

# Grwp Gofal Cymru Care Homes South Limited

## Kings Bromley

### Inspection report

Manor Park  
Kings Bromley  
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Tel: 01543472044

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

This inspection took place on 18 February 2016. At our last inspection on 2 May 2013 the provider was meeting the standards we inspected. Kings Bromley Nursing Home provides accommodation and nursing care for up to 55 elderly people. There were 44 people using the service at the time of our inspection.

The service had a registered manager. 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.

Staff had not recognised that some incidents which occurred in the home should have been reported as safeguarding concerns. People were supported by suitably recruited staff however, at times, there were insufficient staff available to meet people's needs in a timely manner. Risks associated with people's care, such as the safest way to support their movement, were assessed. People received their prescribed medicines to keep them well as there were processes in place to ensure medicines were administered, recorded and stored correctly.

Staff received training and support to gain the skills and knowledge to provide care for people. The provider understood the principles of the Mental Capacity Act 2005 and supported people to make decisions which were in their best interest.

People were provided with food and drinks in the most appropriate way to meet their needs. People's health and wellbeing was monitored and the support of healthcare professionals was sought whenever specialist advice was required. Staff spoke to people politely and provided kind and compassionate care. People's privacy and dignity was maintained. Relatives and visitors were welcomed by staff and could visit whenever they wished.

People were asked about likes, dislikes and important information about themselves so that staff could provide care in the way they preferred. People were offered opportunities to socialise and had support to take part in activities which interested them. People and their relatives felt empowered to raise any complaints or concerns directly with the registered manager.

People, their relatives and staff thought the home was well-led and the registered manager was approachable. There were opportunities for people to share their views and we saw the provider took action to make improvements when necessary. There was an audit programme in place to monitor the quality of the service.



## 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 not consistently safe. The registered manager had not recognised that some incidents which occurred in the home should have been reported as safeguarding concerns. At certain times during the day there were insufficient staff to meet people's needs promptly. Medicines were managed safely to ensure people received their prescribed treatments. People's risks had been identified and there were plans in place to guide staff on the safest way to support people.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff received training and support to provide care to people. Staff understood the principles of the Mental Capacity Act 2005 and supported people to make decisions when appropriate. People were provided with a varied diet and plentiful drinks in the way which was most appropriate for them. People were referred to health care professionals when specialist support was required.

**Good** ●

### Is the service caring?

The service was caring. Staff provided kind and compassionate support to people they knew well. People's dignity was promoted and staff supported their right to privacy. People were able to maintain the relationships which were important to them as visitors were encouraged to visit whenever they wanted to.

**Good** ●

### Is the service responsive?

The service was responsive. People received care which met their preferences because staff understood their likes and dislikes. There were arrangements in place for people to socialise together or be supported independently if they preferred. There was a complaints procedure in place and people felt comfortable to raise concerns directly with the registered manager.

**Good** ●

### Is the service well-led?

The service was well-led. People, relatives and staff were provided with opportunities to discuss their views about the service and thought the home was well-led. There was an audit

**Good** ●

process in place to monitor the quality of the care and ensure the systems in place were effective.

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# Kings Bromley

## **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 took place on 18 February 2016 and was unannounced. The inspection was undertaken by two inspectors with the support of an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. We reviewed the PIR and the information we held about the service including statutory notifications the provider sent us when we planned the inspection. A statutory notification is information about important events in the home which the provider is required to send us by law.

We spoke with 14 people who used the service, seven relatives and visitors, 9 members of the care staff, the activities coordinator, the deputy and registered managers and the area manager for the provider. We spent time observing care in the communal areas of the home to see how staff interacted and supported people who used the service.

We looked at the care records for four people to see if they accurately reflected the care people received. We also looked at three recruitment files and records relating to the management of the home including quality checks, training records and staff rotas.

# Is the service safe?

## Our findings

People were not safeguarded because staff had not recognised when incidents should be reported. Staff we spoke with said they had attended training in safeguarding and outlined the processes in place for reporting concerns. One member of staff told us, "I would speak to the manager or the deputy manager". However we found that some staff did not recognise all of the categories of abuse that might affect people. When we were planning the inspection we had noted that the level of safeguarding reporting from the provider was low. We saw that some incidents which had been recorded by staff met the criteria for referral to the adult safeguarding authority but had not been reported. We discussed this with the registered manager during our inspection and we received confirmation the day after the inspection that the referrals had been made to the local authority.

People and relatives we spoke with had mixed views about the number of staff available to care for them. Some people told us that there were times when they had to wait longer for support because there were not enough staff available. One person told us, "Sometimes they are short staffed, it's definitely a problem at night". A relative told us, "Sometimes the staff don't get to [the person who used the service] in time when they need personal support". Other people were happy with the response from staff. One relative told us, "I think there are enough staff. They're always available when we come in". We saw that staff were available to support people but there were times during the day when they had to wait for support. For instance at lunchtime, several people needed to be assisted to eat their meal and during shift handover times there were insufficient staff available to support people straight away. Staff told us they had worked together for a long time and had good routines in place to ensure people were supported as quickly as possible. One member of staff told us, "We do make sure we meet everyone's needs".

