

John Tipple

# Broomhaven Residential Care


## Inspection report

1a Broom Grove  
Rotherham  
South Yorkshire  
S60 2TE  
Tel: 01709 821418  
Website:

Date of inspection visit: 5 and 6 November 2014  
Date of publication: 16/02/2015

### Ratings

#### Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

### Overall summary

The inspection was announced. Normally our inspections are unannounced, however, on this occasion we gave the provider 48 hours' notice of the inspection as the service is a very small one and we wanted to make sure that people would be at home, and that the manager would be available. The inspection visit was carried out over two days; 5 and 6 November 2014. The home's last inspection was in November 2013 where it was judged compliant with the regulations inspected.

Broomhaven is a three bed care home, providing care to adults with learning disabilities. At the time of the inspection there were three people living at the home. It is staffed by a small team of two care assistants, one senior care assistant and the registered manager, who also owns the business.

# Summary of findings

Broomhaven is located in a residential area of Rotherham, South Yorkshire. It is in a quiet street and has the appearance of a domestic dwelling.

The service has 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 and associated Regulations about how the service is run.

During the inspection people told us, or indicated, that they enjoyed the range of activities available in the home, and enjoyed living there. Staff we spoke with and observed knew people's needs and preferences well, and had a good knowledge of their history and circumstances.

We found that staff received some training, however the provider's own records in relation to this were poor, and did not support what the provider had told us in relation to training. Likewise, one staff member told us that they received supervision and appraisal, but another told us this did not happen. There were no records available to evidence whether supervision or appraisal took place. The registered manager said that he had taken all these records home as he was working on them.

In our observations in the inspection, we found that staff did not always show people using the service a high degree of respect, and we identified occurrences where one staff member spoke to people in a brusque and infantilising manner. We told the registered manager about this, however he told us that this was "just how [the staff member] is."

The provider did not have any formal systems in place for monitoring and auditing the quality of service people received. There had been a system of quality meetings in the past, however, these had ended over 18 months ago and nothing had replaced them. The registered manager could not describe any ways that he monitored the quality of the service apart from "looking round, checking it's all okay." The registered manager was unfamiliar with the regulations and standards that he was required to comply with, and many of the policies and procedures he had devised reflected this lack of knowledge.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 safe. Staff were lacking in knowledge about how to keep people safe from the risks of harm or abuse, although they had received training in relation to this. The provider's safeguarding policy did not describe the appropriate steps that should be taken if abuse was suspected.

Medicines were stored and handled safely, and staff knowledge was good in this area.

Where people were at risk of injuring themselves or others, risk assessments were in place to manage this, however, staff did not always follow them. Audit procedures were absent and so did not contribute to ensuring people's safety.

Inadequate



### Is the service effective?

The service was not effective. Training arrangements were disorganised, and the registered manager had little oversight over what training staff had received. Not all staff had a good understanding of the Mental Capacity Act or the procedures to follow should someone lack the capacity to give consent.

Inadequate



### Is the service caring?

The service was caring. Day to day procedures within the home took into account people's personal choices. Staff had a good knowledge of people's needs and preferences, and there was flexibility to ensure that people could decide what they wanted to do on a daily basis.

Staff did not always respect people's privacy, and on occasion did not speak to people in an appropriate manner.

Requires Improvement



### Is the service responsive?

The service was responsive. There were arrangements in place to regularly review people's needs and preferences, so that their care could be appropriately tailored.

There was a complaints system in place, although at the time of the inspection no complaints had been received.

Good



### Is the service well-led?

The service was not well led. The registered manager, who was also the owner of the business, did not have a good knowledge of the responsibilities of their role. There were no formal systems in place for monitoring the quality of service people received.

There was no formal system of staff meetings, and staff gave differing accounts of whether supervision or appraisal took place. There was no evidence available to confirm whether supervision or appraisal was in place.

