

Eminence Care Service (Broomfield) Limited

Broomfield Residential Care

Inspection report

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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

About the service

Broomfield Residential Care is a residential care home that can provide care and support for up to 40 people, including people who may be living with dementia. At the time of the inspection 32 people were using the service. Accommodation is provided over the ground and first floors with various lounge and dining areas and a garden room.

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

People received safe care and support and they told us they felt safe living at Broomfield Residential Care. Staff understood safeguarding procedures and were confident in reporting any concerns. Risks to people's safety were assessed and well managed, and people's care plans detailed current risks and individual needs.

There were sufficient numbers of staff who were safely recruited to meet people's needs. Staff received training in relation to the safe administration of medicines and their competencies were checked to ensure safe practice. Infection control measures were robustly followed, and staff had access to sufficient PPE.

People's care needs were assessed before they went to live at the service, to ensure their needs could be fully met. Staff received an induction when they first commenced work at the service and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough and staff placed a strong emphasis on the dining experience to ensure it was enjoyed by all. Staff supported people to live healthier lives and access healthcare services.

The service had a vibrant and welcoming atmosphere where visitors were welcomed and encouraged. The premises was homely and adapted to meet the needs of people using the service.

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.

People were supported by kind, caring and compassionate staff that often went the extra mile to provide people with good quality care. The staff team were passionate about providing people with support that was based on their individual needs, goals and aspirations.

An activities programme was in place, and care plans were personalised to each individual detailing their likes, dislikes and personal preferences. People and their family were involved in the care planning process as much as was possible. A complaints system was in place and was used effectively. There was no one receiving end of life care at the time of our inspection. However, there were systems in place to care for

people at the end of their life with support from other health professionals.

The service was well managed. People, relatives and staff were very positive about the leadership of the service and praised the management team highly. There were systems in place to monitor the quality of the service. Actions were taken and improvements were made when required. Staff felt well supported and said the registered manager was open and approachable. The service worked in partnership with outside agencies.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 04 September 2020)

Why we inspected

We undertook this focused inspection to check if improvements had been made since the last inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Broomfield Residential Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

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 well-led.

Details are in our well-led findings below.

Good 

Broomfield Residential Care

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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Broomfield Residential Care is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Broomfield Residential Care is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because we wanted to ensure the registered manager would be at the service to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people using the service and had discussions with 5 relatives to gain their view of the service. We spoke with 10 staff including the registered manager and the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also had discussions with the cook, a housekeeper and 6 care and support staff and received written feedback from a further 2 staff members. In addition, we met and talked with a visiting health professional.

We reviewed a range of records. This included 4 people's care records and medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, training records, key policies and meeting minutes were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when staff provided them with care and support. One person said, "Yes, I'm very safe living here. I never feel unsafe." A relative told us, "I have peace of mind knowing that [family member] is safe. They are safer here than when they were at home."
- Discussions with staff demonstrated they were skilled at recognising when people were at risk of harm or felt unsafe, and they felt comfortable to report unsafe practice. One staff member said, "I would report anything I wasn't happy about, without any hesitation."
- All staff we spoke with confirmed they had completed training and understood the providers whistleblowing and safeguarding policies and procedures. Records showed the provider reported safeguarding concerns, as required, to the relevant agencies.

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place which guided staff on how to keep people safe. For example, if people were at risk of falls, a detailed risk management plan was put in place to reduce the likelihood of any falls. One person told us they felt safe because since moving to Broomfield they had not had a fall.
- Risk assessments were reviewed and updated swiftly if there were any changes or incidents. For example, we saw that 1 person had been assessed at increased risk of developing a pressure sore. Their care plan and risk assessment had been updated and further actions implemented such as 2 hourly re-positioning and involvement from the district nurse.
- A visiting health professional commented, "Staff are quick to alert us to any concerns such as increased risk of pressure sores so we can act swiftly to prevent them developing."
- Staff told us they felt they could confidently support people safely, and that the risk assessments accurately reflected people's needs, and the way they should be supported.

Staffing and recruitment

- People and relatives felt there were enough staff to meet people's need safely. One person told us, "There is always someone around to help me. I never have to wait too long." A relative commented, "Whenever I visit [family member] I always see lots of staff. [Family member] has never complained of there not being enough staff."
- Most staff said there were sufficient numbers of staff to make sure people's needs were met and to ensure their care was not rushed. A staff member commented, "I think we have enough staff to make sure everyone gets good care."
- Our observations confirmed there were sufficient staff to meet people's needs in a timely manner. We saw

the deployment of staff throughout the day was organised and people who required support with their personal care needs received this in a timely and sensitive way. We found staff had time to spend with people on an individual basis.

- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- Some areas of medicines management needed to be strengthened. For example, there were some 'as needed' (PRN) medicines that although had a PRN protocol in place needed further information to ensure medicines were administered consistently. This had not impacted on the care people received and a staff member started to address this on the day of our inspection.
- People told us they received their medicines when they needed them. One person told us, "I take some medicines for [name of condition] and I always get it on time. "
- Medicines were stored and administered in line with current guidance and regulations. We saw from records that stock checks, including all controlled medicines, were audited regularly and errors acted upon swiftly.
- Staff completed training in the safe administration of medicines and had their competencies checked regularly to ensure they were competent to administer people's medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People and staff we spoke with told us that visiting procedures within the home followed current guidance.

Learning lessons when things go wrong

- The provider had systems in place to monitor incidents and accidents so action could be taken to promote people's safety. There was thorough recording of all accidents and incidents on an electronic system.
- The registered manager reviewed all accidents and incidents and took follow up action appropriately. The registered manager had good oversight of increased areas of risk to people.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. 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

- A comprehensive assessment of people's needs was completed before they went to live at the service. These were used as a foundation for people's plan of care. Care plans were detailed, person-centred and provided staff with the guidance they needed to fully support people.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion. Care plans included information about people's preferences and choices and we saw when a person's needs changed their care plan was updated.

Staff support: induction, training, skills and experience

- Staff supervision meetings had not been held regularly but these were in the process of being brought up to date so that staff had a platform to discuss their professional and personal objectives and training needs.
- Staff were supported and trained to ensure they had the skills and experience to support people and meet their needs. One person told us, "The staff are brilliant. I can't fault them." A relative commented, "The staff are knowledgeable and know how to support [family member] properly."
- We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice. One staff member commented, "The training is very good. I was new to care and I have learned a lot."
- New staff completed an induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects.

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

- We received positive feedback about the quality of the food and people's dining experience. One person said, "The food is very good and there is a choice. I like a cooked breakfast and I can have one when I like." A relative commented, "They take care with the food to make sure it's well presented. My [family member] is eating better now than when they lived at home. They have put weight on which gives me peace of mind."
- People had been assessed for their risk of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). Staff referred people to their GP and worked collaboratively with the Speech and Language Team (SALT) and a dietitian when people had been assessed as being at risk. Staff followed guidance from health professionals to ensure people were able to have adequate food and drink safely.

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

- Staff worked together with health and social care professionals to ensure people received consistent, effective and timely care. This included regular communications and meetings, when required, with staff from different disciplines to talk about people's care and support.
- A professional log was kept to record the communication staff had with other agencies about each person such as the GP, district nurses and social workers.
- A health professional commented, "The staff are very good at following guidance from health professionals and if staff don't know how to do something the manager will ask us to come in and provide training."

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

- A lot of improvements had been made to the premises. A relative told us, "It a proper home from home. It's not too big which makes it cosy and homely."
- The environment was tastefully decorated, and people appeared comfortable when using the home's communal areas. The colours and tones of décor were dementia friendly, warm and homely.
- We found that people were supported and assisted to be as independent as possible by the use of clear dementia friendly pictorial signage to communal areas and bathroom facilities. There were points of interest around the service and "landmarks" to help support people to navigate their way around.
- There were wide corridors to ensure people could move about safely and several sitting areas where people could choose to sit and spend time outside their bedrooms.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training and had a good understanding of the principles of the MCA.
- There was an emphasis on enabling people to make their own choices wherever possible.
- People told us staff always asked people for their consent before they undertook any tasks and we observed this over the course of our inspection.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us staff provided good care and treated them as individuals. One person said, "It's wonderful here. I don't think I could be in a better place." Another person commented, "I'm perfectly happy, 10 out of 10."
- Staff had the information they needed to provide individualised care and support. They knew people's preferred routines and the people who were important to them. They were knowledgeable with regards to the people they were supporting and knew their likes and dislikes and personal preferences.
- People were relaxed in the presence of staff and we saw people smiling and joking with staff members. Staff always responded to these displays of affection, giving people eye contact and showing by their response how they valued the person's attention.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Records included information about people's preferred name and other important details about their spiritual and cultural beliefs.

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

- We observed people's opinions being sought for day to day tasks. For example, staff asked people what they wanted to drink and eat or where they would like to sit.
- There was an activities coordinator who facilitated meetings for people using the service. They were also available to talk with people on an individual basis outside of resident's meetings.
- Care plans contained information about the support people needed to make decisions. For example, they described the person's communication needs and information could be presented in a format that met those needs.
- We saw people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "They [staff] always knock and ask if they can come in." A relative commented, "They [staff] always pull the curtains and close [family members] door when they are providing personal care. The staff speak to everyone with a great deal of respect and I have never heard staff using derogatory language."
- People were encouraged to be independent and do tasks for themselves which made them feel valued and useful. A relative told us, "They [staff] are very good at getting [family member] to keep doing as much

as they can for themselves. [Family member] is doing more now than they have in a long time."