People told us they felt safe living in the home. One person said, "I feel very safe". Another person told us, "I feel safe with the way they look after me". People's risks of avoidable harm associated with their care, for example how they should be moved safely, had been assessed. There were management plans in place to guide staff on the most effective way to support people and reduce their risks. We saw that people were assisted to move or change their position in line with the care planned for them. Some people were moved using a hoist and we saw that staff operated the hoist correctly and ensured people were safely supported during the manoeuvre.

People's medicines were managed to ensure they received their prescribed treatments. One person told us, "My medicines are given to me regularly, they never miss out and they make sure that I take it". We saw staff understood how people needed to be supported to take their medicines to keep them well. Some people were having their essential medicines covertly, this means without their knowledge. Medicines can be given covertly if the person does not have the capacity to understand that they are essential to maintain their health and wellbeing. The administration of covert medicines must be agreed by the person's doctor. We saw that the necessary permissions, risk assessments and guidance for staff were in place to ensure people taking medicine without their knowledge were supported appropriately. We saw that the medicines were stored correctly and securely and there were checks in place to ensure staff recorded the medicines accurately.

Staff told us that checks were made before they were able to start working at the service. We looked at three recruitment files and saw that all of the pre-employment processes, including background checks and satisfactory references from previous employers were completed prior to employment. This demonstrated that there were processes in place to ensure staff were suitable to work within a caring environment.

There were regular health and safety checks in place to ensure all of the equipment staff used to support people was in full working order. We saw the environment was maintained and there was a programme of reviews in place. For example on lighting and firefighting equipment to confirm the environment remained safe and secure for people. There were plans in place to be used if people needed to leave the building quickly, for example during a fire. The emergency evacuation plans provided personalised assessments of people's mobility to ensure they received the correct level of support.



## Is the service effective?

### Our findings

Staff told us they were supported to gain knowledge and the skills they needed to care for people effectively. One person told us, "The staff know what they're doing when they care for me". A relative told us, "I think the staff are well trained to look after people", and another relative said, "The staff are trained and they understand about dementia". Staff said that they received a mixture of e-learning and face-to-face practical training for areas where this was more appropriate, for example when learning about correct moving and lifting techniques. We saw there was a process in place to check that staff training was recorded and to ensure they received reminders when updates were required. Two of the senior carers had recently completed extended training so that they could support the nurse with medicine administration and undertaking screening checks. One member of staff told us, "I really enjoyed doing the training. I learnt so much about people's treatments. I was closely supervised and had a load of support". The registered manager said, "This is proving to be really good".

New members of staff confirmed that they received support and had time to learn about people when they started working at the home. The registered manager told us they had started the newest member of staff on the care certificate. The Care Certificate is a national training programme which sets out the learning, competencies and standards of care that staff should meet to ensure they provide, safe, effective, compassionate which is responsive to people's needs. Staff told us they received supervision and had an annual appraisal. The support arrangements gave them opportunities to discuss any concerns, review their performance and identify any training needs. One member of staff told us, "We have supervision from the manager or the deputy but we can always bring things up between times".

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 heard staff asking people for their consent before providing care to. A member of staff told us, "We need to sit, talk, explain and ask people what they would like". We saw a member of staff asking one person if they would like a protective cover for their clothes before eating and explaining why they were suggesting it. The person did not respond to the member of staff and we saw that they gently placed the cover over the person's knees before they started their meal. There were capacity assessments in place for those people who needed them and where decisions had been made on people's behalf these were demonstrated to be in their best interest.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people who lived in the home were unable to leave without the supervision of staff as they did not understand the risks this would present to their health and safety. We saw that the registered manager had made applications for assessment on behalf of these people to ensure that any deprivation of their liberty was legal and appropriate.

People were offered a choice of nutritious food and plentiful drinks. One person told us, "The food is very good; we have choices". Another person told us, "If it's something you don't like, they make you something else". Staff understood the dietary needs of people who used the service and how to provide their meals accordingly. Some people received their food and drinks through a tube fitted to their stomach because they had difficulty swallowing food and drinks. We saw that staff had been trained how to deliver this type of feeding known as 'peg feeding' and completed the procedure in a competent manner. People's weight was monitored regularly and when concerns were highlighted they were referred to a dietician for advice on the use of supplements to enhance their calorie intake and support their health. People were offered frequent drinks throughout the day to keep them well hydrated. We saw that staff encouraged people to drink regularly and provided kind and patient assistance to them.

People told us they had access to their GP and other healthcare professionals. For example the optician, podiatrist and dentist. One person told us, "I wasn't well and I was taken to hospital straight away". A relative said, "My relative went into hospital. A carer went with them until we could get there". The care plans provided evidence that people were referred for specialist advice promptly whenever additional support was required to support their health and wellbeing.

