

Bondcare (Bromford) Limited

# Bromford Lane Care Centre

## Inspection Report

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# Summary of findings

## Overall summary

Bromford Lane Care Centre provides residential and nursing care for up to 116 people. At the time of our inspection 109 people used the service and the home consisted of six units which included; a residential unit, a complex needs unit, a nursing unit, a dementia unit, an enhanced assessment unit and a unit for younger people with physical or cognitive disabilities. There was a registered manager in post at the home. This meant that there was an allocated person who was responsible for the day to day running and management of the service.

People told us they felt safe. We saw that staff understood the risks posed to people's health and wellbeing and they knew how to keep people safe. We found that this process could be improved if there was a system in place to ensure documentation relating to risk was kept up to date.

The staff understood the needs of the people who used the service. Care records contained the information staff needed to provide care that was based upon each person's personal preferences. However, systems could be improved to ensure that the information contained in people's care records was up to date.

Care was provided with kindness and compassion by staff who were appropriately trained, but we found that staff would benefit from further training to develop their skills in dementia care.

Some people who used the service did not have the ability to make important decisions about some parts of their care and support. Senior staff had an understanding of the systems in place to protect people who could not make decisions about their care, support and safety.

These systems followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This legislation sets requirements to ensure that where appropriate decisions are made in people's best interests. However, we saw that other staff at the home were not always aware of their role in offering and supporting people to make choices about their day to day care and support.

The home promoted an inclusive culture. People told us their independence was promoted and we saw that staff provided care to meet people's diverse cultural and religious needs.

People could not always be assured that they had received their medicines as instructed by the prescriber and effective systems were not in place to ensure medicines were stored in accordance with manufacturer's guidance. We identified that improvements were required to ensure these systems protected people from the risks associated with their medicines. You can see what action we told the provider to take at the back of this report.

The registered manager had a noticeable presence within the home and the staff all reported that improvements to the quality of care provided had been made since the new manager had been appointed. The registered manager assessed and monitored the quality of the care so that improvements could be made.

The registered manager demonstrated they were committed to improving the quality of care and during our inspection we saw examples of good care that was based upon best practice evidence.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

We saw that people were protected from abuse because the staff had received training in how to identify and report possible abuse.

Staff demonstrated they were aware of the risks posed to people's health and wellbeing and they understood what they needed to do to keep people safe. Any incidents that occurred were reported appropriately by the staff. Systems were in place to identify and manage individual risks such as moving people safely, however records of these risks and the risk management plans were not always kept up to date. This meant that records about people's risks did not always contain accurate information. Despite this the staff demonstrated that they understood people's risks and how they should be managed.

People who could not make important decisions about their health and wellbeing were protected because senior staff understood the requirements of the Mental Capacity Act 2005. However some staff did not understand their role in involving people in making decisions and choices about their day to day care. This meant that people were not consistently involved in making decisions about their day to day care.

Effective systems were not in place to ensure that medicines were managed safely. Staff could not assure people that their medicines were stored at the correct temperature and people did not always receive their medicines in accordance with the prescriber's advice.

### **Are services effective?**

The staff told us that people and their relatives were involved in the assessment, planning and review of care. Some of the relatives we spoke with confirmed this, but records did not always provide evidence to show that people and their relatives had been involved.

We saw that each person had a plan of care in place that outlined their care needs and preferences. These plans were not always up to date, but the staff were able to tell us about people's individual needs and preferences.

We saw that people received care and support from staff who had received appropriate training, but we identified that improvements could be made to improve the staffs' knowledge of dementia care.

We saw that arrangements were in place to request health, social and medical support when needed. People were able to access doctors, chiropodists and specialist nurses when required.

# Summary of findings

## **Are services caring?**

People told us they were happy with the care and support they received. We saw that care was provided in a manner that reflected people's individual needs and preferences.

People confirmed and we saw that care was provided with kindness and compassion and people were treated with dignity and respect.

Systems were in place to ensure that information about people's care needs and preferences were handed over to other providers or professionals if care was needed to be provided by another service.

## **Are services responsive to people's needs?**

We saw that systems were in place to seek the views of people and their families about the care. Feedback gained was used to make improvements to the quality of care.

Staff told us how they met people's diverse cultural and religious needs. We saw that people had the opportunity to practice their religion within the home and people's cultural dietary needs were met.

