

HC-One Oval Limited

Broadoak Manor Care Home

Inspection report

Mulcrow Close
Parr
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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 26 September and 5 October 2018. Both visits were unannounced.

Since the previous inspection in July 2017 the registered provider has changed from BUPA Care Homes Limited to HC-One Oval Limited.

Broadoak Manor Care Home 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.

Broadoak Manor accommodates up to 120 people in four single storey accessible houses. Three houses provide personal care and nursing and the fourth provides personal care only. Older people living with dementia and physical health needs are accommodated at Broadoak Manor.

A registered manager was in post. 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 2008 and associated Regulations about how the service is run.

At the previous inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because audit systems in place were not always effective in identifying issues relating to equipment on two houses not being cleaned which posed an infection risk to people. In addition, two bathrooms were left unlocked which gave people using the service access to hot water which put them at risk from scalding themselves. During this inspection we found that improvement had been made.

During this inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because detailed and effective records were not always maintained.

A recommendation has been made in this report that the registered provider reviews the current arrangement for mealtimes to ensure that people experience the best possible outcome from their dining experience.

We have made a further recommendation that the registered provider maintains regular monitoring of care planning and wound care documents to ensure that they are detailed and effective at all times.

Systems and procedures were in place in relation to the Mental Capacity Act 2005. Records demonstrated that where required, applications had been made on behalf of people in relation to Deprivation of Liberty Safeguards.

People had freedom of movement around the service and told us that they had a choice where they spent their time, and what time they went to bed and got up.

Policies and procedures were in place and available to all staff. The service was currently transitioning documents from the previous registered provider to the current registered provider's information.

An activity co-ordinator was employed at the service. People told us they had a choice of if they wanted to participate in activities.

People were encouraged to maintain their independence wherever possible.

People using the service felt safe and told us that they knew who to speak with if they had any concerns.

A complaints procedure was in place and people knew who they would speak to if they wanted to raise a complaint.

Systems were in place to ensure that people's medicines were safely stored and to help ensure that people received their medicines when they needed them.

People told us that staff delivering their care and support were caring and respected their dignity.

People had a choice of menu during mealtimes and regular drinks and snacks were available; they were happy with the food they were served.

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.

People felt safe living at the service.

Risks to people were considered and formed part of people care plans.

Systems were in place for the safe management of medicines.

Safe recruitment procedures were maintained.

Is the service effective?

Good ●

The service was effective.

People's rights were maintained under the Mental Capacity Act.

People had access to health care professionals.

People's dietary requirements were met.

Areas of people's living environment promoted wayfinding and orientation for people living with dementia.

Is the service caring?

Good ●

The service was caring.

Improvements could be made to people's dining experience.

People had freedom of movement around the service.

People felt that staff were caring towards them

Staff understood the needs of the people they supported.

People's personal information was kept safe.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care planning records required more detailed information on occasion.

People had a choice of whether they participated in activities.

People were aware of whom to speak to if they had any concerns.

A system was in place for the management of complaints

Is the service well-led?

Good ●

The service was well-led

More reviews of records in place to ensure they contained the information they required.

A registered manager was in post and a clear management structure was in place within the service.

People and their relatives were asked their opinions about the service.

Broadoak Manor Care Home

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 Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place over two days. Both days were unannounced. The inspection team on the first day consisted of two adult social care inspectors, a Specialist Advisor in nursing and two Experts by Experience. An Expert by Experience has personal experience of using or caring for someone who uses a health or social care service. On the second day of the inspection the inspection team consisted of one adult social care inspector.

Records looked at during the inspection included assessments of risk and care planning documents, medicines, policies and procedures. We looked at the recruitment records of eight recently recruited staff, and staffing rotas. In addition, we spent time looking around people's living environment and spent lunchtime with people using the service.

We spoke with and spent time with 50 people using the service, nine visiting relatives, 12 staff members and the registered manager.

We used information the registered provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we assessed information we held about the service. This information included concerns and complaints received from people, their relatives and information sent to us by the provider. We spoke with the local authority to gather any information they had about the service. The local authority

had no immediate concerns about the service. In addition, we contacted Health Watch Knowsley. Health Watch is the consumer champion for health and social care throughout England. Health Watch had no current information to share with us about the service at the time of this inspection.

Is the service safe?

Our findings

People told us that they felt safe living at the service.

