

Wellbeing Residential Ltd

The Broughtons

Inspection report

2 Moss Street
Salford
Greater Manchester
M7 1NF

Tel: 01617089033
Website: www.wellbeingresidential.co.uk






Date of inspection visit:
03 March 2020
06 March 2020

Date of publication:
21 April 2020

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

The Broughtons is a residential home located in the Salford area of Greater Manchester and is operated by Wellbeing Residential Limited. The home is registered with the Care Quality Commission (CQC) to provide care for up to 42 people.

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

Further improvements were required to the safe administration of people's medication. Some actions from the last fire risk assessment also remained outstanding. Improvements were required to governance and auditing systems to ensure these concerns were identified and acted upon in a timely way.

People felt safe using the service and staff displayed good knowledge about how to protect people from the risk of harm. Appropriate staff recruitment checks were carried out and there were detailed risk assessments in place regarding the care and support people received.

People received the support they needed to eat and drink. Appropriate referrals were made to other health professionals where there were concerns about people's nutritional status. Staff told us they were happy with the level of training, support and supervision available to develop 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; the policies and systems in the service supported this practice. Improvements had been made regarding restrictive practices since our last inspection.

We received positive feedback from everybody we spoke with about the care and support provided at The Broughtons. People said they felt well cared for by staff and were treated with dignity and respect.

Appropriate systems were in place to manage complaints. A number of compliments had been received by the service. Activities took place for people to participate in if they wished. People's end of life care wishes were also discussed and respected by staff.

Staff told us they were happy working at the service. Feedback about management and leadership was positive and there were opportunities for staff to discuss their work at monthly staff meetings.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last inspection at The Broughtons was in December 2018 (published 16 February 2019). The overall rating was Requires Improvement, where three breaches of the regulations were identified regarding need for consent, safe care and treatment and Good Governance.

Why we inspected:

This was a routine comprehensive inspection and in line with our timescales for re-inspecting services previously rated Requires Improvement.

Follow up:

We will continue to monitor information and intelligence we receive about the service and will return to re-inspect in line with our inspection timescales. However, if any information of concern is received, 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?

Not all aspects of the service were 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?

Not all aspects of the service were well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Broughtons

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector, an Expert by Experience and a specialist advisor who looked at medicines management practices within the home. An Expert by Experience is someone with personal experience of caring for people with similar care needs to those living at The Broughtons.

Service and service type:

The Broughtons 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 had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We contacted Salford local authority for feedback about the service in advance of our inspection.

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection:

We spoke with the registered manager, five care staff, 19 people who used the service and four relatives. Documentation reviewed included five care plans, four staff personnel files, eight medicine administration records (MAR) and other records about the management of the service to help inform our inspection judgements.



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 Requires Improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider did not have appropriate systems in place to ensure people received their medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements were still required at this inspection and the service was still in breach of regulation 12.

- People did not always receive their medicines at the time they needed them. For example, one person had been prescribed 'time critical' medicines which needed to be given at set times each day. These times were not always being adhered to by staff.
- Some medicines which had expired were still in use and meant there was a risk they might not be administered safely.
- PRN (when required) protocols were not always in place for medicines such as inhalers, eye drops and pain relief. This meant staff may not always know when to administer these medicines.
- Appropriate care plans were not always in place to ensure the safe administration of people's medicines, for example, regarding epilepsy. Body maps for transdermal patches (medicines applied through the skin) were not always used by staff.
- The controlled drugs book was not well maintained and contained a number of blank pages meaning records were not always in a chronological order.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

This meant there had been a continued breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment. This was because appropriate systems were not in place regarding the proper and safe management of medicines.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The last fire risk assessment was undertaken at the home in September 2019. Some actions following this visit had not yet been completed by the service. This included further work being required to external escape routes, fire walls/ceilings and fire doors. We raised this with the registered manager and they contacted the local fire service to arrange a visit and seek further advice.
- Regular checks of the building were carried out to ensure it was safe for people to live in. These included gas safety, electrical installation, fire, emergency lighting and legionella. Some cracks had appeared in walls next to bedrooms on the upper floor of the home and would benefit from being repaired.

