

BM Care Warwick Limited

# Bromson Hill Care Home

## Inspection report

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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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Bromson Hill is registered to provide accommodation, nursing and personal care for up to 34 older people, including people with dementia. At the time of our inspection visit there were 22 people living at the home. Care is provided across two floors. A communal lounge and dining area are located on the ground floor. Some people's bedrooms were ensuite and there were further communal bathroom facilities located on each floor.

### People's experience of using this service and what we found

At our last inspection, we found concerns related to the risk management of people's health and welfare, medicine management and effective oversight of the service, did not meet the regulations. In response to our last inspection, the provider sent us an action plan telling us how they had strengthened their audit processes and would better address risk management. The new processes would be managed by a new manager to the home to ensure standards and managerial oversight were improved, sustained and that they improved standards of care and quality at Bromson Hill.

At this inspection, we found some systems of governance had been implemented and some areas of risk had been partially improved. However, the provider's systems were not yet effective and established because they had not identified all the improvements required. This was because the systems effectiveness and how they were embedded in day to day practice required more time to develop.

Some areas previously identified as a concern at the last visit remained, which meant some people continued to be exposed to the potential for harm. Care plans that had been completed to a 'new standard' continued to fall short of requirements. Audits had not identified this. We also found some newly implemented medicines checks did not cover all aspects of safe medicines management.

Other newly implemented audits needed further improvement because some were a tick box to show a check was completed rather than identifying and improving what was required. We acknowledge some improvement was made by the new manager; however, we could not be confident the provider had learnt lessons as similar issues repeated themselves. This showed us lessons had not always been learnt because the same issues remained from the previous inspections.

Infection control systems implemented during a pandemic were in place. However, as health professional visitors, on the first day, the inspection team were not all checked to ensure we were negative of COVID-19 and temperature checks were not always completed in line with the provider's management processes.

People's overall feedback to us was mainly positive of a service they received that they felt met their needs. However, we found care plans, care plan reviews and risks associated with some people's care were either not recorded, not updated or were not followed or consistently understood by the staff team. Staff conversations about the people they looked after and how they needed to be cared for, were inconsistent.

Staff understood their responsibility to report any concerns to protect people from the risk of abuse.

Staff were positive about the new manager and the work the manager had put in to improve the quality of care people received. Staff had received training in key areas such as fire safety and first aid. However, some additional training for staff who maintained and checked fire safety, needed improvement.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 29 April 2022) and there were breaches of regulation. This service has been in Special Measures since 17 February 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

The provider had received warning notices following the last inspection and they had to be compliant with these. The provider was also required to send us an action plan telling us how they would improve and by when. At this inspection enough improvement had been made against regulation 12 and the warning notice and regulation was met. However, the regulation 17 warning notice was not met. This meant the provider continued to be in breach of this regulation.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bromson Hill Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to good governance. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will send the provider a formal letter requesting an action plan to understand what they will do to further improve their quality assurance systems. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Bromson Hill Care 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors who visited Bromson Hill on 29 June 2022. We were supported by a nurse specialist advisor and an expert by experience. An expert by experience is someone who has experience of using this type of service.

#### Service and service type

Bromson Hill is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 service did not have a registered manager. The home was managed by a manager and the manager was in the process of registering with us.

#### Notice of inspection

This inspection visit was unannounced.

### What we did before inspection

We reviewed the information we held, such as people and relatives' feedback and statutory notifications, as well as information shared with us by the local authority. We also reviewed the action plan and warning notice response that the provider sent us following our last inspection. This is what the provider told us about the improvements and ways they would ensure, actions were taken and continually monitored. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with two people who received a service to get their experiences about the quality of care received. We spoke with three visiting relatives and asked them for their feedback about the service provided. We spoke with three members of care staff, one nurse staff member, two housekeeping staff, a maintenance person and a chef. We also spoke with the manager who started work at the home following our last inspection visit and a deputy manager who was the clinical lead.

We reviewed a range of records. This included eight people's care records and samples of medicine records and daily and associated records of their care. We looked at records that related to the management and quality assurance of the service, fire safety and environmental risks and records for infection control and risk management. We also reviewed staff recruitment files and agency staff profiles.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has changed to requires improvement. This meant people were not always safe and protected from avoidable harm.