People had the opportunity to participate in social and leisure based activities. These were based on people's individual interests and preferences.

## **Are services well-led?**

There was a positive and inclusive culture within the home. This had been driven by the registered manager who had identified that a change in culture was required. All the staff told us they felt well supported and were happy with the management of the home.

Systems were in place that ensured the numbers and skills of the staff enabled people's preferences and care needs to be met. The registered manager assessed and monitored the skills and abilities of the staff to ensure that people were cared for safely and effectively.

We saw that incidents and risks were monitored that ensured care was safe and effective. Systems were in place to assess and monitor the quality of the care provided so that improvements could be made.

The registered manager used current best practice evidence to improve the quality of care and support. We saw examples of good care and support that was based upon best practice evidence.

# Summary of findings

## What people who use the service and those that matter to them say

On the day of our inspection 109 people were using the service. We spoke with a variety of people and their relatives from all the units in the home.

People and their relatives told us they were happy at Bromford Lane Care Centre. One person said, "I enjoy living here". Another person said, "I'm happy here. The carers are very good". The relative of one person said, "The staff are all lovely and helpful".

People told us they felt safe. One person said, "I feel safe in my room at night". The relative of one person told us they believed their family member was in, "capable hands".

People told us they were treated with dignity and the choices they made were respected by the staff. One person said, "I can stay up to watch the football if I want". Another person said, "I choose when to go to bed and when I get up".

Some people told us they were free to move around the home as they liked. One person said, "I can come and go as I want".

People told they had the opportunity to participate in social and leisure based activities. One person said, "There are things to do". Another person said, "I've made friends here and they all talk to me".

People and their relatives told us they could raise concerns about the care if they needed to. The relative of one person said, "I would feel happy to approach any staff member".

# Bromford Lane Care Centre

## Detailed findings

### Background to this inspection

We inspected Bromford Lane Care Centre on 15 and 16 April 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting.

This service was inspected as part of the first testing phase of the new inspection process we are introducing for adult social care services.

The inspection was undertaken by three inspectors for adult social care, a pharmacy inspector, a specialist advisor who had a nursing background and an expert by experience who had personal experience of caring for older people.

Before we inspected the service we checked the information we held about the service and the provider. No recent concerns had been raised. We saw that the service

had been inspected three times in 2013 and at all of these inspections breaches of the Regulations we inspected against were identified. However at our last inspection of this service on 11 February 2014 we saw the areas that required improvement had been met.

During our inspection we informally observed how the staff interacted with people who used the service. We also observed how people were supported during their lunch and during individual tasks and activities.

We spoke with 18 people who used the service and the relatives of eight people who used the service. We also spoke with the registered manager and 20 other members of care staff.

We looked at ten people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the home. These included audits and minutes of meetings.

# Are services safe?

## Our findings

Effective systems were in place that ensured any concerns about a person's safety were appropriately identified and reported. All the staff we spoke with told us how they would recognise and report abuse. The staff told us and training records confirmed that staff received training that ensured they understood the systems in place to report safety concerns. We saw examples of referrals that staff had made to the local safeguarding authority. This demonstrated that the staff understood how to identify and report potential abuse.

We saw that people's risks were assessed on admission to the home. This included assessments of the risks to people's physical and mental health. However some people's risks assessments were not always up to date. For example one person's risk assessment recorded that they needed to be moved with the use of a hoist, but staff told us the person no longer required the hoist to move. This meant there was not always a written record that reflected people's current risks. Despite this, staff told us about people's current risks and they demonstrated they knew how to keep people safe.

We saw that when incidents occurred they were reported and investigated appropriately. Staff told us they were made aware of actions taken to reduce further incidents through staff handover meetings and a message system operated to inform staff of changes to people's needs when they clocked on for their shift.

Some people who used the service displayed behaviours that may challenge others. Behaviours can be described as challenging when they are of such an intensity, frequency or duration that they threaten the quality of life and/or the physical safety of an individual or others. These behaviours may include; aggression, agitation and restlessness. We saw that plans were in place to manage these behaviours. However these plans did not always contain the information required to manage people's behaviours using a personalised and individual approach such as how to identify when a person was likely to display this behaviour. Despite this, staff told us how they managed people's behaviours using information that was personal to each individual. For example one staff member said, "I only have to mention a particular place with one person and he is happy to talk for ages on the topic".

