

## Broughton House - Home for Ex-Service Men and Women

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### Inspection report

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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 

# Summary of findings

## Overall summary

### About the service

Broughton House - Home for Ex-Service Men and Women is a nursing home providing personal care to 29 people aged 65 and over at the time of the inspection. The service is registered to support up to 35 people.

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

People told us they received their medicines as they should. However, the provider did not have robust systems for the proper and safe management of medicines. Some systems and processes did not always assess, monitor and improve the service provided.

We looked at systems for the recruitment of staff, staff deployment and people's care plans. We have made a recommendation about the deployment of staff and a recommendation about following good practice guidance to ensure care plans reflect people's needs.

People's care and support had been planned in partnership with them and their relatives. Staff had received regular training and supervision to support them in their roles. 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.

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. People told us they felt safe when supported by contracted staff. Relatives told us they felt their family members were safe at Broughton House - Home for Ex-Service Men and Women. Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care.

People received person-centred care which was responsive to their needs. People's communication needs had been assessed and where support was required these had been met. The interim manager dealt with people's concerns and complaints appropriately. One relative said, "They [staff] pre-empt things because they have a lot of experience they can see problems arising quickly and start dealing with them straight away."

People were positive about the service and said staff were kind and caring. People were treated with dignity and respect and their right to privacy was upheld. The service could provide people with information about local advocacy services, to ensure they could access support to express their views if they needed to. The management team worked with people's advocates.

The service worked with a variety of agencies to ensure people received all the support they needed. People were happy with the service and support that they received. Staff felt well supported by the management team.

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

The last rating for this service was good (published 10 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and Well-led sections of this full report.

#### Enforcement

We have identified breaches in relation to the management and administration of medicines and the management and oversight of the service delivered.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Broughton House - Home for Ex-Service Men and Women

## **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 one inspector and one 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

Broughton House - Home for Ex-Service Men and Women is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. The provider had appointed an interim manager while they recruited a new permanent manager. Managers registered with the Care Quality Commission and the provider are legally responsible 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 to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service from other sources. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

### During the inspection

We spoke with seven people and eight relatives about their experience of the care provided. We spoke with 10 members of staff including the chief executive, interim manager, senior care workers, care workers, chef and maintenance staff. We observed how staff interacted with people, how they were deployed around the home and how they responded to people's requests. This helped us understand the experience of people particularly those who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at 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 looked at training data and quality assurance records.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People received their medicines and creams when they should. One person's medicine total was incorrect and did not match the stock on site. Documentation was unavailable to show when the error had occurred. The stock difference had not been picked up within any internal audit. The interim manager took immediate action to investigate the discrepancy and resolved the issue.
- Records related to the room and fridge used to store medicines indicated regular checks on their suitability had not been consistently completed.
- Some documentation did not clearly guide staff on the dose of as and when medicines to administer. When people required medical interventions, records did not clearly guide staff on what symptoms to look for or when to administer medicines.

We found no evidence people had been harmed however, some systems were not robust enough to demonstrate the management and administration of medicines was safe. This placed people at a potential risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew people well and took a person-centred approach to the administration of medicines.
- People were happy with how their medicines were managed. One person told us, "I take my own medicines. I'm on lots of different meds. The staff do make sure you've taken them though, they check."

### Staffing and recruitment

- People, relatives and staff told us staffing levels were enough to keep people safe. However, we received poor feedback on the availability of staff. One person stated, "I definitely think there could be more staff. Sometimes it takes them up to ten minutes to respond to my buzzer." One relative commented, "The Staff are absolutely brilliant, but they are rushed off their feet. They [people living at the home] can be left here in the lounge for hours doing nothing." One staff member said, "We don't have time to socialise. We rarely get quality time with people. Teatimes are chaotic."

We recommend the provider follow good practice guidance on staffing levels and their deployment to meet people's needs.

- The interim manager who told us they were in the process of reviewing staffing levels, shift patterns and roles.
- Recruitment continued to be safe and managed well. Checks had been made before new staff had

commenced their employment. This was confirmed by staff members we spoke with.

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

- People were protected from the risk of abuse and unsafe care. Staff we spoke with understood their responsibilities to keep people safe and to protect them from harm. One person told us, "I've been here over a year now and yes, I do feel safe living here." A staff member said, "People are safe living here."
- The interim manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Policies and procedures for safeguarding and whistleblowing were up-to-date and operated effectively.

#### Assessing risk, safety monitoring and management

- The service assessed and managed risks to keep people safe. There were risk assessments to guide staff on safe working practices and to keep people safe from avoidable harm. For example, people had been assessed against the risk of falling and using equipment to keep them safe. The provider was in the process of updating the care plans to ensure all risks were identified and documented.
- Staff knew how to support people in an emergency. People had personal emergency evacuation plans which ensured in case of a fire staff had guidance on how to support people out of the building. These were under review to ensure they were person centred.

#### Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We saw staff used PPE when appropriate. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.
- The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

#### Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents. No incidents had occurred; however, they would investigate, and actions put in place to minimise future occurrences. The interim manager informed us lessons learned would be shared with staff to improve the service and reduce the risk of similar incidents.

# 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 remained the same. 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 had their needs assessed before they came to live at Broughton House - Home for Ex-Service Men and Women. Information gathered during assessment was then used to create people's care plans.
- We saw the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This ensured people received effective, safe and appropriate care which met their needs and protected their rights. Care and support for people was reviewed regularly or when people's requirements changed.

Staff support: induction, training, skills and experience

- Staff told us they had access to ongoing training and development relevant to their role. One staff member told us, "We have training regularly."
- Staff said they felt supported during their induction and within their roles. They said they benefitted from working alongside experienced colleagues. One staff member told us, "We [staff team] are like a family. We look after each other."

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

- People's nutritional needs were well managed where required. Care plans confirmed people's dietary needs had been assessed and support and guidance recorded. People had access to food and drink 24 hours a day. One staff member told us, "The food is very good, I don't know where they put it all."
- People were happy with the availability and variety of food available. One person commented, "The food is excellent. They give us the type of food that we like. It's well cooked and there is plenty of choice."

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

- People's assessed needs were being met. People's care plans included information about their healthcare needs. The care plans were under review to ensure all information was included.
- People were supported by staff to attend any healthcare appointments when needed. One relative stated, "[Family member] has been in lots of different care places but I can assure you that you won't find a better place than this."
- The service maintained good working relationships with health professionals and sought guidance when needed. We observed community-based health professionals visit to complete health and social care assessments.

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

- The provider was in the process of having a new build care facility built in the grounds of the current home. The provider had consulted with experts to ensure the design and decoration met people's current needs.
- The current premises were appropriate for the care and support provided. Communal areas were provided where people could relax and spend time with others. The building was accessible to people who had limited mobility.

#### 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.

- Records contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. Consent documentation was in place and signed by the person receiving care.
- The interim manager reviewed all paperwork related to consent and people's restrictions and submitted all relevant paperwork.

# 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 last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were involved in their care and supported to make decisions and express their views. Feedback from questionnaires was overwhelmingly positive.
- Care records showed care planning was centred on people's individual needs and preferences and was under review to include more person-centred documentation.
- The management team, when appropriate, had worked with people's advocates and had copies of relevant paperwork. These are people who ensure people's rights and best interests are being protected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity when delivering personal care. A relative wrote, 'You [staff] were always the constant representation of hope and support with a totally honest realisation of where we all were and how we should expect matters to be and how to support [relative] with respect and dignity.' We observed staff asked for consent when they supported them with care needs.
- Staff informed us they were aware to ensure when people received personal care they were supported in private.
- Staff promoted people's dignity when faced with negative behaviours that could be challenging. One staff member said, "It's not his fault, he's a lovely man and it can't be helped."

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

- People were supported by caring and respectful staff. One relative told us, "The staff do care here." Another relative wrote, 'During visits I often witness the love and support your staff give to [family member]. I've seen staff embracing him and kissing him on the forehead whilst passing comforting words.'
- Staff were knowledgeable about people's backgrounds and preferences. We spent time observing staff interacting with people who used the service. We found staff were kind, caring and considerate of people's individual needs and preferences and respected their culture and life experiences.
- We observed people were comfortable in the company of staff and actively sought them out. People spent time in the office and were actively included within conversations taking place.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- The management team completed an assessment of people's needs before they could move into Broughton House - Home for Ex-Service Men and Women. This ensured the service was right for the person and the service could meet the person's needs.
- Care records we saw were person-centred and individualised documents. However, we found some care plans required additional information to reflect people's health conditions. However, staff knowledge and experience of how to deliver personalised care was not always reflected in care plans.

We recommend the service follows good practice guidance and reviews all care planning documents, so they reflect what support people require to meet all their needs.

- The interim manager told us the review of people's care plans and support had already begun. Staff had been allocated time to update people's information.
- People were happy with the care and support they received. Staff were observed being responsive to people's needs. Staff knew people's likes, dislikes and preferences and used this information to care for people in the way they wanted. One person told us, "The Staff here are all very good. From top to bottom the care is excellent."

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.

- We saw people's communication needs had been assessed and where support was required this had been met. For people with limited verbal communication staff were guided to monitor facial expressions and body language.
- Staff were able to say how best to communicate with people including phrases and actions that promoted positive responses from people.

