Ashberry Healthcare Limited

Broomy Hill Nursing Home

Inspection report

43 Breinton Road
Hereford
Herefordshire
HR4 0JY

Tel: 01432274474
Website: www.ashberry.net

Date of inspection visit:
10 August 2016
12 August 2016

Date of publication:
12 October 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 10 and 12 August 2016 and was unannounced.

Broomy Hill Nursing Home provides accommodation with nursing and personal care for up to 40 people with dementia-related illness and mental health needs. There were 39 people living at the home when we visited.

A registered manager was in post and present during our inspection. 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.

Working practices at the home needed to be improved to ensure that people received their medicines safely. People were protected by staff that recognised the potential signs of abuse and how to report it. The provider had developed procedures for dealing with any such allegations of abuse, and plans were in place to manage the risks associated with people's individual care and support needs. The registered manager monitored any incidents and accidents involving people to minimise the risk of reoccurrence. Staffing requirements were assessed and planned, and all new staff underwent appropriate pre-employment checks.

The provider was not always working in accordance with, and respecting people's rights under, the Mental Capacity Act 2005. Staff participated in an ongoing programme of training and received regular one-to-one sessions with the management team. People received the support they needed with eating and drinking, and any associated risks were managed. Staff supported people to maintain their health and sought appropriate professional medical advice and treatment as necessary.

People were not always treated with dignity and respect, and their choice and control over their lives was not always fully supported. Staff knew people's individual needs well, and supported them to spend time doing things they enjoyed and found interesting. People's relatives knew how to raise concerns, and felt confident they would be listened to. Not all staff were confident that concerns brought to the attention of the registered manager, about the care and support people received, would be acted upon.

The provider had developed quality assurance systems and checks, however these had not identified significant shortfalls in 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?

Requires Improvement

The service was not consistently safe.

People's medicines were not always handled and administered in a safe and appropriate manner. Staff understood how to identify and report abuse. The risks associated with people's care and support needs had been assessed and managed. The provider adhered to safe recruitment practices.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider did not always work in accordance with the Mental Capacity Act 2005. Risks associated with people eating and drinking were assessed and managed. People were supported to maintain their health and to access healthcare services.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff did not always treat people with dignity and respect. Staff knew people well and offered support and reassurance in the event that people became upset or distressed.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's choice and control over their lives was not fully supported. People were supported to spend time doing things they enjoyed. People's relatives knew how to complain about the service, and felt confident they would be listened to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Not all staff were confident that concerns brought to the attention of the registered manager would be acted upon. Staff and people's relatives felt the registered manager was

approachable. The provider had developed quality assurance systems , however these had failed to identify significant shortfalls in the service provided.

Broomy Hill Nursing 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 took place on 10 and 12 August 2016 and was unannounced.

The inspection team consisted of two inspectors and 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.

Prior to our 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. We took this information into account in reaching the judgements set out in this report.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection, we spoke with five people who used the service, 11 relatives and three health and social care professionals. We also spoke with ten members of staff, including care staff, kitchen staff, maintenance staff, the activities coordinator, the clinical lead and the registered manager. We looked at the care records of four people, the provider's policies and procedures and medicines-related records.

We spent time in the communal areas of the home to observe how staff supported and responded to people. In addition, 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 speak directly with us.

Requires Improvement

Is the service safe?

Our findings

We looked at how people's medicines were managed. People's relatives told us that their family members received their medicines safely. We found that 13 people were having their medicines covertly. This meant staff were hiding medicines in people's food and drink.

We spoke with two staff that told us they had been asked by the nurses to give people their medicines. One of these staff members had been asked to give people medicines their hidden in their food. The staff also told us they had not been supervised doing this, and had not been given training by the provider. We spoke with the manager about this, who said they were unaware of this practice and would take action to review this. We found that the provider had developed systems and procedures that should make sure people's medicines were stored, administered and disposed of in a safe manner. However, we found that medicines that required cold storage could have been compromised, because the temperature of the refrigerator was not within the recommended limits. The manager had taken no action to put this right, despite the records showing that this had been an issue for 14 days.

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

We looked at how the provider protected people from harm and abuse. We were not able to speak with most of the people living at the home about whether they felt safe there. People's relatives were satisfied that staff protected the safety and wellbeing of their family members. One relative told us, on this subject, "I go in and out of the home at all different times. There are always staff on duty and they're very kind to people." Another relative said, "I know [person's name] is alright there because their face lights up when staff come into the room."

Staff told us they would encourage and assist any person who expressed concerns about their safety or treatment by others to raise these with the registered manager. One person told us that, if they had any such concerns, "I would have a word with [registered manager]. If they didn't do anything, I would go straight to head office."

Staff had received training in how to protect people from abuse. They were aware of the potential signs and symptoms of abuse, and understood the importance of reporting any concerns of this nature to a senior or the registered manager without delay. Staff gave us examples of the kinds of things that would give them cause for concern, including marked changes in people's behaviour or their reaction to others, and any unexplained marks or bruising. One staff member told us, "Being with people each day, you pick up on small differences." The provider had developed written procedures for responding to any allegations of abuse, and had previously made notifications to external agencies in line with these.

