

John Tipple

Broomhaven Residential Care

Inspection report

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South Yorkshire
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection visit was unannounced, and was carried out on 22 September 2015. It was undertaken by an adult social care inspector. The home's last inspection was in November 2014 where breaches of regulations were identified, and enforcement action was taken.

Broomhaven is a three bed care home, providing care to adults with learning disabilities. At the time of the

inspection there were three people living at the home. It is staffed by a small team of two care assistants, one senior care assistant and the registered manager, who also owns the business.

Broomhaven is located in a residential area of Rotherham, South Yorkshire. It is in a quiet street and has the appearance of a domestic dwelling.

The service has a registered manager. A registered manager is a person who has registered with the Care

Summary of findings

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

During the inspection people told us, or indicated, that they were very happy with their experience of life at Broomhaven. Staff we spoke with and observed understood people's needs and preferences well. Staff spoke to people with patience and respect, and took time to ensure that people experienced good quality support.

The provider had taken appropriate steps to ensure that people's mental capacity was assessed and that care was provided in accordance with people's consent. Staff had received training in relation to the Mental Capacity Act 2005, and understood its impact on how they provided care and support.

The provider had systems in place to ensure people's safety. This included staff's training and knowledge about safeguarding, and up to date risk assessments. However, some risk assessments were lacking detail. The arrangements for managing prescription medicines were adequate, but improvements were required to ensure that homely remedies were safely managed.

There was an effective and improved audit system in place, which monitored the quality of care provided and the safe running of the service. This system was relatively new, so it was not yet clear whether it was contributing to long term improvements in the home.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe, although further steps were required to improve some aspects of the service provided.

Risk assessments had been completed, and were up to date. However, they did not cover all areas where people were at risk.

Prescribed medication was well managed and handled safely, but the provider did not have adequate arrangements in place for managing homely remedies.

Staff had received training in safeguarding, and the arrangements and policies within the home contributed to protecting people from harm

Requires improvement



Is the service effective?

The service was effective. The provider had comprehensively revised the training arrangements, and all staff had been provided with a wide range of training which enabled them to do their jobs well.

Staff had a good understanding of the Mental Capacity Act 2005, and thorough assessments had been carried out in relation to whether people had the capacity to consent to their care.

Good



Is the service caring?

The service was caring. Day to day procedures within the home took into account people's personal choices.

Staff had a good knowledge of people's needs and preferences, and there was flexibility to ensure that people could decide what they wanted to do on a daily basis

Good



Is the service responsive?

The service was responsive. There were arrangements in place to regularly review people's needs and preferences, so that their care could be appropriately tailored.

There was a complaints system in place, although at the time of the inspection no complaints had been received.

Good



Is the service well-led?

The service was well led.

Improvements had been made in relation to how the provider monitored the quality of the service, but sufficient time had not yet passed for us to assess whether this was embedded into practice.

Policies and procedures had been improved, although the provider's Statement of Purpose did not meet current requirements.

Requires improvement



Broomhaven Residential Care

Detailed findings

Background to this inspection

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

The inspection was unannounced, and took place on 22 September 2015. The inspection was carried out by an adult social care inspector.

To carry out the inspection we spoke with two staff, the registered manager and two people who were using the service at the time of the inspection. We also checked the personal records of all three people who were using the service at the time of the inspection. We checked records

relating to the management of the home, audit records, meeting minutes, two staff members' training records, medication records for all three people using the service and policies and procedures.

We observed care taking place in the home, and observed staff undertaking various activities, including supporting people around the home and helping them access activities and choose meals. In addition to this, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, we reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home. We also obtained feedback from one of the local authorities which commissions places in the home.

Is the service safe?

Our findings

We spoke with one person using the service about whether the home was safe. They told us that it was “very safe” and they said that safety was “important.” They told us that staff kept them safe both in the home and when going out.

We checked three people’s care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained up to date risk assessments which set out the steps staff should take to ensure people’s safety. Risk assessments had been regularly reviewed, and the home’s deputy manager told us that the review programme was an important part of their work. However, we found that some risk assessments did not consider all the risks that people may be vulnerable to, and were not always very detailed.

We found that staff received training in the safeguarding of vulnerable adults, and a new safeguarding policy had been devised. The safeguarding policy reflected the local authority’s procedures, and was accessible to all staff. The registered manager told us that he intended to review the policy annually.

Recruitment procedures at the home had been designed to ensure that people were kept safe. Policy records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work, in addition to providing a checkable work history and provide two referees. We checked one recruitment file and saw that references and a DBS check had been obtained before the staff member had started work.

We checked the systems in place to ensure that people’s medication was safely managed. We found that medication

was securely stored, and records of people’s medication were appropriately kept. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. These records were also accurately kept and a clear audit was identifiable.