Inadequate



# Broomhaven Residential Care

## 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 checked 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.

The inspection was announced, we told the service two days in advance that we would be carrying out the inspection. It was carried out over two days; 5 and 6 November 2014. The inspection was carried out by an adult social care inspector.

To carry out the inspection we spoke with two staff, the registered manager and two people who were using the service at the time of the inspection. We also checked the personal records of all three people who were using the service at the time of the inspection. We checked records relating to the management of the home, meeting minutes, two staff members' training records, medication records for all three people using the service and policies and procedures.

We observed care taking place in the home, and observed staff undertaking various activities, including supporting people around the home and helping them access activities and choose meals. In addition to this, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, 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. This was returned prior to the inspection. However, it was not returned in the timescale we had requested, and some of the information we asked for was missing. We also reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home.

# Is the service safe?

## Our findings

We checked three people's care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained up to date risk assessments which set out all the steps staff should take to ensure people's safety. However, one person's care plan contained information about how they may injure themselves if they move around the premises without staff support. On both days of the inspection we observed that staff did not act when the person was moving without support, putting them at risk of harm. This is a breach of regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010.

We found that staff received training in the safeguarding of vulnerable adults, however, one of the two staff we spoke with could not describe the steps to take if they suspected abuse was taking place. We looked at the provider's procedures relating to safeguarding. They did not reflect the local authority's safeguarding procedures. They had been written earlier that year, but did not describe the correct steps that should be followed by staff suspecting abuse. If staff followed these procedures when suspecting abuse, it would not ensure people's safety. This is a breach of regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010.

We asked staff and the registered manager about whether there were staff in sufficient numbers to keep people safe. The staff said that they were happy with the staffing numbers and thought people were safe. The registered manager told us that there were 21 shifts to fill per week and three staff, and said that the staffing ratio had been calculated by dividing the shifts between the number of staff. We asked whether any work had been carried out to assess whether this was sufficient to ensure people were cared for safely, but he said that a formal assessment had not been carried out.

Recruitment procedures at the home had been designed to ensure that people were kept safe. Policy records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work, in addition to providing a checkable work history and provide two referees. We checked one recruitment file and saw that references had been obtained, although the file did not evidence a DBS check as the staff member concerned had

taken it home. We asked the registered manager whether there was a policy in place for periodically re-checking staff's DBS records but he said if anyone within the staff team obtained a criminal record he would know, due to the team being so small. We asked him to explain how the size of the team meant that he would know if a staff member acquired a criminal record but he could not.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored, although records of the temperature of the medication storage room were not kept. We checked records of medication administration and saw that these were appropriately kept. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. Again, these records were clear and up to date.

Medication was only handled by staff who had received training in relation to medication. This included checking stock, signing for the receipt of medication, overseeing the disposal of any unneeded medication and administering medication to people.

There were up to date policies and procedures relating to the handling, storage, acquisition, disposal and administration of medicines. People's care records contained details of the medication they were prescribed, any side effects, and how they should be supported in relation to medication. We asked a staff member whether any people using the service were allergic to any medication, and they were able to tell us without checking.

Medication was audited regularly by the senior care assistant, this included checking stock and ensuring records were accurately kept. We asked one care assistant about the systems in place for managing and handling medication and they gave us a clear, knowledgeable account of this.

We asked to see the risk assessments relating to ensuring the premises were safe, and any audits carried out in relation to this. The registered manager told us that such issues were not documented. He told us he checked the premises visually but did not keep records of this. This is a breach of regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010.

## Is the service safe?

We asked one of the people using the service whether they felt safe at the home. They told us that they felt “very safe” and said that this was because the staff were “very nice.”

We asked two staff members what the provider’s policy on restraint was, and whether restraint was used in the home. They both said that restraint did not take place and that they were not allowed to restrain anyone. The registered manager confirmed that this was the policy in place.

