

Broomgrove Trust(The)

Broomgrove Trust Nursing Home

Inspection report

30 Broomgrove Road
Sheffield
South Yorkshire
S10 2LR

Tel: 01142661311
Website: www.broomgrove-trust.co.uk

Date of inspection visit:
10 February 2020

Date of publication:
17 March 2020

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

About the service

Broomgrove provides accommodation and personal or nursing care for up to 40 older people with a range of support needs, including some people living with dementia. The home is an adapted building over two floors. At the time of the inspection 35 people were using the service.

People's experience of using this service

Systems were in place to keep people safe from abuse. People's risks were monitored and managed appropriately. The premises and equipment were well maintained. Staff were recruited safely and staffing levels were sufficient to meet people's needs. Medicines were managed safely. The service had systems in place for infection prevention and control.

People's needs were fully assessed before they were admitted to the home. Some records required updating. This was addressed immediately following the inspection. Staff training was thorough and on-going. People's nutritional needs were met at the home and people enjoyed the food. The service worked with other agencies when required. The environment was appropriate for people with restricted mobility to move around with ease.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were seen to be treated with compassion and kindness. People were encouraged to express their opinions and were involved in all aspects of their care and support. People's privacy and dignity was respected and there was a strong ethos at the home of promoting independence.

Choices were promoted and staff were alert to people's needs. Requests for assistance were answered promptly. People were supported to maintain relationships with family and friends. There was a wide range of outings and activities for people to participate in. Complaints were dealt with appropriately and used to inform improvement to care provision. Staff had end of life training and were able to care for people at the home if this was their wish.

The values of putting people first and providing a quality service were apparent throughout the inspection. The service engaged well with the wider community, including the local church and the local school. They encouraged and welcomed religious and lay visitors to the home. Systems were in place to inform learning and improvement of service provision.

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

Rating at last inspection:

The last rating for this service was good (published 4 November 2016). There was an inspection in April 2019 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Broomgrove Trust Nursing Home

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.

Inspection team

The inspection was carried out by an inspector, a specialist advisor who was a nurse 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.

Service and service type

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

During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with the registered manager, the clinical lead, a registered nurse, the activities coordinator and two care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted four professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the inspection on 27 September 2016 (published 4 November 2016) this service was rated good. At this inspection this key question was rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe from abuse. People felt safe and told us, "I feel as safe as can be. I think we have the most unbelievable staff you could have."
- Safeguarding training was completed by all staff and they demonstrated a good knowledge and understanding of safeguarding and whistle blowing procedures.

Assessing risk, safety monitoring and management

- People's risks were monitored and managed appropriately. Care plans included relevant and up to date risk assessments.
- Systems were in place to ensure the premises and equipment were well maintained. Equipment was risk assessed for each person and was serviced regularly.
- All relevant environmental checks were completed, and health and safety certificates were in place.

Staffing and recruitment

- Recruitment systems were robust and staff files included all relevant documentation. Disclosure and Barring Service checks, which indicate the suitability of staff to work with vulnerable people, were renewed every three years.
- Staffing levels were based on people's dependency levels and rotas confirmed consistent staffing numbers. There were sufficient staff on duty to meet people's needs. One person said, "There's never been a time when I've questioned the staffing numbers."

Using medicines safely

- Medicines were managed safely. We observed medicines being administered competently and records had been completed well. The home had good systems for managing medicines given as and when required and for homely remedies.
- Storage was safe and there was no overstocking of medicines.
- Creams were applied by care staff, however there were no topical medicines administration records either electronically or paper based. This meant there was no evidence creams were being applied as prescribed. The registered manager and the registered nurses addressed this on the day of the inspection and new records were available by the end of the day.

Preventing and controlling infection

- The service had systems in place for infection prevention and control. Staff wore appropriate personal protective equipment, such as plastic aprons and gloves, when providing personal care.

- The home was clean and tidy and there were no offensive smells. Domestic staff were in evidence throughout the day and bathrooms were fully stocked with liquid soap and paper towels.

Learning lessons when things go wrong

- Lessons were learned by the service from issues such as falls, accidents, complaints and safeguarding issues. These were monitored and analysed, and any emerging patterns and trends identified and addressed with actions.