Medication was only handled by staff who had received training in relation to medication. This included checking stock, signing for the receipt of medication, overseeing the disposal of any unneeded medication and administering medication to people.

We looked at the arrangements in place for homely remedies. Homely remedies are medicines which people can take without a prescription. We found that people’s files did not contain any information about which homely remedies people could take, or for what ailments. One person’s file showed that they had recently been treated using a homely remedy, but again there was no information about the judgement used to decide that the medication used was suitable. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We looked at the monitoring records in relation to the safety of the premises. The registered manager had implemented a system of safety checks and had carried these out on a monthly basis. Where issues were identified these had been addressed. We checked the arrangements for handling food safely, and found the home had been awarded five stars, the highest rating possible, for food hygiene by the local authority. However, we noted that an issue identified within the local authority’s food hygiene inspection had not been remedied within the timescale required by the inspector. We raised this with the registered manager during the inspection.

Is the service effective?

Our findings

We asked one person using the service about the food available to them at Broomhaven. They told us they always enjoyed the food they had, and told us they could pick what they wanted. Another person used signs to indicate to us that they enjoyed their meals. People's care plans contained information about their food preferences and dislikes, and one person confirmed to us that this was accurate. They told us: "They [the staff team] know what I like, I always get to eat what I like."

We looked at how staff were supported to deliver good quality care and whether the arrangements for supervising staff were effective. A new supervision system had been implemented, and we saw that formal supervision took place regularly and was documented. We noted that the supervision process was very task and training oriented, and did not encompass any reflective practice. We discussed this with the registered manager, who was receptive to developing supervision to further improve it.

We checked whether people had given appropriate consent to their care and where people did not have capacity to consent, whether the requirements set out in the Mental Capacity Act 2005 had been adhered to. The Mental Capacity Act 2005 sets out how to act to support people who do not have the capacity to make a specific decision. Each person's file showed that assessments had been carried out in relation to their capacity to make decisions. Care notes and other records showed that staff were acting in accordance with the judgements made about people's mental capacity.

We asked two staff members about whether people had the mental capacity to make decisions. Both staff spoke

with knowledge about the Mental Capacity Act and the procedures they were required to follow if someone lacked capacity. Training records showed that the provider had ensured all staff had received training in this area, and further training was planned.

The registered manager described that a large amount of work had been undertaken in relation to staff receiving training. External trainers and web-based training had been accessed and staff had undertaken a broad range of training relating to their work. We spoke with one staff member who described that this had enhanced the way that they worked, and supported them to understand their role.

One staff member was relatively new in post. We looked at their induction and found that the registered manager had tailored an in-depth and comprehensive induction programme, modelling the induction on a nationally recognised care qualification. The staff member concerned told us that they had found the process to be useful and effective. They had also been provided with materials to help them better communicate with one person using the service who used a sign language to communicate.

We looked at the care plans of all three people using the service, to check whether their healthcare needs were being met. We saw that people's health was closely monitored, and, where appropriate, external healthcare referrals were made. People had regular appointments with their GPs and, where required, other healthcare practitioners. Staff provided support to people to access these appointments and accurate records were kept of each attendance.

Is the service caring?

Our findings

We spoke with people about their experience of receiving care in the home. One person told us: “They [the staff] are kind, I like living here.” They told us that they had been involved in choosing where to go on a recent holiday, and told us about newly implemented steps to involve them in making decisions about the way the home was run: “We have meetings now, all the residents. We talk about things and I can bring things up if I’m not happy, but I’m always happy so we talk about good stuff.” Another person showed us their bedroom. They used signs to tell us that they liked their room and had chosen the things in it.

We observed staff interactions with people using the service, and found that at all times, staff spoke warmly and kindly with people. Staff ensured that they promoted choice and decision making when speaking with people, and worked in a consistently person-centred manner. Staff we spoke with knew each person’s needs and preferences in great detail, and used this knowledge to provide tailored support to people.

We asked one person whether they knew what was in their care plan. They told us they knew what this was, and said that it contained information about what was important to them, about their relatives and what they liked to do.

Another person showed us a calendar in their room on which staff had assisted them to put symbols, so that they knew what was happening on specific days. We saw evidence in people’s files that they had been involved in care planning and reviewing their care, and pictures and symbols had been used to enhance people’s understanding.

In all three people’s care plans we saw that risk assessments and care plans described how people should be supported so that their privacy and dignity was upheld. We checked each person’s daily notes, where staff had recorded how they had provided support. The daily notes showed that staff were providing care and support in accordance with the way set out in people’s care plans and risk assessments, ensuring their privacy and dignity was upheld.