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Unit managers responsible for care planning understood the legal framework they had to work within. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements. Unit managers demonstrated they understood the principles of the Act and the DoLS and they gave us examples of when they had applied these principles to protect people's rights.

However, during our inspection we saw that some people were not always consulted with about making day to day decisions about their care. We saw that some staff involved people in making choices about their day to day care and support but that others did not. Where choices were offered, decisions were respected. However some people with dementia were not always offered choices about their food and drink. The majority of the care staff we spoke with could not tell us about mental capacity. This meant some staff did not understand their role in involving people in making choices and decisions about their day to day care and support.

Effective systems were not in place that ensured people were protected from the risks associated with medicines. This meant there had been a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The evidence below describes how this Regulation had been breached.

We looked at how medicines were managed on four of the six units at the home. We saw that medicines that required cold storage were being stored in refrigerators but the temperatures of these refrigerators were not being monitored properly. The service was therefore not able to demonstrate that these medicines were being stored correctly.

We saw that some people did not always get their medicines in the manner the prescriber had intended. An audit of the medication administration records found that some liquid medicines were not being given correctly. One person had not received their prescribed dose of an inhaled medicine and the same person had been having a topical medicine applied more frequently than the prescriber had instructed. We also found that the service

## Are services safe?

was not following the manufacturer's guidance for the application of medicated patches which meant people could not be assured that they had received their prescribed medicine safely.

Some people who used the service needed their medicines to be administered on an 'as required' basis. Staff did not always have access to guidance that outlined when people should receive their 'as required' medicines. For example we saw that one person was prescribed a medicine to help manage their behaviours that might challenge others. No guidance was available for the staff to use to help them identify when this medicine should be used. This meant people were at risk of receiving their 'as required' medicines in an inconsistent or unsafe manner.

We also found that the appropriate safeguards for the administration of covert medicines (medicines that the prescriber has agreed can be hidden in a person's food or drink) were not fully in place. For example information was not always available to inform staff on how to administer covert medicines safely.

We found that medicines were being stored securely. The audit of the administration records showed that on the whole tablets and capsules were being given as prescribed. A good monitoring system was in place that ensured any problems with the administration of the tablets and capsules was picked up quickly and addressed.



# Are services effective?

(for example, treatment is effective)

## Our findings

Staff told us they involved people and their relatives in planning and reviewing their care. None of the people who used the service that we spoke with were able to confirm this, but some relatives we spoke with told us they had been involved. There was not always written evidence within the care records to confirm that people and their families had been involved in the planning and reviewing of the care.

Some people who used the service were unable to communicate verbally or understand verbal communication. Staff told us and we saw that systems were in place that enabled these people to be involved in making decisions about their care. For example we saw that a pictorial menu was available that enabled people to make decisions about the food they ate.

Care records contained plans that were personal to each individual. These plans outlined the likes, dislikes and preferences of each person and the staff we spoke with were aware of each individual's preferences. We also saw that some people had a completed 'This is my life' document in their care records. This contained information about their life experiences. However people's care records did not always contain up to date plans. For example one person's plan recorded that they could only walk short distances with the assistance of two staff, but we saw and staff confirmed that this person had progressed to being able to mobilise longer distances without the supervision of staff. Despite this the staff demonstrated that they were aware of and understood people's current needs.

There was an effective induction system in place that ensured new staff were safe to provide care and support to the people who used the service. We spoke with two new members of staff who confirmed this. One new staff member said, "I did my training and then spent one and a half weeks shadowing an experienced carer before I started to work on my own".

The staff were trained to provide care and support. All the staff told us and we saw that regular training was

completed. One staff member told us, "We are really encouraged to complete training". Training that the staff had received included; safeguarding people, moving and handling, infection control and fire safety. Supplementary training was also offered to staff in relevant subjects to their roles and responsibilities. This included; medication, dementia and pressure care.

During our inspection we identified that some staff had not received appropriate training in dementia care. Staff were not always able to tell us or demonstrate how they would meet the needs of people with dementia in accordance with current guidance and best practice. One staff member said, "I watched a video on dementia but I would like more training on this". We spoke with the registered manager about this who reported that all staff had been booked onto dementia awareness training but they would review this training package. This meant that the registered manager planned to review the effectiveness of the current dementia training programme to make sure that it would enhance the staffs' knowledge of how to care for people with dementia.

