

H U Investments Limited

Broomfield Lodge

Inspection report

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Date of inspection visit:
06 June 2017
07 June 2017

Date of publication:
30 June 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 6 and 7 June 2017 and was unannounced.

Broomfield Lodge provides accommodation and personal care for up to 24 older people and people living with dementia. The service is a large converted property and accommodation is arranged over two floors. A lift is available to assist people to get to the upper floor. The service has 21 bedrooms, seven of the bedrooms have ensuite toilets. There were 20 people living at the service at the time of our inspection.

There was a registered manager working at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We last inspected the service in April 2016. We found shortfalls in the service. The provider had failed to store medicines safely, had not accurately recorded the application of creams and had not checked staff competency regularly to assess that medicines were administered safely. The provider had failed to develop a care plan for each person, which included ways in which the person preferred their care to be provided and how they could maintain their independence.

We asked the provider to provide an action plan to explain how they are going to make improvements to the service. At this inspection we found that improvements had been made.

Each person had a care plan that had been written with the person and their relative, giving details of how they like to be supported with their care. There was detailed guidance for staff to follow to provide consistent and safe care, staff were knowledgeable about people's preferences and described how they supported people following the guidance in the care plans.

People's medicines and creams were stored safely. There were accurate records of where and when the creams had been applied. Medicines were stored at the recommended temperature to ensure the medicines remained effective. People received their medicines when they needed them from staff trained and competent in the safe administration of medicines.

People told us they felt safe living at the service. Risks to people were identified and assessed and guidance was provided for staff to follow to reduce risks to people. Some risk assessments were not detailed enough to ensure that all staff were providing support in a safe and consistent way. Staff told us how they provided support to people and this was safe and consistent. During the inspection the registered manager completed new detailed risk assessments. We have made a recommendation that risk assessments should include more detail.

Staff completed checks on the environment, to ensure people were safe. Accidents and incidents were

recorded and analysed to identify any patterns or trends to mitigate the risk of them happening again.

Staff knew about abuse and knew what to do if they suspected any incident of abuse. Staff were aware of the whistleblowing policy and the ability to take concerns to agencies outside of the service. Staff were confident that any concerns they raised would be investigated to ensure people were kept safe.

People received effective care from staff who had the knowledge and skills to carry out their roles. Staff were knowledgeable and were able to tell us and we observed how they put their training into practice. Staff understood their roles and responsibilities, the management team worked with staff to ensure they were competent in their roles. Staff told us they felt the management team was approachable and supportive.

The registered manager followed the provider's recruitment policy to make sure that staff were of good character. Staff completed regular training, had one to one meetings and annual appraisals to discuss their personal development.

There were consistent numbers of staff employed to meet people's needs. At the last inspection, people told us that they were not able to always get up when they wanted to and had been an area for improvement. At this inspection, the registered manager had altered the shifts staff worked so there was an extra member of staff early in the morning to support people who wanted to get up early.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. Staff knew the importance of giving people choices and gaining their consent.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Applications for DoLS had been made in line with guidance.

People enjoyed a choice of healthy, home cooked meals. People told us they enjoyed the meals and they had enough to eat and drink. People's health was assessed and monitored and staff took prompt action when they noticed any changes or decline in health. Staff worked closely with health professionals and followed the guidance given to them to ensure people received safe and effective care.

People told us that they were treated with kindness and compassion. Their privacy and dignity were respected. Staff knew people well and spoke with them in a kind and patient way. People were encouraged to express their views and opinions and these were respected by staff.

People knew how to complain and told us that they have no complaints about the service. The provider had a complaints policy and procedure.

People's family and friends could visit when they wanted and there were no restrictions on the time of day. People were encouraged to be as independent as possible. There was a choice of activities for people to join in if they wished, some people preferred to follow individual hobbies and this was respected.

The registered manager and staff had a clear vision for the service. The registered manager had an 'open door' policy; people and relatives told us the management team were approachable and supportive.

People and staff felt the service was well-led. There was effective regular auditing and monitoring, any shortfalls were addressed and resolved quickly. People, relatives and health professionals were asked for their views on the quality of the service provided.

The provider had submitted notifications to CQC in a timely manner and in line with CQC guidelines.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to people were assessed and there was guidance for staff on how to reduce risks. Staff knew how to keep people safe and how to recognise and respond to abuse.