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.

At the inspection on 27 September 2016 (published 4 November 2016) this service was rated good. At this inspection this key question was rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed before they were admitted to the home and their current health status was clearly recorded.
- Care files included health and personal information, though some contained conflicting or incomplete information. This was addressed immediately following the inspection and evidence of updated care files was supplied.

Staff support: induction, training, skills and experience

- Staff were supported via a thorough initial induction and on-going training. This was confirmed by induction records and the training matrix.
- Records evidenced regular group and individual staff supervisions. These provided a forum for staff to discuss any issues and identify training and development needs.

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

- People's nutritional and hydration needs were recorded. The chef demonstrated a good knowledge of people's needs and was able to explain how these needs were met. One person said, "I am difficult with food because I have allergies, but they adapt the food to suit me."
- Weight management was effective, and weight records were reviewed on a monthly basis.
- We observed the lunchtime meal. People were asked individually what they wanted and shown the dishes on offer to ensure they were able to make informed choices. People who required assistance to eat were helped efficiently by staff. People told us, "We have some good chefs and I can choose where I want to eat", and, "I only have a small bit of food but there's a daily option."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies and this was evidenced within care files. One person said, "We have a doctor who comes in every Wednesday and there is also a chiropodist, a dentist and I've had my eyes tested here. They look after us in every way."
- There were detailed records of referrals to other disciplines. GP and professional visits were clearly documented. A professional visitor said, ". "We are always given prompt access to any information we might require."

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

- The premises were clean, uncluttered, pleasant and bright. The environment was appropriate for people

with restricted mobility to move around with ease.

- There was good signage to help orientate people around the home.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were monitored constantly and any changes responded to with appropriate actions.
- People were escorted to health appointments as required.

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Verbal consent was sought when staff offered care interventions. Written consent was included within care files. Where people lacked capacity to make decisions, this was clearly recorded. Decisions made on people's behalf were made in line with best interests principles and with relevant family members and professionals involved.
- DoLS were applied for and reviewed in line with requirements.
- Staff completed MCA and DoLS training and demonstrated a good understanding of the principles.

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.

At the inspection on 27 September 2016 (published 4 November 2016) this service was rated good. At this inspection this key question was rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were seen to be treated with compassion and kindness. Staff ensured they were on eye level when speaking to people or assisting with meals. One person said, "Indeed I do find the staff very caring. Tomorrow I have a hospital appointment and experienced staff always accompany me."
- People were well presented, some wearing make-up and jewellery if they chose to. Staff clearly knew people well and we witnessed one staff member reassuring a person who was going into hospital for an operation. They were ensuring the person was warm and wrapped up in their coat, gloves and scarf and chatting with them whilst they waited for their transport.
- People's diversity was respected and there was no evidence of discriminatory practice. A professional visitor said, "Residents feel safe with the staff and they respond in turn with quality care and dignity."

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

- People were encouraged to express their opinions and were involved in all aspects of their care and support. There was evidence of family involvement in care planning, reviews and best interest decisions.
- We saw from care files people without family had access to independent advocates when they required them.
- There were monthly residents' and relatives' meetings. A monthly speaker attended each meeting and people at the home and their relatives had been involved in choosing the speakers. This helped people feel more involved in the wider community.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "[Name of staff member] and [name of other staff member] especially are excellent. I have a catheter in but they take all the embarrassment out of the situation with the way they chat and care for me."
- Bedroom doors could be locked if people chose to do this. Staff did not necessarily knock on doors but called out before entering people's rooms and spoke respectfully. A person told us, "The care here is good and not over the top. I feel they keep an eye on me without being on at me all the time, which I like."
- There was a strong ethos at the home of promoting independence. Equipment, such as plate guards, stick mats and special cups helped people eat more independently. One person had a piece of equipment to help put their own stockings on, so they did not always need assistance.

Is the service responsive?