# Is the service effective?

## Our findings

We asked one person using the service about the food available to them at Broomhaven. They told us the food was “very good” and that they always received their favourite foods. We checked people’s care plans and found they contained comprehensive information about people’s food preferences. We asked one person about this and they confirmed that the information reflected what they did and didn’t like. We asked one staff member about people’s food preferences. They spoke with knowledge about each person, and understood well what food people liked.

We looked at how staff were supported to deliver good quality care and whether the arrangements for supervising staff were effective. We checked whether people had given appropriate consent to their care and where people did not have capacity to consent, whether the requirements set out in the Mental Capacity Act 2005 had been adhered to. The Mental Capacity Act 2005 sets out how to act to support people who do not have the capacity to make a specific decision.

We asked two staff members about whether people had the mental capacity to make decisions. One staff member understood this and could tell us, but the other staff member could not tell us what mental capacity meant. We checked this staff member’s training records, and saw that they had received training in the Mental Capacity Act.

We checked people’s care records and found that there was information for staff about the steps they should take if someone did not have the mental capacity to make a decision about a complex issue. However, two people’s care plans indicated that their relatives had given consent for them to take their prescribed medication. There was no evidence of any associated meetings taking place to ensure this was in each person’s best interest, in accordance with the Mental Capacity Act. We advised the registered manager that this was not legal. The staff member responsible for updating records said that this was old information and had been left in people’s files by accident. The registered manager told us he had not checked the quality or content of these files and this may be why this was missed. This is a breach of regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010.

We asked the senior care assistant whether anyone was deprived of their liberty at the home. They told us that they were not, and spoke with knowledge about how to make an application to deprive a person of their liberty should the need arise. The registered manager also had a good understanding of this.

The registered manager described the systems in place for staff training. He told us that staff had received “all required training” but did not have a list of what he considered to be required training. Evidence of training was kept in the form of training certificates. There was no centralised register of training undertaken and no recording system to show when staff training needed updating.

Prior to the inspection, the registered manager completed a Provider Information Return (PIR) which he submitted to CQC. In this he recorded that all staff had received first aid training, health and safety training, infection control training and food hygiene training in the preceding two years. We asked to see certificates or evidence of this training, but in many cases such evidence was not available. One staff member had taken their training file home and there were no other training records within the home for this staff member. The other two staff member’s files did not contain certificates to evidence all the training listed in the PIR. We asked two staff about when they had received specific training. One thought it had taken place in the previous year, but the other one couldn’t remember having this training. The registered manager told us that he may have made mistakes when completing the PIR.

This is a breach of regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010.

The senior care assistant talked to us about the systems in place for ensuring people received effective care. They told us that people were able to see external healthcare professionals when required, and told us about specific examples of where healthcare professionals were involved in people’s care. We checked care plans which confirmed this.

# Is the service caring?

## Our findings

As part of the inspection, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Using SOFI we saw that staff took the time to listen to people and try to understand their needs and wants. One person communicated using a recognised sign language. Staff we observed communicated with this person in their preferred sign language and understood what the person was telling them when they signed.

We asked one person using the service about their experience of the care and support they received. They told us that they enjoyed living at the home. They told us that they had previously lived in a larger care home but preferred the smaller environment of Broomhaven Residential Care. They told us that they were “very happy” about how the staff supported them. They said living there was “good” and they told us that staff gave them all the help they wanted.

We asked the same person whether they felt staff respected their privacy. They told us that they understood why privacy was important, and they said they liked how staff respected this. We asked one staff member about the arrangements for respecting people’s privacy, and they were able to describe measures in place, including knocking on people’s doors, respecting their right to privacy and keeping information about them confidential. However, over the two days of the inspection we observed that staff did not always uphold people’s privacy. There were incidents where aspects of people’s care needs were discussed in front of other people using the service .

We saw that often staff addressed people with warmth and kindness, although this was not consistent. We observed a small number of incidents where a person was not spoken to respectfully, and staff employed an approach which was infantilising and patronising. We asked staff about whether they thought that this approach was appropriate, but they were not able to identify anything wrong with it. This is a breach of regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010.