Assessment and monitoring tools were used to enable the staff to identify changes in people's health and wellbeing. For example we saw that people were weighed regularly. The staff understood the action they needed to take if a person's weight had decreased.

People were able to access appropriate health, social and medical support when they needed it. We saw that visits from doctors and other health professionals were requested promptly when people became unwell or their condition had changed. For example we saw that professional advice was sought when people had lost weight or their mobility had changed. The staff gave us examples of how they used the advice given by professionals to meet people's health and wellbeing needs. However, this advice was not always documented and incorporated into people's plans of care. This meant there was a risk that professional advice may not be consistently followed by the staff.

# Are services caring?

## Our findings

People and their families told us they were happy with the care and support provided. One person said, “It’s good here, I get looked after”. Another person said, “I enjoy being here. I’m looked after well”. The relative of one person said, “The care is good and the staff are lovely and helpful”.

We saw that people were supported with care and compassion. For example we observed one person with dementia being comforted by staff when they became upset. Staff responded to the person in a kind, calming and reassuring manner. However, the person’s distress was not managed in accordance with current best practice guidance. For example the staff were not aware of validation theory which is a theory based on best practice that can be used to manage distress.

People and their relatives told us they were treated with dignity and respect. One person told us, “I can make my own choices. I can choose to have a lie in if I need it”. A relative told us, “X (person who used the service) always looks clean and smart and they are always dressed in a shirt and tie which is what he wants”. People also told us that their independence was promoted where appropriate. One person told us, “I’m happy here. I can do as much for

myself as I can”. During our inspection we observed staff respecting people’s choices and we saw that people were supported in a manner that promoted and protected their dignity. For example, staff discreetly assisted people to meet their toileting needs.

Staff demonstrated that they had the knowledge to provide personalised care in accordance with people’s preferences. Staff told us about people’s likes, dislikes and behaviours. For example, one staff member told us about one person’s clothing and food preferences.

There were systems in place that provided other professionals or providers with the information required to meet people’s needs and preferences in the event that care or treatment needed to be given by staff from another service. Staff told us that they shared people’s medication administration records and verbally handed over information about people’s individual care needs. The registered manager showed us a new system they were developing to enable written information about people’s needs and preferences to be shared if support was required from another service such as a hospital. This meant there was a plan in place to improve the written information that was shared with other professionals and providers.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We saw that people who lacked the ability to make important decisions about their health and wellbeing were supported in line with the principles of the Mental Capacity Act 2005. The unit managers took the lead on assessing people's abilities to make important decisions about their care. During our inspection we saw a unit manager communicating with an advocate who was supporting a person to ensure that their views were sought and represented for an important decision that they needed to make.

We saw that people who used the service were given the opportunity and were supported to express their views about their care. Meetings were held with people who used the service to discuss the environment, food, staff, activities and laundry. Staff told us that fruit was now offered to people in the morning alongside biscuits as a result of feedback from people who used the service during one of these meetings. Meeting minutes confirmed this.

The views of people's relatives were also sought. Staff and relatives told us that relatives meetings were held at the home. The registered manager told us how they had made changes to the home's laundry service in response to feedback from relatives. The minutes of these meetings confirmed that relatives' views were sought and acted upon.

People received care that met their diverse cultural and religious needs. One person told us, "The chef makes me halal meals". Staff told us they had requested a rabbi to visit a Jewish resident and they arranged for a gospel choir, a church choir, a vicar and a preacher to meet the needs of the people in the home that practiced a variety of Christian religions.

People were protected from the risks of social isolation because they were provided with the opportunity to

participate in leisure based and social activities. An activities coordinator told us how they used information about people's preferences, life history, likes and dislikes to provide a range of activities within the home. Relatives confirmed that activities were promoted at the home. However, relatives reported that activity provision varied on each unit. One relative said, "The activities are okay". Another relative said, "The activities are not as good or done as often as they used to be". During our inspection we saw evidence of activity provision in the form of singing, reading and gentle chair based exercise.