At our last inspection, the provider had failed to robustly manage risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvement had been made. The provider was no longer in breach. However, further improvement was still required to ensure people continued to receive safe care.

### Assessing risk, safety monitoring and management

- In response to the last inspection, the provider said they would improve risk management related to people's care needs and within the environment. At this inspection, we found some improvements were made, but risk management and clinical oversight needed further improvement.
- Risk management plans had not always been reviewed following significant incidents. One person's falls management plan stated their risk assessment should be reviewed following each fall. The person had fallen on 28 and 30 March 2022 but their falls risk assessment had not been reviewed since 8 March 2022.
- One person had been admitted to the home 48 hours prior to our inspection visit. There were no basic care plans to inform staff about how to manage the person's most immediate and significant risks. The risk was mitigated because the person's previous home had supplied good information about the person's care needs.
- Following our last inspection, the provider had started to take action in response to a fire authority inspection carried out on 29 November 2021 which had identified several deficiencies relating to fire safety and systems. However, we found some of the actions taken were not sufficiently adequate to address the fire safety risks. For example, checks on fire doors, gaps and fire seals were not completed or recorded. We found some newly replaced fire doors in the loft had gaps under the doors. We found some fire doors identified as to be closed, were not and some fire doors failed to close properly. We spoke with the maintenance person responsible for these checks. They told us they had not yet had training so did not complete those checks. The manager agreed to follow this up and make sure they understood what to check and record.
- The provider was addressing environmental hazards which posed a risk to people, staff and visitors to the home. The provider had removed certain external structures to ensure people and visitors remained safe. However, this remained a work in progress at the time of our inspection visit and we found further work was required to improve the fabric of the building and improve the safety of the premises.
- Weekly checks of window restrictors were completed; however, the restrictors were not fitted with the correct tamper proof screws or covers to prevent people from removing them. The manager agreed to rectify this.
- At the last visit we found people's call bell alarms were not always on hand, so people were at risk of not receiving prompt support. At this visit we found people had their call bells to hand so if they needed to call



for assistance, this was possible so they could get support in a timely way.

### Using medicines safely

- At our last visit we found some 'as and when' required medicines did not have a protocol to tell staff, when these were safe to administer. We found pain patch medicines were not being recorded and administered in line with manufacturers guidelines. We also found medicines disguised in food and fluids were not always given safely. At this visit we found improved practices around medicines disguised in food and fluids and patch medicines were now recorded on body charts to show staff where the patch had been administered. However, some improvements were still required.

- For example, we found patch medicines were not always applied in line with manufacturers guidelines so there was a risk, the medicine may not be given safely.

- Improvements were required when MAR sheets required two signatures. We found five charts were only signed for by one staff member. This was not in line with NICE Guidelines.

- We found some medicines protocols to be given in the event of a seizure in an emergency on an 'as and when' required basis, were not in place. These medicines need specific instructions on when to be given, this is in the form of a personalised protocol. These were not in place and meant we were not assured that these medicines would always be given at the correct time. The manager assured these issues would be addressed as a matter of priority.

- We found medicines requiring storage in a refrigerator were kept within safe temperature controls.

- We checked time critical medicines and found they were administered at the times people required them and before food was given, in line with the prescription.

- We checked stock counts of boxed medicines and found stocks were correct.

- Staff who administer medicines are required to be assessed as competent. We saw competencies assessments had not been completed and asked the manager to complete these at the earliest opportunity.

### Learning lessons when things go wrong

- There were processes to review and look at patterns and trends, for example through incident and accident management. However, they were ineffective because staff were not always following the provider's policies and procedures for reporting and recording accidents and incidents.

- We found some of the issues from the previous inspection remained. Whilst actions had been taken following that visit, those improvement actions have not been learnt, understood and consistently mitigated to drive up standards.

### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found some clinical bins did not have yellow clinical bags and in some bins, clinical waste went directly into the bin and not a bag as required.

- We were somewhat assured the provider was preventing visitors from catching and spreading infections. Not all the inspection team were asked about any health screening questions nor were we asked to show evidence of a negative test which is a requirement for inspectors before entering the home to determine our COVID-19 status. Where forms were completed, these were taken away without being read.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured the provider was using Personal Protective Equipment (PPE) effectively and safely.

- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.