## Is the service caring?

### Our findings

People we spoke with told us they were happy living at the home. One person told us, "The staff are very good. They are lovely, very friendly". A relative told us, "The nurses and carers are very good indeed". We saw that staff treated people with kindness and compassion. They took opportunities to engage with people when assisting them and at other times. One person told us, "The staff always speak to you even when they just pass you in the corridor". We saw that people were constantly asked if they were okay or needed anything. Some people had limited communication skills and we saw that staff included them in any conversations that were taking place to ensure they were involved.

People's right to privacy was recognised and their dignity was promoted by staff. Staff told us how they would support people to maintain their dignity and privacy and we saw there was a poster describing what dignity meant for people. A member of staff told us, "They are very strict here about doing certain things, like repositioning people and if we don't put a blanket over people's legs when we move them". Staff spoke discreetly with people when enquiring about their personal needs. We saw that doors were closed when personal care was provided and staff checked that people's clothing was rearranged when it did not cover them adequately. We heard a member of staff say, "Let's cover your legs up [name of the person]".

We saw examples of staff responding sensitively and reassuring people who became upset. A person who had prepared to go out for lunch with a friend became tearful and disappointed when it was cancelled. Staff arranged for the person to have a telephone conversation with their friend to try and cheer them up. We saw staff spent time with the person, holding their hand and providing reassuring words until they became more settled.

People were supported to stay in touch with family and friends as they were able to visit whenever they wanted. One relative told us, "We can visit anytime. The staff always offer us a drink. They're ever so good". We saw staff greeted visitors and chatted to them. One visitor had not been to the home for some time and we saw both the registered manager and her deputy took time to speak with the visitor and catch up with their news.

## Is the service responsive?

### Our findings

People told us the staff knew them and how they liked to be cared for. A relative told us, "We were asked to give staff information about [the person who used the service] when they came to live here". We saw that people's care plans contained information about them in a 'This is me' booklet which was also available for staff in people's bedrooms. The booklet gave an insight into people's past life experiences and the relationships that were important to them. Staff we spoke with demonstrated a good knowledge of people. The staff spoke of people in a caring and affectionate manner and provided examples of their understanding of people's preferences. One member of staff said, "We know people, what they like and what they don't. For instance we know [name of person] likes to be well dressed and nicely presented so we make sure they look smart all the time". The person's relative told us, "Whenever we visit [the person who used the service] looks well dressed, clean and has had a shave. That was always important to them". .

We saw people's care was reviewed regularly to ensure the support they received reflected their needs. A relative told us, "We were invited to come in [for the review] but we're happy for the staff to do it. They ring us after to let us know if there are any changes". The registered manager told us that most of the people living in the home had been there for some time and relatives were happy for the staff to review the care without their involvement".

People were protected from social isolation. There was a programme of activities which people could choose to join in with if they wanted to. We saw people enjoying an 'old time' music session provided by an external entertainer. We saw people were familiar with the entertainer who was a regular visitor to the home and sang, clapped their hands and tapped their feet along to the music. When the entertainer finished their session staff played a CD of similar music to maintain the atmosphere for people. We saw there were also arrangements in place to support people individually to chat with the activity staff or receive a manicure if they wanted one. People told us there were regular opportunities for them to maintain their beliefs. One person told us, "The local vicar comes in once every fortnight to take communion. We enjoy this".

Relatives we spoke with told us they would speak to the registered manager if they had any concerns. One relative told us, "If we had anything to moan about we'd go to the manager but we haven't any concerns". We saw there was a complaints policy in place and that any complaints received had been investigated and responded to.

## Is the service well-led?

### Our findings

People and visitors we spoke with told us the home was well-led and they were happy with the management arrangements. One relative told us, "I think the home is extremely well managed". A member of staff said, "I like working here. There is a good atmosphere. We all work well together and the residents benefit from that". The registered manager told us that there had been some internal changes within the company and this had improved their support and said, "The provider is very supportive. They liaise with us and I can go to them with any problems". The registered manager also told us, "There has been a massive difference in access to new equipment and improvements around the home. We will be starting a refurbishment programme soon".

We saw that people and their relatives were encouraged to share their views of the service. There were meetings for people who used the service. We looked at the minutes from the last meeting and saw people had commented about the re-location of the dining room which they didn't like. We saw that the original dining room had been re-established straight away. There were comment cards in reception and the registered manager told us that a questionnaire was sent with copies of the newsletter and invoices but found that they received few returns. The registered manager said they no longer offered relatives meetings because they were not well attended. One relative told us, "If we want to speak about anything we go straight to the manager, we don't need meetings".

Staff told us they had regular meetings to update them about changes in the home. One member of staff told us, "Yes we have meetings to talk about new policies, annual leave, that sort of thing". All the staff we spoke with told us they felt well supported and that the registered manager was very approachable. One member of staff told us, "I can go to the office, I'm welcomed in, the door is closed and I can discuss anything in complete confidence. The manager listens and gives good advice".

The quality of the service was monitored to identify where improvements could be made. Both the provider and the registered manager had an audit programme in place to check that the systems they had were working effectively. We saw the results of the audits were colour coded depending on their score. The audits on the safety of medicines, the environment and infection control measures were all scored as green which indicated that they were satisfactory.