We saw that people could access the community if they wished to do so. Some people we spoke with told us they accessed the community with the assistance of the staff. We saw one person ask the staff to purchase some cigarettes for them. The staff member offered to escort the person to the shop rather than going for the person. The staff told us about a trip to the seaside that was being organised. People were being encouraged to attend with their relatives.

People were able to maintain their relationships with their family and friends. People told us they could see or speak to their families and friends at any time and relatives confirmed this. We saw relatives visiting people throughout our inspection. This included meal times where we saw relatives encouraging and supporting their family members to eat and drink.

People we spoke with were not aware of the formal complaints procedure but systems were in place to gain their feedback. The people we spoke with about complaints told us they would tell a member of staff if they had anything to complain about. We saw that procedures were in place to manage complaints and any that had been made had been dealt with appropriately and in line with these procedures.

# Are services well-led?

## Our findings

There was a positive and inclusive culture at the home. We saw staff provided care with compassion, dignity and respect to meet people's diverse needs. The staff were made aware of the homes values and philosophy through their induction and training.

There was a clear management structure at the home and within the organisation. The staff we spoke with knew who their managers were. Staff told us they felt the home was well led. One staff member said, "X (the registered manager) runs a very good home". The staff told that having a new registered manager had led to changes and improvements to the staff culture within the home. One staff member said, "Relationships with the staff have improved and teamwork is much better". Another staff member said, "She (the registered manager) walks the floor and sees how we work, she is on the ball".

All the staff we spoke with told us they felt supported and enjoyed their work. One staff member said, "I love my job" and "I have dyslexia and I'm fully supported by my managers". Another staff member said, "X (the registered manager) is the only manager I have had who will listen and she is very honest and truthful".

Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider's whistleblowing policy and they told us they would confidently report any concerns in accordance with the policy. One staff member told us, "I am confident my concerns would be taken seriously".

We saw that effective systems were in place that ensured the staffing numbers and skill mix were sufficient to keep people safe. Staff told us that staffing numbers enabled them to meet people's individual needs. The registered manager told us that staffing numbers were flexible to enable people to attend appointments outside of the home if required. This was confirmed by the staff we spoke with and the staff rotas that we looked at.

The unit managers and registered manager all met on a regular basis to discuss what was happening at the home. Daily management handover's ensured that the registered manager was always aware of any issues that may affect the quality of the care provided.

The quality of the care provided was being monitored. The registered manager told us, "The quality assurance systems were failing, so we put new systems in place". Audits completed included; people's weights, the environment, medicine management, catering and infection control. The registered manager told us and we saw that improvements had been made in response to the audits. For example, improvements had been made to the recording of medicine administration as a result of the audit. However, plans to drive these improvements were not always recorded. This meant that there was not always a written action plan in place that could easily be followed by the staff in the event of the registered manager's absence.

The registered manager assessed and monitored the staff's skills and abilities. Staff received regular supervision which included observations of their practice.

Incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. The registered manager told us they had identified that most of the falls at the home occurred at night. They told us about the systems they had put in place to reduce the numbers of falls and showed us the evidence that the systems had been effective as the number of night time falls had greatly reduced.

An effective complaints system was in place that enabled improvements to be made. For example changes had been made to the way laundry was processed at the home which had resulted in the laundry being processed more efficiently.

Some of the care provided was based upon best practice evidence relating to the social care sector. The registered manager told us they had researched dementia care and visited other specialist dementia care homes. As a result they had introduced props such as; mops, dusters and a baby doll and crib onto the dementia unit. They said, "It provides people with activities instead of just sitting". We saw people used these props of their own volition during our inspection. The registered manager also told us about the changes they were making to the environment on the dementia unit. They had introduced tactile sensory boards to the walls on some of the corridors. They said, "They provide therapeutic stimulation and can initiate conversation". This meant that the registered manager was committed to promoting best practice within the home.

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Regulation 13</p> <p>‘The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity’.</p> <p>People were not protected from the risks associated with medicines because effective systems were not in place to ensure medicines that require refrigeration were stored safely and that medicines were administered in accordance with the prescriber’s instructions. Regulation 13</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Regulation 13</p> <p>‘The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity’.</p> <p>People were not protected from the risks associated with medicines because effective systems were not in place to ensure medicines that require refrigeration were stored safely and that medicines were administered in accordance with the prescriber’s instructions. Regulation 13</p>