#### Visiting in care homes

- The manager told us there was no restriction on visiting. Families and friends were able to visit without formal appointments.

#### Staffing and recruitment

- At our last inspection there were enough staff to meet the needs of the people living at the home but with a significant reliance on agency staff. The high level of agency staff did not ensure the staff team had the right mix of experience and skills to meet people's needs safely and effectively.
- At this inspection there continued to be enough staff to provide the care and support people required and the provider's recruitment campaign meant the use of agency care staff had significantly reduced in the home, although they were still reliant on agency staff supporting shifts.
- Staff told us how greater consistency within the staff team had improved the care people received. One staff member told us, "People seem happier now, they don't like different faces and tend to bond with certain individuals. I think they like to see the same faces."
- Following our last inspection, the new manager had introduced systems to ensure agency staff profiles and photographic identification were received before they worked at the home.
- However, during our visit we found gaps in the recruitment records in respect of people's right to work in this country. Interviews had not been fully recorded to provide assurance that anomalies in application forms had been explored during the interview process. In one example we found a person's visa had expired and no evidence to support they could continue to work. Following the visit, we spoke with the provider who assured us they had evidence to demonstrate the staff member was able to continue to work.

#### Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they were happy with their care and support and that they felt safe when staff supported them. One person told us, "I'm as safe as I would be anywhere, no reason not to feel safe."
- Staff were aware of how to raise concerns with the manager and if needed, information was readily accessible about how to escalate those concerns to external agencies. One staff member told us, "I would go and tell the manager and if no action was taken, I would go higher. It is written down in the staff room."
- The provider had referred notifiable incidents to us which was their regulatory responsibility to do so.

# 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 last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We could not be confident people received the right support to maintain their nutrition and fluid intake.
- People we spoke with were not complimentary about the food. Comments included, "What I have is edible" and "No taste to it."
- At lunch, staff gave people a menu card so they could make a visual choice. Most people could support themselves to eat. We saw one staff member supporting two people at the same time to eat their meal. There was limited engagement which made it look task orientated and not person centred or dignified.
- During our visit we saw people being offered drinks, however with most people in bed, those drinks were put on tables by staff, that were sometimes out of reach of the person.
- We could not be confident that people who required support, assistance and encouragement to maintain good hydration and nourishment, received effective support.
- We checked examples of people's records who were assessed at risk and required their food and fluids to be monitored. Staff told us they completed food and fluid records, but we found gaps in the recording. We saw incomplete records of what people had consumed and records that showed people did not have drinks from early evening until the next morning. This meant it was not always clear what food or drinks people liked or consumed so more or similar choices could be given to maintain their hydration and nutrition.
- Monthly weight loss and weight increases were reviewed for those people at risk. However, for people who had lost weight, those reports stated action as 'referred to GP'. We saw no notes or referrals had been made so we couldn't be confident people received the right support. Where snacks should be offered, there was no record of this being done to support people's health and welfare. We were assured people received higher calorific foods to help maintain their weight as much as possible.

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

- People lived across two floors and they had their own bedroom, some with ensuite facilities. Some bedrooms were personalised, but the overall feel of the rooms was similar in colour, materials and furnishings.
- The provider was in the process of undertaking maintenance and redecoration internally and externally at the home. These improvements would improve the overall safety and appearance of the home.

Staff support: induction, training, skills and experience

- Staff training and refresher training had been identified as requiring improvement following our last visit. Training records and conversations with the manager told us training courses had recently been completed. The deputy manager had recently completed a 'train the trainer' course so was on hand to support staff in

certain topics.

- New staff received an induction when they first started working at Bromson Hill that included training and working alongside more experienced staff. A new staff member said, "The induction was good. The first three days I was shadowing and then I got the manual handling training and then I was able to work alone."
- Staff told us they had received further training following our last inspection visit and completion of required courses was checked by the new manager.