Safeguarding procedures were in place and accessible to staff. These procedures included the local authority procedures that clearly described what action needed to be taken in the event of a safeguarding concern being raised. During conversation, staff demonstrated a good awareness of how to report any concerns they had about a person. People told us that they felt safe living at the service. Their comments included; "I do feel very safe here ,I've always got someone on hand if I need help with anything", "We're all safe here ,the girls look after us very well" and "Yes I'm safer here than I was at home". A family member told us "[Relative] is safe here because we couldn't look after her at home".

The registered provider had a recruitment procedure in place that aimed to ensure the safe recruitment of staff. Staff files demonstrated that appropriate checks had been carried out prior to staff starting their employment. For example, we saw evidence of written references, evidence that formal identification had been sought and a check with the Disclosure and Barring Service had been carried out. These checks were carried out to help ensure that only staff of a suitable character were employed by the registered provider.

Staff rotas demonstrated that sufficient staff were on duty to meet people's needs. The number of staff on duty was calculated by the outcome of people's dependency assessments and depending on the needs of people, were flexible. For example, when a person required the support of a member of staff at all times rotas were changed to accommodate this support. At the time of this inspection the service had several vacancies for trained nurses. During this time agency nurses were employed. To promote consistency, several agency nurses worked at the service on a regular basis. We spoke with three of these nurses who demonstrated a good knowledge of the people they were supporting. People told us, and we saw that staff were prompt when answering the call bells.

Identified risks to people were assessed and whenever possible care and support was planned to minimise people coming to harm. To identify, record and reduce the level of risk a risk assessment form was completed. These forms gave the opportunity to record areas of risk that related to a person's physical health, falls, moving and handling and environmental care needs. Where a risk to a person had been identified, a specific care plan was developed for use along with people's other plans of care.

A system was in place for the recording and monitoring of accidents and incidents. Records were maintained of the type of accident or incident, the date and time and actions taken at the time. All accidents and incidents were monitored by registered manager and where possible any lessons learned from the situation were identified and changes made to prevent the situation reoccurring. In addition, all incidents and accidents were electronically monitored by the registered provider.

A handy person was employed for the purpose of carrying out minor repairs and maintenance around the service. In addition, their role was to ensure that regular checks were carried out to ensure that people's living environment was safe. For example, regular monitoring took place of the fire detection system, hot

water temperatures, carbon monoxide detection, people's wheelchairs, call bells, bed rails and window restrictors. Three members of staff were responsible for regularly checking equipment used for the safe moving and handling of people. Falls alarms and crash mats used in people's bedrooms were checked by staff whenever a person went to bed.

Each person had a personal emergency evacuation plan (PEEP) which detailed what support a person would need in the event of having to leave the building in the event of an emergency. These plans were in place to help ensure that people could safely be supported away from the building with as least disruption as possible.

Systems were in place to manage infection control around the service. People's living environment was clean. Equipment was available to prevent the spread of infection. For example, disposable gloves and aprons and hand sanitizers were available throughout the service.

Procedures were in place to promote the safe management of the ordering, storage, administration and disposal of people's medicines. Medicines were safely and securely stored in locked rooms, cabinets and fridges. Medication administration records (MARs) were in use to record what and when medicines had been administered. We checked a selection of MARs and found them to be completed appropriately. People told us that they got their medicines when they needed them.

At the time of this inspection the local Clinical Commissioning Group (CCG) medicines management team were carrying out an audit of the medicines in use within the service. Following this audit an action plan was produced for the registered manager to address any improvements identified in the audit. The majority of the actions were related to Stapley House. Following the inspection we received confirmation that all of the actions in relation to medicines management had been addressed.

Is the service effective?

Our findings

Prior to a person using the service their needs were assessed. The purpose of this assessment was to identify people's specific needs and wishes and to ensure that the service had the facilities to meet these needs. Information from the needs assessment contributed to the person's planning of their care and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that the principles of the act were being followed.

We found that people in receipt of covert medicines had not had this considered where a DoLS had been applied for. Staff explained and demonstrated that this issue had been identified and where required, additional applications had been made to ensure that the process of administering covert medicines was in line with the Mental Capacity Act.

To support people's understanding and ability to make specific decisions a mental capacity assessment was undertaken. These assessments were recorded on a specific form detailing the need for the assessment; the nature of the decision; determination of whether the person had the capacity to make the decision; who was consulted around the decision; the consideration of any advanced decisions already made by the person and the actual decision made in the person's best interest. We assessed a number of these documents and found the records to be completed appropriately.