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

- We received mixed feedback on activities at Broughton House - Home for Ex-Service Men and Women. One person told us, "There are usually plenty of things going on here." A relative commented, "I have to phone before I visit to check that [relative] is in." A second relative stated, "There are not enough activities here."

They sing songs and they do take them out a lot to be fair." The provider was in the process of recruiting a new activities co-ordinator at the time of the inspection.

- People maintained relationships which mattered to them. We spoke with relatives as they visited their family members. They told us they were welcomed at the service and they were given the space and time they needed with their relatives.
- People were supported to pursue their hobbies and lifestyle choices. One person was supported to follow an interest in trains and painting. A second person enjoyed trips to the shops to maintain their sweet tooth.

#### Improving care quality in response to complaints or concerns

- There were processes to ensure all complaints would be dealt with appropriately. The interim manager told us they would use complaints or concerns as a positive experience and learning opportunity to improve the service. No complaints had been received.
- People told us they were happy with the service their relatives had no reason to complain. Everyone we spoke with said they were very confident if they ever had any concerns these would be dealt with professionally.

#### End of life care and support

- People's end of life wishes including their resuscitation status had been recorded in people's care plans. The interim manager said, "It can be a positive experience having these conversations with people."
- The staff worked with the local health professionals and palliative care team to ensure people had dignified and pain free end of life care. End of life drugs were stored safely on site just in case they were needed. The interim manager was planning to introduce a palliative and bereavement model of care that promoted dignity, respect and compassion before, during and after end of life care
- Staff felt Broughton House - Home for Ex-Service Men and Women offered excellent end of life support. One staff member told us, "It's the little things that make a difference, relatives can stay over. After someone has died we wash and dress them and make them comfortable. We still have a duty of care." Feedback from one relative included, 'You [staff member] allowed me the privacy of being with [family member] as he peacefully slipped away, I knew you were there, and you knew when to step forward and support me whilst caring for [relative] in his very last moments.'

# 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 good. At this inspection this key question has now deteriorated 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; Continuous learning and improving care

- We reviewed auditing and governance systems and found they had failed to identify or address the concerns raised during the inspection.
- Some audits that were carried out did not always lead to actions required to address concerns and improve the quality of the service

We found no evidence people had been harmed however, the provider had not met their regulatory responsibility to have effective systems to have oversight of and manage the service delivered. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been a recent change in the management team. An interim manager was appointed until the new permanent manager was in post. The interim manager told us they had already started introducing new systems to address the concerns raised. One relative commented, "One manager has just left and [interim manager] has taken over. She's absolutely lovely and wants to make changes here. I think she'll be really good."

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

- The management team were working to promote a positive environment for people, relatives and staff. People and staff told us there was a visible management presence within the home and they would feel comfortable approaching them to share their views. One person told us, "I can talk happily with the manager and all the staff." One relative commented, "Both the manager and the chief executive are very easy to talk to."
- The service was well-organised and there was a clear staffing structure. The interim manager received positive feedback. One staff member said, "[Interim manager] is very good. She gets us, she understands us."

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

- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. The management team knew how to share information with relevant parties when appropriate.

The manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law. The previous inspection rating was conspicuously displayed in the home.

- People and their relatives told us the management team shared information with them when changes occurred, or incidents happened. One relative said, "Communication from the home is very good. Even if there is a slight problem, they will ring me and inform me."

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

- The manager had systems to gather the views of people and relatives. We saw meetings took place with people and their relatives and staff. The service had sought the views of people they support and family members through care plans assessments and questionnaires. People told us they felt consulted about the service they received and were able to put their views forward. One relative wrote, 'My [relative] couldn't have better care, everyone loves him, and I want to say a big thank you to everyone for their kindness' give the girls a pay rise.'
- Staff told us they could contribute to the way the service was run. Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions. They told us they felt consulted and listened to through daily huddle meetings and supervision.
- The service was relocating to a purpose build property. This was being built to ensure people received appropriate care and support in an environment that respected and accommodated their needs.

Working in partnership with others

- There were established relationships with other services involved in people's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met. This included weekly visits from G.P.s and support from the community liaison team. This helped to ensure a multi-disciplinary approach had been taken to support people with the care they needed.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider in some instances failed to ensure the effectiveness of some systems for the proper and safe management of medicines.  Regulation 12(1)(2)(g).

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 in some instances failed to ensure the effectiveness of some systems to ensure compliance with all regulations.  The provider in some instances failed to ensure that service users had accurate, up to date records of their care and support.  Regulation 17(1)(2)(b)(c).