The provider had assessed and recorded the risks associated with people's individual care and support needs. We saw that they had developed written plans to manage these risks. These plans covered a range of issues, including people's physical and mental health, behavioural issues, their mobility, and their

personal care needs. Staff understood the importance of following the guidance contained in these plans in order to keep people safe. We observed staff working in accordance with this guidance as, for example, they helped people to move around the home safely. People's relatives were satisfied with the extent to which they were involved in decisions about risks and risk-taking which affected their family members.

Staff understood the need to record and report any accidents or significant incidents involving the people who lived at the home. The registered manager described how they monitored these events, on an ongoing basis. This enabled them to identify any patterns and trends and take action to minimise the risk of reoccurrence. The registered manager gave us an example of the steps taken to protect one person from the risk of injury, following documented concerns about their mobility and the risk of falls. This had included work with the local falls prevention team and the introduction of hip protectors for this person.

We looked at how the provider ensured there were enough suitable staff to safely meet people's needs. People's relatives expressed mixed views about the adequacy of the staffing levels at the home. Our observations of the care provided indicated that staff were under significant pressure to meet people's competing needs. For example, one person who needed to use the toilet urgently had to wait five minutes for a member of staff to become available support them. The registered manager explained that the home's staffing requirements were assessed and planned based upon people's individual support needs, using a dependency scoring tool. They acknowledged that staff sickness had put pressure upon staffing levels, but assured us that this was now under greater control. They informed us that staff shortages were normally covered through voluntary overtime. Agency staffing was not used, in order to ensure continuity of care.

The provider followed safe recruitment procedures. Staff informed us they had been required to supply written employment references and to complete a Disclosure and Barring Service (DBS) check before starting work at the home. DBS checks help employers to make safer recruitment decisions and to ensure only suitable people are employed.

Requires Improvement

Is the service effective?

Our findings

We looked at whether the provider was meeting the requirements of the Mental Capacity Act 2005. The Mental Capacity Act (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.

The staff we spoke with demonstrated a good understanding of what the MCA meant in terms of their day-to-day work with people. However, we found that the provider was not always working in accordance with, and respecting people's rights under, the MCA. Thirteen people were being given their medicines covertly. The covert administration of medicines should only be used following an assessment of the person's capacity to make a decision about their medicines and a best interests meeting. A best interests meeting had not been held in relation to the decision made to covertly administer each person's medicines, although there was some evidence of discussion with external professionals and people's relatives. There was also no clear evidence that these decisions had been kept under regular review, as required by the provider's own medicines procedures and professional guidance on this subject.

Where the management team had documented best interests decisions, the information recorded was unclear or not relevant to the decision at hand. We discussed this with the registered manager, who acknowledged that the existing records had not been completed correctly and that they would be amending these.

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). The registered manager had carried out an assessment of each person's care and support arrangements and had made DoLS applications on this basis.

People's relatives felt staff had the skills and knowledge needed to provide effective support to their family members. One relative told us, "They all seem very well trained." On the subject of staff training, one of the people living at the home told us, "It's very, very good. It's not long before the new ones pick things up from the other ones." Three health and social care professionals complimented staff on their ability to manage people's complex needs.

Staff participated in an ongoing programme of training. One staff member described the benefits of the training they had received in Validation Theory, which is a method of interacting with people living with dementia. This training had helped them to better understand the mental state of people living with dementia and how to support them.

We spoke with staff about the induction training they had received, upon joining the service. Staff confirmed that, as part of their induction, they had had the opportunity to work alongside more experienced

staff until they felt confident to work alone. The registered manager informed us that, in addition to their in-house induction, staff were supported to complete the Care Certificate programme. The Care Certificate is a set of minimum standards that should be covered as part of induction training of new care workers.

Staff told us that they had regular one-to-one sessions with the registered manager or a senior member of staff, during which they were able to raise any unmet training needs and receive constructive feedback on their work performance. One staff member told us, "They're very useful. We talk through how things are going and whether we have any problems. They give me feedback, if I'm not up to scratch, on what I need to work on."

People and their relatives spoke positively about the quality of the food and drinks provided. One person told us, "The food is always good and tasty." People's relatives felt that their family members received the level of support they needed to eat and drink. One relative praised the one-to-one support and encouragement which their family member had received to eat, which had enabled them to return to a healthy body weight.

Staff told us about the lack of choice people had about what they ate each day. We saw that people were not being involved, as fully as possible, in decisions about what they ate each day. A single choice of meal was normally prepared for people's lunch and evening meal each day. A list of alternative meal choices was displayed on a whiteboard outside the kitchen. However, staff told us that, in practice, people were not actively supported to request these. One staff member told us, "We've been fighting for seven or eight years about the menus. It says there are options on the whiteboard but people don't get to say anything until it is in front of them. They could pick using pictures; we could ask them once a week." Another staff member said, "There is no choice. It relies on them being able to convey to others that they want an alternative which they can't at present." We discussed the lack of choice in what people ate with the registered manager. They acknowledged this issue, and informed us that they would take steps to ensure people were offered greater choice in this area of their lives.