People's weight was regularly monitored. One family member told us that their relative had gained weight since moving into the service. People received a diet that met their needs. Where it was identified that a person had specific dietary needs care plans were in place to identify the person's needs in relation to eating and drinking. For example, additional care plans were in place for people who were at risk of choking when eating and drinking. These care plans described the texture of the food people needed to be served and any specific dietary needs, for example, a low sugar diet for people with diabetes. One family member told us that their relative had to have blended foods and drinks that were thickened. They told us that their food and drinks were served as they required them. People told us that their meals were served as they needed it to be. One person told us that they made their own drinks and had access to their prescribed fluid thickener to do this.

People's comments in relation to the food served at the service included "Its alright most of the time"; "Its

not so bad, off and on"; "Its alright "; "I like the breakfast " and "Nine out of 10 and get plenty of it". Family members comments in relation to the food included "No problem, [Relative] seems to like it" and "[Name] said she's never hungry."

People had access to support from external health care professionals. People told us and records demonstrated that people had access to dietician services, speech and language therapist, chiropodist and memory clinic staff when required. In addition, people had access to a GP and nurse practitioner who visited the service on a regular basis. People told us staff were quick to get a doctor out if needed. One person told us that a doctor had arrived in minutes to see them as they were visiting another person. Another person told us that if they needed a doctor or dentist then "Staff will get them". They told us "Staff are good, treat me well." A family member told us that when their relative had a fall a doctor was called straight away.

There was a lack of records available for staff who transferred over from the previous provider to demonstrate what training they had undertaken and when. The current provider had a designated training team to provide training throughout their services in addition to an on-line training system which staff had access to. A schedule of training had been developed that all staff would have undertaken updated training by July 2019. Records demonstrated that the majority of staff had undertaken training so far in relation to emergency procedures; health and safety; manual handling; food safety; infection control and prevention and safeguarding people in line with the current training plan.

Arrangements were in place for newly recruited staff to have an induction into their role. This induction was based on The Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working within the health and social care sector. One member of staff who had recently started working at the service told us that they had received a welcome pack which detailed learning and development from the registered provider in line with the Care Certificate which included safeguarding; person centred care; emergency procedures; dignity the one who matters; mental capacity act and DoLS.

People's living environment was light and airy and the registered provider had given some consideration to assist people living with dementia to orientate and wayfind their way around the houses. For example, 'memory boxes' were displayed outside people's bedroom doors and bedroom doors were front door style that included door knockers. Photographs and pictures were in place to offer stimulation. Signage for toilets and bathrooms was bright making the rooms more easily identifiable. Reactive lighting, which activated when a person approached an area was in use. This style of lighting could prove confusing to people living with dementia. However, the registered manager stated that this style of lighting was being changed to support people's orientation and visibility around the houses.

Is the service caring?

Our findings

A choice of meals were available. People were asked what they wanted for lunch and were shown the different options on plates to help them make a choice. The menu for the day was displayed, however this was not visible for everyone to see. The service could make improvements by ensuring more effective communication as to how people are informed of what the choice of menu was for that day.

On the first day of the inspection one option for lunch was not that stated on the menu and this had not been communicated to everyone prior to the meal being served. Seating arrangements on one house meant that there was limited seating available in the dining room. This did not have an impact on people at that time as sufficient seating was available. However, consideration should be given if more people wish to use the dining area.

We recommend that the registered provider reviews the current arrangements for mealtimes to ensure that people receive the best possible outcome from their dining experience.

People spoke positively about the staff that cared for them. Their comments included, "The staff here are really genuine"; "They're marvellous people, lovely girls"; "They're all very kind" and "Staff are marvellous, they are like family".

Family members also made positive comments about the staff and how their relatives were cared for. Their comments included "Staff are a good crew" and "Whenever we come to see [Relative] they've always shaved him and dressed him nicely. [Relative] was always a smart man and still is thanks to the staff here".

People had freedom of movement around the houses and were encouraged to maintain their independence. We saw people visiting the laundry with their own washing and people, whenever possible had access to the small kitchens in the houses to prepare their own drinks and snack. One person was seen to regularly access the kitchen to make hot drinks for themselves and others.

One person with sensory needs chose on occasion to put themselves to the floor to change their position and move around independently. During these times staff were seen to keep a distance to enable the person stretch and have freedom of movement, whilst been readily available to keep the person safe and respond immediately when they wanted support to get up from the floor.

