Eastwood Hall Limited

Broadoaks

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 24 and 25 May 2016.

Broadoaks is registered to provide accommodation with personal care to up to 20 older people, some of whom may be living with dementia related needs. There were 14 people receiving a service at the time of our inspection. The registered manager told us that the reduced number of people reflected the current building works to extend the premises.

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.

Systems to manage risk for people living and working in the service were not safe.The provider's systems to check on the quality and safety of the service provided were not fully effective and had not identified the issues we found. Up to date guidance about protecting people's rights had not been followed so as to support decisions made on people's behalf and comply with legislation. Improvements were needed to ensure that all staff received the training needed to enable them to carry out their role effectively.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were thorough. Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs.

People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences. Arrangements were in place to support people to gain access to health professionals and services. People were supported by staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected and they found the staff to be friendly and caring. Visitors were welcomed and relationships were supported.

People's care was planned and reviewed with them or the person acting on their behalf. Staff had information on how best to meet people's needs. People were supported to participate in social activities that interested them and met their needs. People felt able to raise any complaints and felt that the provider would listen to them. Information to help them to make a complaint was readily available.

People knew the manager and found them to be approachable and available in the home. People living and working in the service had the opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Systems to manage risk for people living and working in the service were not safe.

The provider had systems in place to manage safeguarding concerns. Safe recruitment processes were in place to ensure that staff were suitable to work with people living in the service.

There were enough staff to meet people's needs safely. People's medicines were safely managed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Guidance was not being followed to ensure that people were supported appropriately in regards to their ability to make decisions. Improvements were needed to staff training and appraisal systems.

People were well supported to eat and drink sufficient amounts and people enjoyed their meals. People had access to healthcare professionals when they required them.

Is the service caring?

Good

The service was caring.

People were treated with kindness. People, or their representatives, were included in planning care to meet individual needs.

People's privacy, dignity and independence were respected and they were supported to maintain relationships.

Is the service responsive?

Good

The service was responsive.

People were provided with care and support that was

personalised to their individual needs. Staff understood people's care needs and responded appropriately. People had activities they enjoyed and that met their needs.

The service had appropriate arrangements in place to deal with comments and complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems in place to gather information about the safety and quality of the service needed improvement to ensure required standards are met.

People who used the service and staff found the manager approachable and available. Staff felt well supported.

Opportunities were available for people to give feedback, express their views and be listened to.

Broadoaks

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 was undertaken by one inspector on 24 and 25 May 2016 and was unannounced.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection process, we spoke with seven people who received a service and two visitors. We also spoke with the registered manager, the deputy manager and three staff working in the service.

We looked at four people's care and medicines records. We looked at records relating to five staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Requires Improvement

Is the service safe?

Our findings

Risks to the environment or the individual were not comprehensively assessed to support the safety of people and staff. The current guidance of the Health and Safety Executive states that health and social care providers should carry out a full risk assessment of their hot and cold water systems to identify risks and ensure adequate measures are in place to control them. The registered manager confirmed that a risk assessment in relation to Legionella was not available and so they could not advise on what controls were necessary to protect people. They could not, for example, confirm that infrequently used outlets were flushed out regularly, that checks of the water temperature were completed with sufficient frequency and that shower heads were descaled to limit the risk of infection from legionella. This meant that the registered manager could not be assured of the safety of the operation of the water system in limiting risk and keeping people safe.

Two people were identified as at risk of falls from bed and chairs were placed beside their beds in response to this. The risk assessments did not consider if this was the most suitable equipment to ensure people's safety. The registered manager's explanation for this was that the service had never used any other equipment, such as bedrails or lower beds and mats, in the past and did not have such equipment. One person had equipment in place to help reduce the risk of pressure ulcers. The setting of the pressure relieving mattress needs to correspond to the person's individual weight at any given time and be maintained at the correct setting. The person's risk assessment or care records had no information as to the setting required to best promote the preventative effects of the equipment for the individual person. The registered manager and the deputy manager told us they did not know about the setting of the mattress and responsibility for the mattress setting was with the engineer who had set it up originally. This meant that the risk to the person's safety had not been recognised, assessed or actions plans put in place to reduce the potential risk to the person. Care records showed that two people were identified as at risk of choking. The registered manager confirmed this and that there was no assessment of the risk in place. This meant that staff did not have clear, current guidance to support consistent and safe limitation of risk. The registered manager told us they would seek the guidance of healthcare professionals immediately to address these issues.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living in the service. One person told us this was they knew there was always someone there to help them if they needed it. They said, "They are all nice girls and so I do feel safe and reassured with them because of that." A relative said, "We feel fine leaving [person's name] here. We feel [person's name] is safe here."