We asked two members of staff about people’s personal histories and preferences. The staff could describe in detail their knowledge about these areas. One staff member was able to tell us in depth one person’s preferences in relation to food, and another staff member had a good understanding of one person’s very specific preferences in relation to how they were supported. Both of the staff members we spoke with told us that one of the home’s strengths was how well people’s needs and preferences were understood.

We looked at the arrangements in place to enable people to be involved in decisions about their care. Care plans showed that people’s preferred ways to be supported were recorded, and people had contributed to their care plans. We asked one person what was in their care plan and they were able to tell us. They described the care plan as being “mine, it’s about me.”

The provider had previously had contact with a local advocacy organisation, although at the time of the inspection they were not involved with anyone using the service.



# Is the service responsive?

## Our findings

There were details in each person's care plan about the activities they liked to take part in. We asked one person whether these activities happened, and they told us they did. They said: "I like jigsaws, I've got lots to do." On one of the days of the inspection there were plans underway for a trip into town, which one of the people using the service indicated that they were looking forward to. Another person told us they had recently been on holiday with support from the service, which they said they'd enjoyed. Staff we spoke with had a good knowledge of people's preferences in relation to activities and community involvement.

There were arrangements in place to assist people in staying in touch with their families. The service enabled people to visit their relatives and friends, and staff spoke regularly with people's families to ensure they were kept up to date with any developments in their relative's life. We asked one of the people using the service about their friends and relatives. They told us that they regularly visited relatives and staff supported them to do this. They also told us they stayed in touch with friends, and again staff at the home had helped them visit friends and attend parties.

We asked staff and the registered manager about the arrangements in place for people's relatives to provide feedback to the service. They told us that this was done informally, and there was currently no formal system of surveys or questionnaires.

We checked care records belonging to all three people who were using the service at the time of the inspection. We found that care plans were highly detailed, setting out exactly how to support each person so that their individual needs were met. They told staff how to support and care for people to ensure that they received care in the way they had been assessed as needing. Care records contained symbols and pictures to enable people using the service to better understand them.

Care records showed that people's care was formally reviewed on a regular basis to ensure it met people's needs. Where people's needs changed, their care plans were changed to reflect this. A senior staff member was responsible for undertaking this work, and was able to describe why it was important and how they prioritised it. However, we noted that in one person's care plan some out of date information was in place. The staff member responsible for updating their care plan said that they had forgotten to change this.

People's files contained health action plans. These documents set out how each person should be supported in relation to their health needs, and gave information to professionals who may not know the person as well as care staff did, for example, if they were admitted to hospital.

We asked staff to tell us about how they had responded when people's needs changed. They told us about how one person's preferences and behaviours had been reviewed, using external support, to identify better ways of supporting them. They described how this had been effective, and how the person was now acting in a way which indicated their support was better meeting their needs. The staff member we spoke with had a good knowledge of this process.

There was information about how to make complaints available in the communal area of the home. This was also featured in the service user guide, and in the provider's statement of purpose. The provider's complaints procedures advised complainants of where to complain if they were dissatisfied with the home's response to their complaint. We checked records of complaints but found that none had been received. We asked one of the people using the service if they knew how to make a complaint. They said they would "tell the boss" and indicated that they would be confident to do this.

# Is the service well-led?

## Our findings

We asked two members of staff about whether they felt supported by the provider. They told us that they did. We asked whether regular supervision and appraisal took place, but the staff accounts differed. One staff member said that they didn't have supervision sessions with their line manager, and had not received an appraisal. The other staff member said that this did happen. We asked the registered manager about this. They said that they held supervision meetings and appraisals with all three staff, however, the records which would evidence this were not available as he had taken them home. We asked if there was any evidence on the staff rota which would show us when supervision or appraisal had taken place, but he told us these meetings were not recorded on the rota.

