed to.
- People we spoke with felt safe using the service. One person said, "I enjoy coming here and feel relaxed. My needs are met, and I feel safe."
- The registered manager kept a record of safeguarding concerns and had raised issues with the appropriate authorities when required.

Preventing and controlling infection

- People were protected by the risk and spread of infection. However, we observed staff serving meals without using aprons and gloves.
- Staff we spoke with confirmed they had received training in this area.

Learning lessons when things go wrong

- Accident forms were in place to record accidents and incidents. The registered manager had completed a section on the form in response to actions taken following the incident.
- There was no log to record trends and patterns and how incidents could be used as lessons learned to minimise future events occurring of a similar nature. However, we saw that following a medication error, staff competencies were undertaken to minimise the risk.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations have been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Support plans had not always been developed to ensure people's preferences and diverse needs were met in all areas of their support. Therefore, protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability, were not always recorded or taken into consideration.
- Staff we spoke with were knowledgeable about people's needs and choices. However, the provider was using a high number of agency staff, who would rely on detailed documentation to ensure people were supported appropriately.

Staff support: induction, training, skills and experience

- Staff had not always received appropriate training to carry out their role. For example, the service provided support for people living with dementia, but staff had not received training in this area.
- Staff had completed mandatory training which included subjects such as moving and handling, infection control, safeguarding, fire prevention and food hygiene. These subjects were completed as part of the provider's two-day induction programme and at regular intervals.
- Staff told us they felt supported by the registered manager and had started to receive supervision sessions. Supervision sessions were one to one meetings with their line manager. The registered manager showed us a schedule of supervision sessions and was aiming to complete six a year with each member of staff. This had only recently commenced and required embedding in to practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy balanced diet which met their needs, although the mealtime experience could be improved. For example, the wrong menu was displayed, tables were not set with cutlery, napkins, condiments etc and no one had considered playing any background music.
- People we spoke with enjoyed their meals. One person said, "I like the food here, it's just what I like, and I get a choice."
- We observed lunch being served and found catering staff from a sister home, which shared the same site, assisted with meals as there was a staff shortage. Staff were very task focused during the mealtime.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to health care professionals when required.
- We looked at care plans and saw that when healthcare advice had been given, staff had followed it to ensure people were supported appropriately.

Ensuring consent to care and treatment in line with law and guidance

- 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- The service was working within the principles of the MCA. However, decisions made in people's best interest needed to be documented better.

Adapting service, design, decoration to meet people's needs

- The home was designed and adapted to meet people's physical needs but needed to be dementia friendly. There was a lack of pictures on the walls and no tactile stimulation for people.
- The home had some signage to assist people to navigate around the home, but this could be improved.
- Outside space was available, and we saw people accessed this space. However, this could have been made more pleasant as there was nothing in the garden only garden furniture.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations have been met.

Ensuring people are well treated and supported; equality and diversity

- We spent time observing staff interacting with people who used the service. We found staff were kind and caring, however, we saw a couple of interactions which could have been delivered in a more respectful way. For example, during lunch we saw one staff member sitting with someone while they ate their meal. The staff member only interacted to ask the person to eat their meal. There was no other communication which made the mealtime for this person very task focused.
- Staff did not always support people in line with their preferences. For example, one staff member said to a person, "Come on we are going for a shave." The person clearly expressed that they did not want to go for a shave. Eventually the person went with the care worker quite happily, but this could have been carried out more respectfully and in line with the persons preferences.
- We also saw some positive interactions between some staff and people who used the service, where people were supported appropriately and in line with their needs and preferences.

Supporting people to express their views and be involved in making decisions about their care

- People were mostly involved in their care and we saw staff assisting people to make choices about how they wanted to spend their day.
- Some people expressed an interest to sit in the garden and staff supported them to do so.
- People we spoke with told us they liked living at the service. One person said, "I can't fault the staff here, they are great."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained, and staff supported people to maintain their independence.
- We observed staff knocking on doors prior to entering and talking to people discreetly about care interventions.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations have not been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People did not always receive person-centred care which met their needs and preferences. Most staff respected people's choices.
- We looked at a sample of care plans and found they did not always reflect the care and support people required. The registered manager was in the process of transferring paper documentation on to an electronic system. We looked at both paper and electronic records and found they did not contain enough detail to ensure care was delivered in a consistent way.
- The provider employed an activity co-ordinator, but they were currently covering a support worker role due to staff shortages. No meaningful activities took place during our inspection.
- Staff we spoke with told us that people sometimes visit the local garden centre and entertainers have visited the home. People we spoke with told us they played dominoes.

This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This gave clear guidance on how to complain and explained how complaints would be handled.
- We spoke with people who used the service and they felt able to complain if they needed to.
- The registered manager had not received any complaints about the service but informed us that any complaints would be dealt with appropriately.

End of life care and support

- At the time of our inspection nobody using the service required end of life care.
- The provider had not considered care plans regarding people's end of life wishes and preferences. The registered manager told us this was to be incorporated within the new electronic care plan system.
- Staff had not received training in end of life care to give them the skills to support people at this time.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations have not been met.

Continuous learning and improving care

- The provider did not have an effective auditing system in place. The registered manager and nursing staff completed several audits to ensure the service maintained at the standard expected from the provider. Audits included areas such as the environment, medication, care documentation, staff records, infection control and accident analysis.
- Actions raised as part of the audit process were recorded but not always actioned by the provider. For example, during our inspection we identified issues with the management of medicines, care plans, person centred care and risk management. Some of these had been highlighted by the provider but not addressed. Other issues we identified had not been identified as part of the audit system.
- The registered manager had a regional manager who had completed a quality compliance assessment on a bi-monthly basis. The last one was completed in March 2019 and identified some actions which had not been completed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Care and support was not always person centred. Information was not always contained in people's care plans which would assist staff in delivering a more person-centred approach to people.
- At the time of our inspection the service was using a high proportion of agency staff who did not appear to know people well and as a result people did not always receive person centred care and support. This was impacting on care staff, catering team and activities within the home. The registered manager was in the process of recruiting staff.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager was knowledgeable about what to raise and had informed CQC of events as required.

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

- At the time of our inspection there was a registered manager in post. A registered manager is a registered person. 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.
- The registered manager had no deputy manager but was supported by a development and health and

safety officer who led on health and safety and staff training.

- Staff understood their roles and responsibilities and knew when to ask for support from the registered manager.
- Staff told us that they worked as a team and felt valued and supported.

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

- People and their relatives were invited to attend residents and relatives' meetings to discuss ways to improve the service. Following these meetings, the registered manager displayed a 'you said, we did,' notice to inform people of issues raised and actions taken.
- The registered manager and staff team were keen to engage with relatives and visitors to the home. They were welcoming and friendly.

Working in partnership with others

- The service worked with other professionals such as health care workers. The provider ensured that appropriate support was obtained as required.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People did not always receive person centred care which met their needs and took in to consideration their preferences.

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	Not all risks were managed to ensure people were supported in a safe way. People's medicines were not always managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had identified issues through the quality monitoring system, but this had not always been effective and required embedding into practice.