People received their medicines safely and on time. Medicines were stored and managed safely.

There were enough staff to meet people's needs. Staff were recruited safely.

Is the service effective?

Good ●

The service was effective.

Staff completed regular training, had one to one meetings and an annual appraisal to discuss their personal development.

People were supported to make decisions. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People's health was assessed, monitored and reviewed. Staff worked with health professionals to make sure people's health care needs were met.

People had enough to eat and drink and enjoyed a choice of meals.

Is the service caring?

Good ●

The service was caring.

Staff were friendly, compassionate and kind. They promoted people's dignity and treated them and their relatives with respect.

Staff knew people well. Including their likes, dislikes and life histories. They knew how people preferred to be supported.

People's confidentiality was respected and their records were stored securely.

Is the service responsive?

Good ●

The service was responsive.

Each person had a care plan which centred on them and their wishes. People told us they had been involved in planning their care. Care plans were regularly reviewed.

People had enough to do and enjoyed the activities provided.

People knew how to complain and said they had no complaints or concerns.

Is the service well-led?

Good ●

The service was well led.

People, relatives and staff were asked their views on the quality of the service provided.

There was an open and transparent culture. People, relatives and staff were encouraged to make suggestions to improve the service.

Regular, effective audits were completed. Actions were taken when shortfalls were identified.

Notifications had been submitted to the Care Quality Commission in line with guidance

Broomfield Lodge

Detailed findings

Background to this inspection

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

The inspection took place on 6 and 7 June 2017 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications received by the Care Quality Commission (CQC), which a provider is required to send us by law. Notifications are information we receive from the service when significant events happen, like a death or a serious injury.

During our inspection we spoke with 17 people living at the service, seven relatives, the registered manager, deputy manager and five staff and one healthcare professional.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed care plans and associated risk assessments. We looked at a range of other records and about how the quality of the service was monitored and managed.

We last inspected Broomfield Lodge in April 2016. At that time we found two breaches of regulations.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "Yes, we all feel safe and happy here it is jolly nice here I can tell you." Another commented, "I have absolutely no need to worry, I just have to call and someone arrives to help." One relative told us, "I know thing for certain and I can rest assured my (loved one) is safe here."

At the last inspection in April 2016, medicines were not being stored safely and there were not accurate records for the application of creams. Staff had not had their competency assessed to ensure that medicines were been administered safely. At this inspection, improvements had been made.

People received their medicines safely and when they needed them. Staff were trained in how to manage medicines safely. We observed staff supporting people to take their medicines, staff knew how each person liked to take their medicines and encouraged people to be as independent as possible. The management team checked that staff were competent when administering medicines. Medicines were stored safely, the medicines room was at a consistent temperature to ensure medicines remained effective. There were guidelines and body charts for staff to follow when applying creams to people, creams were now stored securely. Some people were prescribed medicines on an 'as and when' basis, such as pain relief. There were guidelines for staff to follow about when to give these medicines.

Risks to people had been assessed and guidance was provided to staff about how to keep people safe. Risks to people's health had been assessed but the written guidance was not always detailed enough. For example, one person had a supra pubic catheter, the catheter drains urine directly from the bladder and there is an open wound staff need to care for. The written guidance about how the staff should care for the wound was not detailed enough to help prevent and reduce the risk of infection. We spoke with three staff and they all gave consistent accounts of how they would care for the catheter site. The deputy manager explained that staff had been told how to care for the catheter site at supervision. There had been no issues with the catheter site; the site had remained infection free. During the inspection, the deputy manager had put detailed written guidance in place. We recommend the service consider the written guidance given to staff to reduce risk and take action to update their records accordingly.

People were protected from the risks of abuse. Staff knew what to do if they suspected any incidents of abuse. Staff told us, "I would tell the manager and I know that they would deal with it." Staff felt confident that they could take concerns to the registered manager and their concerns would be listened to and any action taken. There were systems in place including policies and procedures, for staff to refer to. Staff told us they had completed training about how to keep people safe and this was confirmed by the training records. The registered manager understood their responsibility to report concerns in line with current guidance. Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with.

When people had difficulty moving around the service there was guidance for staff about how people mobilised and how to keep people as independent as possible. This included the level of support and the

equipment they needed such as a walking frame, we observed staff support people to mobilise safely around the service.