We asked how staff and the manager communicated with each other. Staff described an informal arrangement where staff would catch up with each other at handover periods. We asked whether formal team meetings took place, but were told they didn't happen. One staff member told us that they felt the existing system worked well.

We asked the registered manager about the systems in place for monitoring the quality of the service. He said that there were no formal systems. He said he checked that people were happy with the service by asking them. He could not describe any ways that he monitored the quality of the service apart from "looking round, checking it's all okay." We saw there was a file labelled "quality assurance," which the manager told us contained relevant information. However, the file contained minutes from meetings that took place eighteen months ago, and two service user surveys that were completed two years ago. There was no further or more up to date information in relation to quality assurance or surveys. This is a breach of regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010.

During the inspection we gave the registered manager feedback about an incident we had observed in the home where a person had not been spoken to with respect. The registered manager dismissed this and did not appear to consider that any action should be taken. He said it was "just how [the staff member] is." When we further questioned him about this incident, he said: "I'll have a word, if you like."

Prior to the inspection, we asked the provider to complete a Provider Information Request (PIR). This was completed and submitted by the registered manager. In it he stated that he had carried out work in the previous 12 months to ensure that the service met the needs of people with protected characteristics as defined by the Equality Act 2010. We asked to see what this work was, and the manager said staff had attended equality and diversity training. He could not provide us with any other information about checking that the service protected people from discrimination. He told us: "We just ask them. They are all individuals."

The registered manager told us that, when planning future recruitment, he would not employ anyone who he described as "from other cultures" as he stated that they would not fit in with the existing staff team or people using the service, and they would have difficulty communicating with people using the service. He also stated that he would not employ women of child bearing age as the potential costs of maternity pay would not be affordable for him.

Prior to the inspection, we contacted the provider by email and told them we would like to contact some of the community health and social care professionals who had involvement with people using the service, so that we could gather their views about the home. The provider did not return this information to us.

We asked to see a copy of the service's Statement of Purpose. A Statement of Purpose is a document that registered providers are required by law to have, and to keep regularly under review. When we checked the document, we found that it did not hold all the information that it was legally required to have. In addition to this, although the registered manager told us they reviewed the document recently, they had not notified CQC of any changes to it and were not aware of the legal requirement to do so.

We spoke with the registered manager about the regulations that he was legally required to comply with as part of running a registered care home. He told us that he did not know about these regulations but he assured us that he would find out about them. This is a breach of regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

People were not protected as the provider did not have effective systems in place to regularly assess and monitor the quality of the service provided, or to identify, assess and manage risks relating to the health, welfare and safety of service users. **Regulation 10(1)(a)(b) and (2)(b)(iii)(v) and (e)**

#### The enforcement action we took:

A warning notice was issued to the provider requiring that they take action to ensure that effective systems were developed to assess and monitor the quality of the service provided and to identify, assess and manage risks relating to the health, welfare and safety of service users by 16 January 2015

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse

The provider did not have suitable arrangements to ensure that service users are safeguarded against the risk of abuse. **Regulation 11(1)(3)**

#### The enforcement action we took:

A warning notice was issued to the provider requiring that they take action to ensure that service users are safeguarded from the risk of abuse by 16 January 2015

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services

The provider failed to uphold the dignity, privacy and independence of service users. **Regulation 17(1)(a)(2)(a)**

#### The enforcement action we took:

A warning notice was issued to the provider requiring that they take action to ensure that people's dignity and privacy is upheld by 16 January 2015

This section is primarily information for the provider

## Enforcement actions

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

The provider did not take appropriate steps to safeguard the health, safety and welfare of service users, as it had failed to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. **Regulation 22**

### The enforcement action we took:

A warning notice was issued to the provider, requiring that they take action to ensure sufficient numbers of suitably qualified, skilled and experienced persons are employed for the purposes of carrying on the regulated activity by 16 January 2015