The registered manager and the Provider's Information Return (PIR) confirmed that not all staff had been provided with training on safeguarding people, however staff we spoke with were able to identify types of abuse and how to report it to protect people. The registered manager understood their responsibilities and records showed that staff and the registered manager had taken prompt and appropriate action to raise a

concern to safeguard a person living in the service. The provider had policies and procedures available in relation to protecting people from abuse and whistleblowing to guide staff. Information on who to speak with was displayed in the service if people felt concerned for themselves or others.

Safe and effective recruitment practices were in place to ensure that staff were of good character and suitable for the roles they performed. Records showed that the required references, criminal record and identification checks were completed before staff were able to start working in the service. This included the regular agency staff working in the service while recruitment was ongoing. A relative said, "They choose their staff well here and find those with the right approach and skills."

We had received anonymous information that there were insufficient staff to meet people's needs and that staff were working excessive hours. People felt there were enough staff available to meet people's needs safely. One person said, "They do answer the buzzer. Sometimes you wait a little while, if they are helping someone else first, but it is alright." A relative said, "Staff are busy but we have never had any doubt about the safety of staffing levels."

The registered manager told us that they completed a monthly dependency assessment of each person living in the service which was used to inform staffing levels and confirmed that staffing levels would be increased at any time needed. We found that people were supported by sufficient numbers of staff to meet their needs safely. Staff confirmed that staffing levels were suitable to meet people's needs and that they were not working excessive hours. We saw that staff were available when people needed them and call bells were answered promptly.

People were satisfied with the way the service managed their medicines. One person said, "They always remember my medicine and on time, you cannot fault them at all." People were protected by safe systems for the storage, administration and recording of medicines. The registered manager told us that as the daily recorded temperatures had now increased to the recommended maximum level a small air conditioning unit would be obtained immediately to ensure that medicines did not spoil. Medication administration records were consistently completed and tallied with the medicines available. We observed staff administering people's medicines and saw this was done safely and with respect. The service had procedures in place for receiving and returning medication safely when no longer required. Assessments of staff competence to administer medicines safely were completed. Monthly medication audits were carried out to ensure safe management of medicines.

Requires Improvement

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The Provider Information Return (PIR) and the registered manager confirmed that staff had not received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager told us that they and the deputy manager were booked to attend this training in the week following this inspection; however no training on this was as yet arranged for the remainder of the staff group. The registered manager told us that no assessments were in place in relation to mental capacity and no deprivation of liberty authorisation applications had been made for any person living in the service as they were not needed. The registered manager confirmed their limited knowledge of the requirements and their responsibilities relating to this.

Assessments of people's capacity had not been completed in line with Mental Capacity Act where decisions had been made about their care and treatment. One person had a sensor mat in place in their bedroom where the person spent much of their time. This was to alert staff should the person stand up and move about. The person's healthcare records showed that the person at times became distressed and stated clearly that they wished to pack their things and leave. The front door could only be opened from the inside by use of the keypad, the code of which was not displayed. Another person's consent to care and treatment had been signed by a family member and the registered manager told us that the person had periods of fluctuating capacity. This person had chairs placed on either side of their bed and the registered manager told us this restriction was to ensure the person's safety. However, no assessment had been completed as to the person's ability to consent to this restriction and to demonstrate that the decision had been made in their best interest. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been not recorded and restrictions had not been properly assessed and considered.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements were needed to demonstrate that staff were provided with the training they required to complete their role. The provider told us in their Provider Information Return (PIR) that they had recognised the need to improve staff training. Records given to us showed that only one staff member had attended training on safeguarding vulnerable people. Staff told us they had completed moving and handling training, provided by the registered manager, who is trained to provide this training. We saw that a new training provider had been sourced which the registered manager told us is expected to improve the opportunities for staff training. Staff had recently attended training on health and safety and pressure ulcer awareness.

Staff confirmed they received induction before they started working in the service. This included working alongside an experienced member of staff initially and staff told us that they had found this very helpful. Records for a staff member in post for five months and who had no previous experience in a care setting showed that the staff member had completed training only in pressure care awareness. The staff member told us that they had completed a nationally recognised qualification in care since working in the service as well is moving and handling training. Evidence to support this and their completion of the Care Certificate was not available. The Care Certificate is a set of minimum standards to be covered as part of induction training for social care workers to share best practice and raise quality and standards in the care sector. Staff told us that they received regular supervision and this was confirmed in the staff files. The provider's PIR had identified that not all staff had received an annual appraisal to review their competence and assess their training needs. We found that, while appraisal for the registered manager and deputy manager had not been completed in the past year, appraisals had been completed for the care staff whose files we reviewed.