One person spoke to us about their spiritual beliefs. They told us that they had a specific religious faith, which they said was important to them. Their file showed that staff supported them to access religious meetings so that they could practice their faith. However, there was no other information in their file relating to the person’s faith and its potential impact on, for example, their end of life preferences or their diet. We discussed this with the registered manager on the day of the inspection.

Is the service responsive?

Our findings

There were details in each person's care plan about the activities they liked to take part in. We asked one person whether there were things for them to do at the home. They told us they were "busy busy busy" and said they passed their time cooking, tidying their room, doing jigsaws and chatting with staff. During the inspection we saw that staff spent time with people, supporting them to undertake leisure activities, cook and carry out domestic tasks.

People had recently been on a holiday with staff support. One staff member described how they used brochures and the internet to help people make a decision about where to go on holiday, so that the choice was theirs. One person told us they had enjoyed the holiday very much, and said they had watched musical performances and eaten nice food while there.

There were arrangements in place to assist people in staying in touch with their families. People's files contained information about people's families and friends, and the support that people required to maintain these relationships. One person confirmed that they see their relatives regularly, and during the inspection we observed staff helping this person to send a gift to their family. Another person's relative was visiting during the inspection, and they were enabled to stay for lunch. We asked staff and the registered manager about the arrangements in place for people's relatives to provide feedback to the service. They told us that this was done informally, and there was currently no formal system of surveys or questionnaires.

We checked care records belonging to all three people who were using the service at the time of the inspection. We found that care plans were detailed, and regularly reviewed. One person told us that they enjoyed a particular social activity. This was reflected in their care records, where notes showed that they were regularly supported to undertake this activity. The registered manager told us that a lot of work had been carried out to update people's records and ensure that they were suitable to people's needs.

We spoke with staff about people's changing needs, and how the service could meet such needs. They described to us that discussions took place both informally and at team meetings about how best to support people. They said that because staff knew people's needs well, they had a good understanding of how to support people.

There was information about how to make complaints in the form of a complaints procedure in the communal area. This had been recently updated by the registered manager. The policy set out the correct external remedy for any complainants who were dissatisfied with the internal procedures. However, at the time of the inspection no formal complaints had been received. We asked one person using the service what they would do if they had a complaint. They told us that they would raise it in the residents' meeting, or with the manager. They told us they felt confident to do this.

Is the service well-led?

Our findings

We asked two members of staff about whether they felt supported by the provider. They both told us that they did. One staff member had been heavily involved in the development work that the provider had undertaken since the last inspection, and had been able to contribute to the improvements in the home. They described that the improvement programme had been collaborative work, led by the registered manager and supported by the staff team, to enhance the quality of service provided by the home.

We asked whether regular supervision and appraisal took place, and staff we spoke with confirmed that it did. We checked records which confirmed that a formal, recorded supervision session took place regularly between the registered manager and each member of staff. We asked one staff member whether they found their supervisions useful, and they said that they did. They said it helped them plan their work, and plan future training. The registered manager told us that carrying out documented supervision allowed him to monitor the quality of service provided.

At the inspection of 2014, we identified poor performance in one staff member, which was detrimental to the wellbeing of people using the service. The registered manager told us how he had addressed this performance issue, and provided documentation to show that it had been addressed. He confirmed that this had enabled him to improve the quality of care people received.

We asked how staff and the manager communicated with each other. Both staff members we spoke with told us that, in addition to informal communication at handover periods, a system of formal team meetings had been introduced. We checked minutes of these meetings, and

saw that issues around service improvement, care quality and training were discussed. Regular meetings for people using the service had also been implemented, and minutes showed that people were encouraged to give feedback about their experience of using the service.

We asked the registered manager about the systems in place for monitoring the quality of the service. He described that he had introduced a new system of auditing. This included checks of records, medication, health and safety and the physical premises. Checks were carried out on a six monthly and monthly basis, depending on what was being checked. We saw that, where issues had been identified, there were records showing what had been done to rectify or improve them. The registered manager told us he was finding this a useful way to monitor the service, although, as the system was relatively new its long term effectiveness will only be evidenced when it is embedded into practice.

The provider had carried out a programme of updating policies and procedures within the home, to ensure that they better reflected current best practice and legislation. He told us that he intended to review these documents on an annual basis. We asked to see a copy of the service's Statement of Purpose. A Statement of Purpose is a document that registered providers are required by law to have, and to keep regularly under review. When we checked the document, we found that it did not hold all the information that it was legally required to have. In addition to this, although the registered manager told us he reviewed the document recently, he had not notified CQC of any changes to it, which is a legal requirement. We advised the registered manager of this issue on the day of the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not have appropriate arrangements in place to safely manage people's medicines.