- The appearance of the building, particularly externally, could be improved due to old furniture and clutter being stored in the court yard on the left-hand side of the home.
- Each person using the service had risk assessments in place covering areas such falls/mobility, waterlow (for skin), moving and handling and nutrition. Where risks were identified, control measures were detailed about how to keep people safe.
- People were supported to maintain good mobility and we saw they had access to equipment such as wheelchairs and zimmer frames as needed.
- Appropriate systems were in place to keep people's skin safe and we saw people used equipment such as pressure relieving cushions and mattresses to prevent any skin damage.
- People were protected from the risks of the spread of infections. The home was clean and tidy and we saw domestic staff undertaking a range of cleaning duties throughout.

Staffing and recruitment

- There were enough staff to care for people safely, however at times, we observed the main lounge area was left unattended by staff. We provided this feedback to the registered manager about ensuring staff were effectively deployed in these areas.
- The feedback we received about current staffing levels was that that there were enough staff to care for people safely. One person said, "There is always enough staff to look after us." A member of staff said, "We manage to cope and meet people's needs."
- Staff were recruited safely and we found all relevant checks had been carried out prior to them commencing their employment.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and their relatives told us they felt the service was safe. One person said, "I would not have preferred to live here, but circumstances that brought me here were necessary. I feel much safer here."
- Staff confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how to report concerns.
- Systems were in place for when things went wrong. Accidents and incidents were monitored closely, with details recorded about actions taken to prevent re-occurrences.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met

At our last inspection the provider did not have appropriate systems in place to ensure people were able to give valid consent to the care they received. Improvements had now been made and the service was no longer in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regarding need for consent.

- Staff had completed training regarding the MCA and had a good understanding of the legislation.
- Best interest meetings and capacity assessments were completed as required where people lacked the capacity to make their own choices and decisions. These were decision specific regarding people's understanding of certain areas.
- DoLS applications were submitted to the local authority as required where people were assessed as lacking capacity regarding their care and support. Staff understood when DoLS were required and under what circumstances.

Staff support: induction, training, skills and experience; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role.
- A training matrix was used which showed the different courses staff had completed. Staff spoke positively of the training provided and said enough was available to support them in their roles.
- Staff supervisions were carried out and gave staff the opportunity to discuss their work and receive feedback about their performance. An annual appraisal schedule was also in place and these took place

throughout the year.

- The care and support people needed to receive from staff had been captured as part of the initial assessment process and was recorded within care plans. Background information was also captured for each person and provided an overview of their life history.

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

- Staff supported people to eat and drink at meal times, as required. Where people were able to eat independently, this was promoted by staff.
- We saw people received food and drink of the correct consistency, such as pureed meals, when they had been assessed as being at risk of choking and aspiration. People's fluid intake records showed they received sufficient levels of fluids during the day.
- People's weight was regularly monitored. Where people had lost weight, they had been appropriately referred to other health care professionals, such as the dietician service for further advice.
- People told us they had enough to eat and drink and the feedback received about the food quality was positive. One person said, "I am comfortable with the meals being served."

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

- People received visits and attended appointments with other services such as dentists, opticians and chiropodists as needed. Details of these visits were recorded in people's care plans.

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

- The home had been adapted to meet people's needs. Signage around the home was clear and directed people towards the dining room and lounge areas. Bedroom doors had a picture of the person and a number in large print making it easier to see.
- Photographs of the local area from past generations were displayed on the wall around the home for people to relate to from when they were younger.

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 remained the same. This meant people were supported and treated with dignity, respect and were involved as partners in their care.

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

- People who used the service spoke positively about the standard of care and support provided at The Broughtons. One person said, "We are treated very well here. They are all caring and kind." Another person said, "Staff show us lots of respect. In some ways it is like a big family."
- Feedback from family members and relatives was also positive. One relative said to us, "I was at a weak point when I brought mum here. I couldn't cope and it was getting unsafe. I am glad I brought mum here where she is safer."
- We observed lots of nice, pleasant interactions between staff and people living at the home. Staff were patient with people and allowed them to do things at their own pace.
- People's equality, diversity and human rights needs were fully taken into account and detailed in their care plan.