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs. People told us that they enjoyed the meals they received at the service. One person told us, "The food is wonderful, there is so much of it and it is good food." Another person said, "The food is great, there is plenty of food and plenty of choice and there are always drinks on tap." We observed the lunchtime meal to be served in a pleasant environment and in a way that treated people with dignity and respect. Tables were set with gravy and sauce boats, condiments and jugs of drinks. People were served at the table and so could choose their own vegetables and the amount they wished to have.

People's nutritional requirements had been assessed and documented. People received the support they needed to ensure they received a nutritious diet. People's weight was routinely recorded and monitored to support their health and well-being. Food and fluid intake records were maintained. Staff had a good understanding of each person's nutritional needs and how these were to be met. This included catering staff who were able to tell us who had specific needs in relation to their nutrition and how these were to be supported. Where people required their food to be pureed, the cook showed us that the food was reshaped in moulds so as to be recognisable and pleasantly presented to tempt people's appetites.

People's care records showed that their healthcare needs, appointments and outcomes were recorded to ensure that staff had clear information on meeting people's needs. People told us that staff helped them to gain access to, for example, the GP if they were unwell and that the chiropodist or district nurse visited them regularly. One person said, "They keep an eye on you and if anything is a bit off, they see it. If you are not well they would find out and call the GP. The nurse comes in for my legs and the girls put the cream on for me every day." A relative said, "[Person's name] has improved enormously since being here. They look healthier, are eating better and it shows as they have put on weight. Staff arranged for the speech therapist when it was needed. The chiropodist comes regularly and staff call us if [person's name] is not well and the GP is called."

Good

Is the service caring?

Our findings

People lived in a caring environment. One person said, "The staff are very kind people." Another person told us, "Staff are ever so nice to me." There was a good rapport between the staff and the people they supported, and people living in the service interacted freely with staff. All the interactions we observed between staff and people were positive. Staff engaged people in social conversations and listened to what people had to say.

People's care documents showed that they and their relatives had been involved in assessing, planning and reviewing their care and had signed their records to confirm this. Records of one person's recent review showed the relative's comment, "The care [person's name] gets is very good. Thank you." A relative we spoke with said, "The staff are 100% caring here, you can tell they really care."

People were able to make choices and decisions about their day to day lives, for example, to spend time in their bedroom or to get up later in the morning and whether or not to join in with the activities available. Care records noted people's preferences such as in relation to food and drinks or social activities. One person said, "I can choose my time for bed and getting up. I have a choice of food, anything from eggs and bacon to porridge for breakfast. I sit where I choose." Another person told us, "I used to stay in my room when I first came but they encouraged me to come down. I do that more now and I'm happy with that. I do join in more activities but can choose not to if I don't want to."

Staff clearly knew people's likes and dislikes and people and staff chatted easily together in an appropriately familiar way. Some of the staff had worked with people living in the service over a period of time which enabled confident relationships to develop. The registered manager confirmed that all the people living in the service had relatives or friends to support them if appropriate in making decisions. Staff supported people to maintain and develop relationships and people told us their relatives were welcomed in the service. One person told us, "My visitors are welcome at any time within reason." A relative said, "We come here regularly and are always made really welcome. Staff are lovely and so friendly."

People were encouraged to maintain their independence and sense of well-being. One person said, "I endeavour to do things for myself. I get myself dressed. Although staff are very busy they wait and let me do it." Another person said, "Staff always ask me if I am happy to do this or that myself." People's privacy and dignity was also respected. People told us that staff knocked and waited before coming into the room and that staff were discreet when supporting personal care.

Good

Is the service responsive?

Our findings

People told us they received care that met their needs. One person told us, "I am looked after very well. I am absolutely happy with the care." Another person told us that the service arranged their support in a way that best met their needs. They said, "The day before the district nurse comes to change my dressings, staff take off the old bandage and help me to shower. They use a tubular bandage overnight and the district nurse comes the next day and does my dressings. It means I can still have a shower regularly. It's a good arrangement and routine."

People's care was planned in a way that reflected their individual needs and preferences. A plan of care was in place for each person based on their individual assessment and included information on how they wished to be supported and cared for. Care plans included important areas of care such as personal care, mobility, skin care, nutrition and social activities. The registered manager confirmed they would be adding information on people's cognitive abilities as part of care planning. Staff were able to support people in line with the information contained within care plans and provided at shift handover so they knew the care they had to provide to people.