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

- People received support from other health professionals. People told us they saw health professionals when required. Comments were, "The chiropodist normally comes" and "I see a lady for my nails. Another person told us the optician visits the home."
- The new manager had introduced regular multi-disciplinary ward rounds in the home involving the GP and frailty nurse to ensure people received regular reviews of their health conditions. This ensured any changes in need could be identified and managed promptly.
- However, we could not be confident that advice was always followed. We looked at one person's care who was at risk of weight loss and who was diabetic. This person was reviewed by the diabetic nurse on 25 April 2022. Their advice was for staff to offer food with high calorific value. The person's nutrition care plan was dated 3 January 2022 and had not been updated to reflect the diabetic nurse's advice. The cook told us all people received calorific foods to help people maintain weight and to support their wellbeing.
- The provider was not following the best practice guidance set out in the CQC "Smiling Matters" document of June 2019. People did not always have oral health care plans detailing what support they required to maintain their oral health.

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 when this is in their best interests and legally authorised under the MCA. 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.

- Where people had restrictions placed upon them, authorisations were approved.
- Staff respected people's right to decline support and assistance but understood that where people lacked capacity, they sometimes needed to act in their best interests to minimise risks to their health. One staff member explained, "We can't force them, but we still ask. If they needed personal care, I would go with the care, it may be a little inconvenient for them but in the long run it is better for them. It is not forcing them."

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

- We were not confident people's needs; especially more clinical needs were being correctly assessed. We saw assessments and reviews were being completed, however they did not always contain the right levels of information.
- Following the previous inspection, the provider had voluntarily stopped admissions until they were confident, their systems had improved to facilitate a safe admission. Two days prior to this visit, the provider

accepted a new admission, but we found the provider only relied on information about the person given to them by the previous care home provider. The provider told us a care plan would be completed but this was not what we found. Before we left the visit, the clinical manager had begun to complete a care plan.

# 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 last inspection this key question was rated as inadequate. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection, the provider did not demonstrate effective governance, including assurance and auditing systems or processes. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider remained in breach of regulation 17.

- Following our last inspection, the provider had recruited a new manager who had been in post since the end of February 2022.
- The new manager was open about the scale of improvement that was required when they took over the management of the home. Whilst we found some improvements had been made, further improvements were still required to ensure the safety and effectiveness of the service.
- The new manager had implemented systems to review care plans, manage accidents and incidents and ensure the good governance of the service. However, these were not embedded so we could not fully assess the effectiveness of those systems in driving improvements and maintaining standards.
- We checked examples of newly introduced audits and found in some cases they were a tick box exercise instead of assuring themselves, what was checked was correct. For example, some fire safety and environmental checks were completed as correct, but they were not. We found some fire doors were not checked for gaps, fire seals and some window restrictors were not fixed with the right screws or covers.
- Further improvements were still required to ensure clinical risks were managed and acted upon and records were completed accurately to demonstrate safe practices were followed.
- Care plans that had been completed to a 'new standard' continued to fall short of requirements. Audits had not identified this.
- We found some medicines checks newly implemented did not cover all aspects of safe medicines management. Staff competencies for safe medicines management were not completed and systems to oversee food and fluid monitoring required more oversight to ensure they remained effective.
- We acknowledged some improvement was made by the new manager; however, we could not be confident the provider had learnt lessons as similar issues repeated themselves.
- Staff told us there had been no meetings with the provider following our last inspection and that the contents of the last report had not been formally shared with them, discussed and ways they could all

improve together for the benefit of those people receiving a service. One member of staff told us, "I don't think he does understand the level of your concern to be honest."

The provider has failed to make and sustain improvements to the service and comply with regulations. Service oversight and governance systems although improved, have not improved enough. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff spoke very positively about the new manager and their improved oversight. One staff member told us, "There has been a big change since he has been here and all for the good. A lot of paperwork has been changed now and is being done as it should be." Another staff member commented, "The paperwork is much better now. I can't say it is 100% but it is definitely better."
- Staff told us communication within the home had improved since the new manager had arrived and that staff meetings were happening more regularly. Minutes of staff meetings demonstrated that discussions took place about staff practice and any improvements required.

Working with others

- The new manager was establishing better working relationships with other healthcare professionals to improve outcomes for people.

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 new manager understood their responsibility to be open and honest when things had gone wrong. The provider took the opportunity to stop admissions following the last inspection to improve the service people received. The new manager and provider were honest with the outstanding actions that had to make from their own improvement action plan.
- The provider had met the legal requirements to display the services latest CQC ratings in the home and on their website.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider continued not to have and operate, robust quality systems or processes that were fully effective to monitor the service appropriately, including people's safety and people's clinical risks.