People told us there were enough staff to support them when they needed it. One person told us, "We all have call bells by our beds and if we are at all worried or need anything during the night help is at hand very quickly." A relative told us, "It is very reassuring with the amount of staff there are on duty." Another person told us, " There are lots of lovely girls around to look after us and make sure we are safe." At the last inspection, some people had said they were not able to get up when they wanted to, the registered manager had altered the shift pattern and an additional member of staff was now available to help people if they wanted to get up early.

The provider had a recruitment policy and procedure in place that had been followed. Recruitment checks were completed to make sure staff were honest, trustworthy and reliable to work with people. These checks included written references and a full employment history. Disclosure and Barring Service (DBS) criminal record checks had been completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Accidents and incidents were recorded, monitored and analysed to identify any patterns or trends, so that action could be taken to reduce the risk of further incidents. Regular checks were made on the environment and equipment used by staff to support people, any shortfalls identified were actioned and quickly rectified to ensure people remained safe. Each person had an personal emergency evacuation plan which set out their specific physical and communication needs to ensure they could be safely evacuated from the service in an emergency.

Is the service effective?

Our findings

People had confidence in the staff, people were encouraged to make choices about their lives and how they spent their time. One person told us, "We come and go to our rooms when and as often as we like there are no rules on that." Another person told us, "We have a choice in the morning when we want to get up there is no set time but they will pop their head around the door to make sure we are alive!"

People received effective care from staff trained in their roles. When staff began working at the service they completed an induction, this included shadowing more experienced members of staff to get to know people, their preferences and routines. New staff who did not hold a qualification in social care completed the Care Certificate, an identified set of standards that social care workers are advised to adhere to in their daily working life. The management team worked with new staff to assess their competency in areas such as providing personal care and moving and handling.

Staff completed the training they needed to perform their duties, including moving and handling and fire safety. Staff received training to support people with specific needs such as dementia and diabetes. We observed staff transferring people using the hoist, staff were confident and professional ensuring that the person was safe and relaxed during the transfer.

Staff had regular one to one supervisions, staff told us they discussed their development and training needs and objectives had been identified and they were working towards achieving these. Staff discussed specific needs of people and how to support them ensuring that staff were confident to deliver the care required. Staff told us that they felt supported by the registered manager and deputy manager and could raise any concerns they may have with them. Staff received an annual appraisal to review their practice and development and set goals for the next year.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were supported to make choices and decisions and staff respected the decisions they made. Some people were able to make complex decisions without support, other people were given the information and support by their family and staff to make decisions. When people are unable to make complex decisions a best interests meeting was held with relatives and friends who knew the people well and staff. When required health and social care professionals were involved.

Everyone living at the service was able to make decisions about what they wanted to eat and drink. People's capacity had been assessed and recorded but this was not recorded separately for each day to day decision. This was an area for improvement.

Staff were aware of their responsibilities to give people choice, we observed staff asking people what they wanted to do, eat or drink. People chose where they wanted to spend their time, staff supported people to move around the service when required, if they changed their mind about what they wanted to do. We observed staff asking people's consent before they gave support to the person.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under MCA. The application procedures for this in care homes and hospitals are called 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 were being met. The registered manager and staff understood their responsibilities in relation to DoLS. The registered manager had submitted applications to the local authority as required, however, no applications had been authorised at the time of the inspection.

People told us they enjoyed the food. One person told us, "We have so much food I am ready to pop but we can ask for less or even more." Another told us, "We can always ask for a snack or a nice cup of tea and biscuit any time of day or night." A relative told us, "The food is wonderful, we have eaten here with my (loved one) and it is all fresh and full of flavour."

People were given a choice of meals, people were asked what they wanted to eat on the day. The cook discussed the menu with people, offering changes when fresh fruit or vegetables were in season. On the day of the inspection, people were offered fresh strawberries and cream, as they were fresh that day. The cook understood the different needs of people, for example meals were fortified with cream and butter for people who were at risk of weight loss. Some people had difficulty with swallowing and required a special diet, the cook ensured that the meals looked appetising and were nutritious.