Staff were able to tell us about people's care and support needs, such as who needed repositioning and how frequently, so as to help prevent the development of pressure ulcers. This was confirmed in care planning records and the records of support provided to people. None of the people living in the service had a pressure ulcer at the time of our inspection and the registered manager confirmed they would address this without delay. A relative told us how staff had encouraged and supported a person living in the service to improve their wellbeing. This had led to the person getting up and walking more often using their walking aid and so they were also enjoying more social contact. The relative described the care provided to the person at the service as "fantastic".

People had opportunities to follow social and leisure pursuits that interested them. One person said, "There is usually plenty of activities going on. I do the music and movement and have the hairdresser on Tuesdays too. We go out now and then in the van with [activity co-ordinator], four people at a time. I do enjoy it." Information was displayed in the service about the activities planned. This included a themed '1940s Street Party'. The registered manager told us that equipment was on order which will provide, for example, a 1960s style lounge where people can watch television programmes of the time, or a bar where people can go and have a drink. Photographs showed other activities that had taken place to celebrate other events such as Christmas and Easter. The dining room tables were set with flowers that had been arranged by people living in the service as part of an organised activity. A relative told us, "There is definitely a good range of activities going on, strawberry teas, lots of entertainers, quiz nights and they go out."

People told us they had no complaints but would feel able to say so if they did. One person told us, "I have no worries or complaints at all, if I did I would tell [registered manager's name] or [deputy manager's name] whichever one of them is on duty." Another person said, "I do know [registered manager] and [deputy manager]. I have no complaints but I could tell them if I did; no problem." The provider had a complaints policy and procedure in place. The complaints information gave people timescales within which a response

and actions would be implemented so people knew what to expect. Information was also included to guide people on how to take their complaint further if they were dissatisfied with the provider's response. The manager told us that no complaints had been received since our last inspection so we were unable to judge the procedures' effectiveness.

Requires Improvement

Is the service well-led?

Our findings

Improvements were needed to the management of the service to ensure that guidance was properly followed, relevant training and knowledge was in place and risks were suitably identified and mitigated. The provider had recently introduced a new system to monitor and improve safety and quality in the service. The system had not identified the areas of concern we found and so was not fully effective.

A range of audits and checks were completed in the service and collated by the registered manager. The outcomes were reported to the provider each month. This included information, for example, on falls, accidents or complaints so that this could be analysed externally for trends and preventative actions put in place. The provider's representative visited the service and completed their own monitoring of the service each month on a wide range of areas. While no clear action plan had been developed, we saw that actions required, such as replenishing of the first aid boxes, had been completed. The registered manager also told us that unannounced night time visits and checks of the service had commenced as part of the new system. The management team had had opportunity to meet with managers from other parts of the provider's organisation. This had included review of the current policies and procedures to ensure their effectiveness.

There was a registered manager in post who knew the service, its staff and people living there well. The registered manager was supported by a deputy manager and senior members of staff. People told us the home was well managed and they felt confidence in the management team. One person said, "I know [registered manager] and [deputy manager]. They make a first class job of running the place." The registered manager was visible and approachable in the service. People spoke of the registered manager and deputy manager by name. One person said, "I know them both well and they are always around and chat to us." Another person said, "They are around keeping an eye on things."

The atmosphere at the service was open and inclusive. Staff told us they received good support from the management team who were always available should they need guidance. One staff member said, "[Registered manager and [deputy manager] make time to help you if you are stuck with anything." Staff were able to express their views in regular staff meetings and told us that the management team listened to them and that they felt valued. Staff told us they enjoyed working in the service and were well supported as part of a team. One staff member told us, "I love working here, it is hard but we all get on. [Registered manager] will work on the shift with us if, for example, someone phones in sick so people never do without anything. "

People told us they could express their views and felt listened to. People's views were sought through resident meetings where people's suggestions for the menu and outings were noted and planned for. People views had been gathered in a survey during 2015. The provider's summary of responses showed that area covered included the premises, management, food, daily living and personal care and support. 93% of respondents stated they were quite satisfied or very satisfied with their experience of these in the service. People and their relatives also had opportunity to attend regular meetings led by the activity co-ordinator. Minutes showed that people's suggestions, such as for new activities were listened to and equipment sourced to support these.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider had not ensure that staff who obtained the consent of people were familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005 and could demonstrate they could apply them when appropriate. Assessments of people's capacity had not been completed in line with Mental Capacity Act where decisions had been made about their care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not protected people against the risks of inappropriate care and treatment.