People and their family members told us that they were able to get up and go to bed whenever they wished. In addition, they told us that they had a choice of where and when they wanted to have their meals.

People told us that staff were polite and respectful of their privacy. They explained that staff would always knock on their door before entering. They told us "I don't know what I would do without them". A family member told us that they felt that staff respected people's privacy. They told us that they dealt with his relatives mail and that it arrived in their room unopened.

We observed people being transferred from seating positions via a hoist in a respectful manner. Staff talked

continuously to people during the transfers and described what they were doing whilst maintaining eye contact. The transfers were done in a gentle and dignified manner and not rushed or hurried. Whilst talking to people, the majority of staff were seen to kneel down to enable them to have eye to eye contact with the person they were talking with.

Staff demonstrated a caring and effective approach when people became distressed. We saw staff talking with people who were showing some distress but who had difficulty in expressing themselves verbally. Staff managed these situation well by offering calm words, a reassuring hand or arm around a shoulder along with distractions to reduce the person's anxiety successfully. It was evident that staff knew people's needs and wishes and how they wanted to be supported. For example, staff were able to explain why a particular piece of furniture could not be moved away from one person as it would cause them distress.

Procedures were in place to ensure that personal information and records relating to people using the service and staff were stored appropriately. Lockable filing cabinets were available for the safe storage of paper records. Electronic records were password protected which ensured that they were only accessible to staff requiring the information.

Is the service responsive?

Our findings

As part of people's care planning documents, supplementary records were maintained. These records included the monitoring of people being repositioned for pressure relieving support; daily records of events; fluid monitoring charts and wound management plans. We found that correction fluid had been used on a number of people's care planning documents. An alternative more transparent method of making corrections in records should be implemented.

When required people's fluid and food intake was monitored. This involved recording the amount of fluid that a person had taken and at what time. Records were available to demonstrate that this monitoring was taking place. However, on one house we found that once the hostess member of staff, responsible for supporting people with their meals and drinks had finished for the day, monitoring records were not always completed. We discussed this with the senior member of staff who demonstrated a commitment to address this issue.

People at risk of or experiencing pressure ulcers and wounds had specific plans in place. However, we found that as part of people's wound management not all of the photographs had been named, signed or dated; skin integrity care plans were not always updated; positions of wounds not always recorded which demonstrated that appropriate wound tracking was not always effective. The majority of these issues were identified on one specific house. A mixture of documents from the current and previous registered provider were in use and on occasions not fully completed during the transition period. We discussed the areas of improvement needed with the registered manager who stated that they had already identified the need for further training for nurses in relation to the overall planning and recording of wound care. During our further visit to the service the registered manager confirmed that following a further request to the registered provider, staff had received further training in the recording of wound care. In addition, the registered provider had introduced into the service new documentation for the detailed recording of assessment of wounds; planning of treatment and care of wounds and specific documentation to record and monitor their progress. The registered manager confirmed that these documents had been implemented around the service and that they were closely monitoring the information recorded.

Daily records were maintained by staff and were updated twice daily, once during the day and once during the night. The purpose of these records were to maintain a detailed account of the care and support people had received or had been offered in line with their planned care. Not all of these records contained detailed information. For example, one person's records stated "[Name] was assisted to bed and she had appeared asleep on checks. Continence needs have been met." This information failed to demonstrate what care and support was administered and when.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations as detailed effective records were not always maintained.

Other supplementary records relating to people's positioning changes; monitoring of pressure relieving equipment and the application of cream and emollients were well recorded and these records were

maintained in people's bedrooms.

Each person had a personal profile which gave detailed information about their preferred name; staffing gender preferences; things they must have; Important things about their life; what they enjoyed during the day; how people tell what help they need and people's needs in relation to their personal care; mobility and communication needs.

People's needs were recorded in their care plan. We saw examples of detailed information about how people's care and support needed to be delivered. For example, "[Name] has a diagnosed of dementia which causes [Name] periods of increased confusion, memory loss, disorientation, anxiety, agitation. [Name] dislikes personal care and her space being invaded. Staff are required to explain all care procedures calmly, clearly, using short, sharp repetitive statements, and offer reassurance. Staff to allow [Name] time to calm", and to speak about a specific family member to support calmness.

How people needed support to communicate was also recorded in people's care plans. For example, some people were able to communicate verbally and others used alternative ways of to express themselves, via gesture and for one person banging on a piece of furniture.