We observed the lunchtime meal, it was a social occasion, and there was a lot of conversation and laughter. Staff assisted people with their meals, when needed, in a discreet way, allowing them to eat at their own pace. Staff joined in the conversations and offered a choice of drinks throughout the meal.

People had access to specialist health professionals when they needed it. Staff monitored people's health and referred people to the dietician, speech and language team or district nurse when needed. Staff followed the guidance provided by health professionals to keep people as healthy as possible. The district nurse told us, "The staff refer people to me quickly and always follow the advice given. The staff know the people well."

Is the service caring?

Our findings

People told us they were happy living at Broomfield Lodge, their comments included, "They are extremely attentive and caring I simply cannot fault it here", "It is like a hotel here really I am very comfortable and well looked after", "The staff are simply fantastic, kind, friendly and always ready for a chin wag", "They are so kind here they always make sure we are happy and comfortable and have everything we need at all times, I really am very happy."

Staff knew people's likes, dislikes and preferences. Staff told us about people's families and their life history and how they used this information to form a relationship with people. Staff referred to people by their preferred names.

People and their relatives told us that staff treated them with dignity and respect. One person commented, "When there's a knock at the door I know help is at hand but they don't enter until I give the go ahead." Another person told us, "I keep my bedroom door closed until I am ready to come for breakfast and they know to leave me in peace." Staff respected people's privacy, one person told us, "The girls are really good, I like to be a bit private with my personal bits and they are really patient with me."

We observed staff talk to people in a kind and patient way, staff spoke in a discreet voice and explained things for people so that they could understand. Staff supported people in a respectful way; they encouraged them to be as independent as possible whilst giving them support in a discreet way. We observed one member of staff carried a person's handbag, so that they could walk with their frame and reminded them they were behind them if they needed them.

People were able to choose the gender of staff they wanted and this was respected, a male member of staff told us, "Some ladies do not like male staff to help them with personal care. I will help them to the bathroom then go and get a female member of staff to assist them."

People told us they were involved in making day to day decisions about their care and support, they were able to choose what time they wanted to get up or go to bed. People were encouraged to choose where they wanted to spend their time. People told us that they enjoyed spending their time in the lounge with other people and the staff. There was a happy, relaxed atmosphere in the lounge. We observed people, relatives and staff laughing and sharing jokes with each other, people's families had formed bonds between each other and were supportive to each other.

People had been encouraged to decorate their own rooms; we were invited into people's rooms. There were personal photos and ornaments in people's rooms to help them feel at home. Staff were able to tell us why these were important to people and the story behind it. One person told us, "I have a lovely room, it is very bright and clean and I have all my own little nick nacks and pictures on the walls."

Relatives were complimentary about the staff and the support and care their loved ones received; they told us there were no restrictions to when they visited. One relative told us, "I have often been visiting and just

observed the goings on here, the staff are all extremely patient and kind with the residents, they never rush them like you or I might do in a hurry, and they always observe their dignity and pride."

People's choices and preferences for their end of life were recorded and kept under review to make sure their care and support was provided in the way they had chosen. People had an 'advanced care plan' which had been written with the person and their relatives.

Personal, confidential information about people and their needs was kept safe and secure. Staff received information about how to maintain people's confidentiality.

Is the service responsive?

Our findings

People told us that they received the care and support when they needed it and that staff were responsive to their needs. One person told us, "The staff are truly amazing and know each person's likes and dislikes." Another person told us, "Each person likes things done in a different way and the staff all respect that and know exactly how things should be done for each person."

At the last inspection in April 2016, some people's care plans did not contain guidance to staff about how to provide support to people or the guidance had not been accurate. There had been a risk that people would not receive safe consistent support in the way they preferred. At this inspection, improvements had been made.

When people were thinking about moving into Broomfield Lodge an assessment was completed by the registered manager to ensure the staff would be able to give the person the support they needed. From this information a care plan was developed to give staff the guidance they needed to look after the person in the way they preferred.

Each person had a care plan written with them and their relatives which centred on them, their preferences and wishes. Care plans included details about people's health needs and risk assessments were in place and applicable for each person. Records were regularly reviewed and updated; people or their relatives signed the care plan to confirm that they had been involved in reviewing the care plan every six months if no changes had been made. When people's health declined or their health needs changed the care plans and risk assessments were amended to make sure staff had up to date guidance on how to provide the right support. One relative told us, "We are kept well informed of my (relative's) care plan I can even call from Sweden if I have any worries and there is always someone to help and listen." Another relative told us, "If I don't ring in, someone will call me just to keep me informed how (my relative) has been."