Respecting and promoting people's privacy, dignity and independence;

- People said they felt well treated by staff and with dignity and respect. One person said, "Staff are always respectful." A family member added, "They treated my mum well. They call her the Queen."
- People's independence was promoted and staff observed people whilst they walked around the home using equipment such as Zimmer frames to help keep them safe.

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

- People who used the service were involved in the support they received. Annual feedback questionnaires were sent to people to gather their views about the service they received.
- Reviews of people's care took place and these ensured people had the opportunity to contribute to any changes to the care they received.
- Residents' meetings also took place, giving people the opportunity to say if they were happy with how their care and support was progressing.

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 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; 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.

- Information could be provided in different formats if required such as large print. Various easy read documents were used and contained pictures and symbols people could relate to and understand easier. Interpreter services were also available, although these were rarely required.
- People had communication care plans in place, detailing the support they required regarding hearing, sight and speech.
- Each person who used the service had their own care and support plan in place which covered areas such as capacity, personal care, eating and drinking, mobility and skin care. Both electronic and paper-based care plans were used and were reflective of people's care needs.

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

- An activity planner was in place and was displayed on a notice board within the home. Activities on offer included gardening, chair exercises and ball games.
- An external entertainer visited during the inspection which people were invited to join in with and seemed to enjoy and the feedback we received from people was that there was enough to keep them occupied. One person said, "I love it when we sing along." Another person added, "We always have people coming in to entertain us."
- Trips out into the community also took place. These included sensory farms and community dance groups.

Improving care quality in response to complaints or concerns

- Appropriate systems were in place to manage complaints, with responses sent where people had been unhappy with the service provided. A complaints policy and procedure was available and was displayed in the main reception of the home.
- A number of compliments had also been received, where people had expressed their satisfaction with the service provided and these were on display in the main reception area.
- People knew how to provide feedback about the care they received, although people told us they had never had reason to make a formal complaint. One person said, "I never had problems, but if I have any

concerns I will speak to staff."

End of life care and support:

- No one was in receipt of end of life care at the time of the inspection. People had specific end of life care plans in place, although staff respected if this was not yet something people wanted to discuss.

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 Requires Improvement. At this inspection this key question has remained the same. 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, understanding quality performance, risks, regulatory requirements; Continuous learning and improving care; 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

At our last inspection the provider did not always have appropriate governance systems in place to ensure the quality of service was monitored safely. Improvements were still required at this inspection and the service was still in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Good Governance.

- The ratings from our last comprehensive inspection were displayed in the home so that people could see the standard of care being provided. A provider website was in use at the time of the inspections, with the last ratings clearly displayed.
- Statutory notifications were submitted to CQC as required such as DoLS applications, deaths, serious injuries and safeguarding concerns.
- Confidential information was stored securely and we saw documents such as care plans and staff recruitment files were stored in the main office which was always locked.
- Audits were completed by both the provider and registered manager and clinical lead to ensure there was continuous oversight of the service.
- Although a range of audits were in place, further improvements were required to ensure they were effective in identifying the concerns found during this inspection regarding medication and ensuring actions were completed from the last fire risk assessment.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate governance was effectively managed. This placed people at risk of harm.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Good Governance.

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

- All the staff we spoke with told us they liked working for the service, with good teamwork throughout. Staff

said The Broughtons was a good place to work.

- We received positive feedback about the management and leadership in the service. Staff said they felt well supported and could approach management with any concerns. One member of staff said, "I find the management great and feel really well supported." Another member of staff said, "The manager was there for me when I had a difficult time in the past. I feel listened to and things get sorted out."

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

- Staff meetings took place in the service which gave staff an opportunity to discuss work and improve the service people received. Staff said these took place regularly and they felt able to discuss any areas of concern and improvements.
- A range of policies were available, as well as a statement of purpose and staff handbook. This ensured people who used the service and staff had access to important information about procedures within the service.
- A website was also in use with a range of information available about the home.

Working in partnership with others:

- The service had developed a number of links within the local community and worked in partnership with different organisations to improve the support people received. This included trips to local schools and church services held at the home.

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 Appropriate systems were not always in place to ensure people received their medication safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Appropriate systems were not always in place to ensure robust governance systems were in place to improve quality and safety within the home.