Our findings

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

At the inspection on 27 September 2016 (published 4 November 2016) this service was rated good. At this inspection this key question was rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was person-centred, and people's choices and preferences were documented and adhered to. One person said, "It's my choice to go to bed around 10pm but it wouldn't be a problem whatever time I retired."
- Staff were alert to people's needs and all requests for assistance were answered promptly. We observed excellent responses by staff to two emergencies. One person had a fall and staff attended immediately and checked, reassured and observed them prior to moving them. Another person was taken ill during an activity. The person leading the activity dealt with this efficiently, whilst reassuring the other people in the activity and keeping them calm.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and methods were recorded within the care files. Staff were aware of how to communicate with each individual.
- Information was available in various formats including large print, and yellow paper for people with visual impairments.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with family and friends. One relative said, "They keep in touch with [person's other relative] more about the care plan and [relative] does come up from down South for all those important meetings."
- Three activities staff organised a wide range of outings, activities and occupations. We joined a reminiscence activity for a short while. This was excellently facilitated in a very inclusive and entertaining way and was enjoyed by all who took part. We spoke with one activity staff member who told us, "We try to do group activities and games afternoons."
- People who stayed in their rooms had meaningful one to one interactions, such as nail care, chats, audio books or simply having their hair combed. A relative said, "It's more like a hotel here. [Relative] gets their space which they like and there are still things they can join in with when the mood takes them."

Improving care quality in response to complaints or concerns

- Complaints were dealt with appropriately and used to inform improvement to care provision. The complaints procedure was prominently displayed in the home and people were aware of how to raise a concern.
- The service had received several compliments, including, "I am very grateful that [relative] is in Broomgrove and has such lovely carers and trips out as well as activities and entertainment."

End of life care and support

- End of life care plans, clearly outlining peoples wishes were in place within care files.
- Staff had end of life training and were able to care for them at the home if this was their wish. A card from a relative whose loved one had been cared for at the end of their life read, "Thank you all so much for being with us during [relative's] last few days. We could not have wished for greater care and kindness both to [relative] and the rest of the family."

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 inspection on 27 September 2016 (published 4 November 2016) this service was rated good. At this inspection this key question was rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had an open and inclusive culture. The service's values of putting people first and providing a quality service were apparent throughout the inspection.
- The home was governed by a Board of Trustees, which included a Geriatric Consultant, Nurse, Accountant, Marketing Manager, Business Manager and Expert by Experience. The board met on a quarterly basis to discuss the running of the home. The registered manager had regular supervisions with the Board of Trustees.
- The care was person-centred and focused on the individual needs of the people who lived at the home. A professional visitor said, "I think Broomgrove nursing home is one of the best managed homes in the city."

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 was aware of the duty of candour and demonstrated a willingness to learn and use this learning to improve service provision.
- Complaints were dealt with honestly and openly.

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

- The registered manager was visible throughout the inspection and was available for the inspector when needed. The staff team were pleasant and helpful throughout the inspection and were able to explain their roles with confidence.
- Notifications of significant incidents, such as serious injuries, deaths and safeguarding concerns were submitted to CQC as required. The previous CQC ratings were displayed in the home as required.

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

- People were encouraged to be involved in the service via regular meetings, surveys and informal conversation. People felt the home's manager was approachable. One person said, "The manager is very friendly, and her door is always open." Another told us, "The place is well managed, definitely."
- The service engaged well with the wider community, including the local church, theatre and other amenities. Religious and lay visitors were welcomed into the home.
- Staff felt well supported in their jobs with regular group and individual meetings. One staff member told us,

"Management are always there if you want to talk. People get good care here, we do our best." Another staff member said they felt the management team listened to their thoughts and opinions and they felt they were a valued member of the team.

Continuous learning and improving care

- Systems were in place to inform learning and improvement of service provision. Several audits and checks were completed.
- Monthly reports were submitted to the Board. Issues such as accidents, incidents, falls with harm, complaints, compliments and medicines errors were analysed for patterns and trends and actions put in place where needed.

Working in partnership with others

- The service worked in partnership with commissioners of care and health and social care professionals. A professional said, "It is a brilliant home, well-led, experienced staff, very good care. I am really happy to have been visiting it for 28 years!" Another professional told us, "The home is well led and respected by all residents, visitors and professionals alike. To sum up, I would recommend Broomgrove with no hesitation."
- The registered manager engaged with the local school, delivering teaching sessions around health and social care. Pupils from the school visited the home and some went on to join the workforce as carers or nurses.