Care plans were detailed and provided information about what people liked to do and routines that made them feel safe. For example, one person liked to say goodnight to their photos and the clock when they got into bed before the light is turned off. There was information about the particular habits people had so that staff were aware of what to look for, such as, one person takes their glasses off during meals and leaves them by the side of their plate, forgetting to put them back on.

Staff spoke with confidence and knowledge about the people they supported, they knew people well. We observed staff supporting people following the guidance in the care plan, for example, reminding the person to pick their glasses up they had left by their bowl.

People told us that they had enough to do and enjoyed the activities the service provided. One person told us, "The activities are incredible here, there is always something going on, armchair yoga, interactive music and singing, bingo, aromatherapy, parties at Easter, Christmas, birthdays and a summer party. It is wonderful."

People were supported to follow their interests and take part in the social activities. Staff were aware that not everyone could take part in all the activities on offer, the staff adapted the activity so that as many people as possible could take part. One relative told us, "Activities are very important and my (relative) loves to join in in their own way but they will go to the ends of the earth to make sure they are able to."

On the day of the inspection, we observed people and staff enjoying a game of indoor skittles. It was a social occasion; people who were unable to play were encouraged to be part of the game if they wanted. One person told us, "Not everyone can take part in the activities you see but we all try to join in and have a laugh."

People told us they had no complaints and knew how to complain if they needed to. They said they would not hesitate to speak with the registered manager if they had any concerns or worries. One person told us, "I sit right here next to the office and would have no hesitation in complaining if I ever needed to." People told us that they felt they would be listened and action would be taken to address their concerns. The provider's complaints policy was displayed in the service. Any complaints or compliments received were shared with staff and used as a learning opportunity. There had been no complaints recorded in the past year.

Is the service well-led?

Our findings

People, relatives and staff told us the service was well led. People told us, "The manager is approachable at all times without fail" and "We can always go into the office if we need to ask something important or actually just anything at all really." One relative told us, "I would not hesitate in going to the manager with any worry, query or concern."

The registered manager had been leading the service for many years and knew people and staff well. Staff felt supported and were confident to raise any concerns they had with the registered manager. Staff told us the registered manager and deputy manager was always available to give advice and support.

The registered manager had a clear vision for the service; they told us they wanted the service to be a home from home for people and their families. The registered manager and staff told us that they felt supported by the provider. The provider visited the service most weeks and spoke to people and staff to make sure they were happy. Staff told us that they felt part of a team and that the people were at the centre of everything they did. There was a culture of openness; staff and the registered manager spoke to each other and to people in a respectful and kind way.

Staff understood what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

The management team worked closely with the staff each day, providing advice and guidance. The registered manager told us they promoted an 'open door' to encourage staff to share any concerns or ideas about the service. Staff told us they were able to give their views about the service and they were listened to. Staff meetings were held every two months, topics discussed included training and the opportunity for staff to give their views on the service.

People and their relatives received a newsletter every two months to keep them informed of what was happening at Broomfield Lodge. A relatives meeting was held once a year, the next one had been scheduled for July 2017, the last meeting only one relative attended. The registered manager told us, "We have relatives in all the time and talk to them all regularly to make sure they are happy." During the inspection 12 people were visited by their families; the registered and deputy manager were available for family members to speak to if they wished.

Feedback from people, relatives and staff was regularly obtained through quality questionnaires, these were sent out yearly, and the next questionnaire was due to be sent out in July 2017. The feedback from last year's survey had been analysed and an action plan for improvements had been put in place and completed. For example, ideas suggested for activities and fund raising were implemented.

Checks and audits were carried out regularly on key things, such as, medicines, care plans, infection control

and the environment. These were recorded and action was taken to address any shortfalls. There was good communication between staff. Processes were in place, such as handovers, to share important information between staff and the management team.

The registered manager was committed to the continual improvement of the service and felt that they were supported in this aim by the provider and the rest of the staff team.

The registered manager had sent notifications to the Care Quality Commission when they were required. Notifications are information we receive from the service when significant events happened at the service like serious injury and safeguarding incidents.