People told us that they had seen their care plan and staff had discussed it with them. One family member told us that their relative had recently been made 'resident of the month', which meant they got pampered. It also gave the relative the opportunity to sit with the staff and ask any questions about their relatives care and support. She did say however that she can "do that at anytime." A further family member told us that she had been involved in discussing and reviewing their relatives care plan and said that she could do that anytime

At the time of the inspection the activities co-ordinator was on holiday and activities were limited. A number of people told us that they chose not to get involved in the planned activities and others told us that they often participated in activities and went to one of the other houses to join in activities.

Specific care plans were available for use for people who were in receipt of end of life care. These plans were to help ensure that people received the support they wished for. Further training has been arranged for staff in relation to end of life care planning. Where a decision of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) had been made by or on behalf of an individual under the appropriate legislation, this was recorded and placed in a person's care file which made it easily accessible to staff.

The registered provider had a system in place to manage, respond and review complaints made about the service. This system involved the registered manager logging information in relation to complaints onto the registered providers computerised monitoring system and detailing the nature of the complaint, by whom it was made and the theme of the complaint. People and their family members told us that they would feel confident in raising a concern about the service. Their comments included, "I've no complaints whatsoever"; "I haven't had any complaints" and "I'd tell the staff if I had any". One person told us that the registered manager comes around and says hello and that if they needed to, they would speak to the manger or senior nurse.

Is the service well-led?

Our findings

During the previous inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities). This was because audit systems had failed to identify areas of improvement around the service in relation to cleanliness of equipment; people not always having access to their vision glasses and rooms that should have been securely locked were left open and accessible to people using the service. During this inspection we found that improvement had been made.

The service was currently transitioning documents and procedures of the previous registered provider to the current registered provider's systems. During this inspection we identified areas in which recording practices required improvement. For example, in relation to people's care planning and supplementary records. Areas of improvement we identified in relation to the planning and recording of wound care have been identified and support requested from the registered provider by the registered manager. Following us further identifying these issues staff responsible for providing wound care received training and new documentation was introduced within the service.

We recommend that the registered provider maintains regular monitoring of care planning and wound care documents to ensure that they are detailed and effective at all times.

There was a management structure in place. The registered manager had overall management responsibility for the service. Each house had a manager who reported directly to the registered manager. However, at the time of this inspection there were two vacancies for house managers, roles that the registered provider was having difficulty recruiting to. In the interim, the deputy manager was overseeing the management of these two houses.

Quality monitoring systems were in place. For example, a twice daily walk around were carried out by the registered or deputy manager and a shift handover took place to ensure that staff coming on duty were aware of any changes to people's medicines, health and appointments. In addition, regular audits were in place for people's medicines; infection control and areas of the environment. An audit of falls and accidents and incidents also took place. All checks carried out were reported electronically to the registered provider. The registered manager submits a weekly report to the registered provider quality department who analyse the information. Where needed an action plan is then developed to make any needed improvements. In addition to this, the registered manager maintains a 'home improvement plan' to further develop the service.

Every two months a representative of the registered provider visits the service to carry out an audit. Following this visit a report and any recommendation are sent to the registered manager. The most recent visit report available had taken place in July 2018 in which the visit was focussed around the auditing system.

Policies and procedures were in place that were available to all staff. These documents were in place to offer staff best practice and guidance when carrying out their role. The current registered provider had a service level agreement with the previous provider to continue to utilise their policies and procedures which were in

place, for a period of 12 months. Within this timeframe current registered provider would implement their own procedures and guidance.

Good practice and guidance was available to staff. For example, in offices we saw information and whom to contact for advice on palliative care; information relating to hand hygiene good practice and an alert informing staff of a new procedure in place in relation to diabetes.

People and their family members had been asked for their views on the service since the previous inspection. The survey asked people's opinions in relation to the environment; lifestyle; staffing; dignity and respect; complaints and management and communication. The results of the feedback were published in June 2018. Sixteen people using the service had completed the survey which demonstrated that for the overall impression of the care home 25% of people thought it was excellent; 44% felt it was good and 31% felt it was average.

Twenty five family members had completed the survey and which overall demonstrated that 32% of family members felt the service was excellent; 56% good and 12% average. Following the outcomes of these surveys any actions needed formed part of the services home improvement plan.

The provider had notified the Care Quality Commission of significant events which had occurred in line with their legal obligations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations as detailed effective records were not always maintained.