- The service complied with data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. 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 assessment and care planning process ensured people's identified needs could be met. Care plans provided clear guidance for staff to follow which included information about people's likes, dislikes, lifestyle and interests. These were reviewed regularly and updated as needed.
- People and relatives were happy with the care they received. One person said, "The staff are wonderful, and I have no complaints about my care." A relative commented, "The staff are really lovely and go above and beyond. [Family member] has come on in leaps and bounds."
- Staff had built positive, professional relationships with people and knew them well. This meant people received care that was tailored to their needs and wishes. One staff member commented, "We are like a big family. We know people well and it's about empowering people to lead a good life."
- People received regular reviews of their care and we received positive feedback about people's involvement in their care and support. A relative said, "Reviews are ongoing. It's an open-door policy here. I've had meetings with [registered manager] to discuss [family member's] care." And "The manager has been brilliant. Everything we have asked for we have got regarding my [family members] care."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had good awareness and understanding of people's individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- The registered manager was able to explain the alternative formats available for written communication, such as large print, easy read or pictorial.

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

- People were supported to spend time with people who were important to them. This included relatives visiting the service. One relative said, "I visit every week and I also take my [family member] out a lot. There are no restrictions."
- People were helped to pursue their hobbies and interests. We saw people taking part in a programme of activities. If people were being cared for in bed or preferred to stay in their room, the activities coordinator told us they would make sure they visited them regularly.

Improving care quality in response to complaints or concerns;

- People and relatives told us they would feel comfortable raising a complaint and confident they would be listened to. One relative commented, "The manager has an open-door policy and is very approachable. I have raised things and they have been dealt with very quickly."
- Complaints were recorded and monitored to identify lessons learned and how the service could further improve.

End of life care and support

- People and their relatives were supported to make decisions and plans about their preferences for end of life care if they wished.
- At the time of our inspection no one was receiving end of life care, however the registered manager said they would work in collaboration with healthcare professionals, to ensure people were supported to have a pain free and comfortable end of life, surrounded by their friends and family if that was their wish.
- Staff completed end of life care training and there was an end of life care policy to ensure staff could support people with their end of life care wishes and needs.

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 our last inspection we rated this key question Good. At this inspection the rating remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was led by a motivated registered manager and staff team. Their commitment to providing a service that promoted person-centred values, and a strong commitment to promoting independence and social inclusion was apparent during our inspection.
- People and relatives were complimentary about the registered manager and the staff team and told us they experienced positive outcomes because staff understood their needs and preferences. One person told us, "I'm happy here. I can't think of any changes they could make. They meet all my needs." A relative commented, "[Family member] has become more independent and more sociable since moving to the home. What else could we ask for."
- Most staff were positive about the support they received. One said, "[registered manager] has taught me so much and they are always available to talk to and give us advice. They do support us."
- The provider understood their responsibility under the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events and other issues.
- A healthcare professional told us, "I have found [registered manager] to be keen to problem solve and is very proactive."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and relatives confirmed there was always management support available when needed. A relative commented, "The home is well managed. The manager is contactable to talk to if I have any questions or queries or if I need to talk about [family members] care."
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- The quality of care people received was subjected to close monitoring by the provider. The provider undertook a range of quality audits to identify where improvements could be made. For example, where care plan notes indicated there was a decline in a person's mobility they were monitored and referred to an appropriate health care professional.
- The quality of service provided to people was regularly monitored. Quality checks and audits had been carried out on care records and action plans were put into place when areas needed to be addressed.
- The provider valued the staff team and had numerous incentive schemes in place to support staff and to

show appreciation. For example, the provider gave staff bonuses if they had gone above and beyond as a thank you. There was also a financial incentive to encourage staff to fully complete their training.

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

- The service supported people with a range of abilities and equality characteristics. People, and their representatives where appropriate, were involved with their care and decision making, with the support of staff and other professionals where required.
- Surveys were used to gather feedback from relatives and other professionals who worked with the service. These were submitted directly to the provider for review and used to drive improvements of the service. We saw a 'You said: we did' notice board that showed actions taken after receiving feedback from people. For example, we saw that people wanted to have outside entertainers visit the home and the provider had organised for a number of different outside entertainers to visit the home.
- The registered manager had implemented a drop-in session for any staff who wanted to talk with the registered manager. Some staff told us they would find it beneficial if there were more frequent staff meetings and we fed this back to the registered manager and provider. They agreed they would look at how they could facilitate this.

Continuous learning and improving care; Working in partnership with others

- Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents.
- Robust systems to review, audit and analyse data and other records ensured quality standards remained high. Processes were in place to ensure oversight and scrutiny of the care being delivered.
- We found that the service worked with numerous other organisations to make sure they were following current good practice. For example, the registered manager informed us that the service works in partnership with the Specialist Memory Service to support people living with dementia.
- The registered manager and staff enjoyed good working relationships with GP's, district nurses and other health professionals such as chiropody and dental services. These good relationships enabled people to receive timely care to help enhance their quality of life and look at ways for continual improvement. For example, timely prescribing and swift support for people's dental needs.