The risks associated with people eating and drinking had been assessed on an individual basis and recorded. Plans had been put in place to manage these risks, incorporating any external professional advice received from the dietician or others. The staff we spoke with were aware of these risks, and understood the practical support people needed with eating and drinking. We observed how staff supported people during breakfast and lunch. We saw that food preparation and the encouragement and assistance people received to eat and drink reflected the guidance set out in their care plans.

People's relatives spoke positively about the role staff played in helping their family members maintain their health. They described how staff monitored people's health on a day-to-day basis and sought appropriate professional medical advice and treatment in response to any significant changes or deterioration. One relative described the support staff provided to enable their relative to attend their appointments with a specialist nurse. Another relative praised the manner in which staff had worked collaboratively with their family member's GP to establish an effective pain relief regime. We saw that staff worked with a range of external healthcare professionals to ensure people's health needs were met. Staff also supported people to attend healthcare appointments and routine check-ups. We spoke with a health professional who praised the way staff kept them up-to-date about any changes in people's health or wellbeing. Details of people's health needs, any long-term medical conditions and the health services they currently accessed were set out in their care files.

Requires Improvement

Is the service caring?

Our findings

During our inspection, we spent time in the home's communal areas observing how staff supported and responded to people. We found that staff did not always treat people with dignity and respect. We saw that staff openly discussed people's personal care in front of others. Staff also failed to address one person's personal care needs, in terms of the support they needed to access the toilet, in a discreet and sensitive manner.

People's opinions on how well they were treated by staff were mixed. One person told us "It's quite nice here and they look after me very well. The carers are quite nice and always polite." Another person said, "It's gone downhill. Some of the staff are not very nice. In fact, some are horrible. It's not just the fact they are always in a rush; it is their bad attitude."

Three of the staff members we spoke with expressed concerns about the failure of some staff to treat people in a respectful and dignified manner. One staff member told us, "Staff talk about people in front of other people; it happens all the time." This person went on to say, "It's a lack of seeing the person anymore. They see the task and not the person. There's a lack of empathy and connection." Another staff member told us, "There are a few staff that lose sight of the fact that it's people's home. They talk to them as if they were children." This person gave the example of staff having refused people their pudding, as they had not finished their main meal.

The registered manager acknowledged that staff's approach towards their work and their interactions with people needed to improve. They told us, "I don't doubt there are issues with how staff communicate with people." The registered manager described the need for a complete change of mind-set amongst staff. They told us that staff had received training in relation to dignity in care, and they planned to provide additional training in tackling this issue.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager maintained an open dialogue with people's relatives and encouraged their involvement in decision-making affecting their family members. People's relatives felt listened to by the management team. Staff and management approached people's relatives for insight into the life history, interests and preferences of their family members living at the home. However, staff expressed concerns about the lack of involvement people themselves had in day-to-day decisions about their care and support including, for example, what they wore and what they ate.

On other occasions, we observed positive interactions between staff and the people living at the home, which demonstrated a caring and compassionate approach by staff. We saw staff respond to people who were upset and distressed in a prompt and reassuring manner. One person complained to staff that they felt cold. In response, a staff member fastened the person's cardigan and made them a hot drink. People were comfortable and at ease in their home and requested staff assistance freely. People's relatives felt that

staff adopted a caring approach towards their work and that their family members were listened to. One relative told us, "Staff are all so caring; they are absolutely super staff."

Staff talked about the people who lived at the home with affection, respect and a desire to make a positive impact in their lives. One staff member told us, "Our job is about making simple things like getting people up in the morning as nice as possible." Staff knew people well and could talk to us about their individual needs and preferences. They explained how they got to know people by spending time with them on a day-to-day basis, reading care plans and learning from more experienced staff.

Requires Improvement

Is the service responsive?

Our findings

We were not able to speak with most of the people living at the home about the extent to which their views were sought out and taken into account by the provider. One person told us they had given staff feedback on their care plans, and that they felt in control of their life. This person went on to say, "If I want something, staff deal with the situation straight away or I go straight to the person in charge."

However, staff we spoke with told us that time pressure was a key factor in them not being able to give people the time they needed. One staff member told us, "We don't give people enough choice, partly because we don't have enough time. We're rushed or short-staffed. It's institutional; we have the mentality of 'this is how we do it.'" Another staff member said, "We try to be person-centred, but the residents are getting more and more difficult. It's more task-orientated. It feels as though our time with people is getting shorter and shorter."

People's relatives told us that they were able to contribute to decisions about their family members' care and support, when appropriate. One relative told us that they attended a six-monthly review meeting for their family member, adding, "I can approach them at any time if I want to know or discuss anything." Another relative said they had recently been given a form to complete about the types of things their family member liked doing. The registered manager and staff told us that they valued the insight which relatives were able to provide into people's backgrounds, needs and preferences.

We saw that people's care plans contained information about their personal histories, preferences and hobbies, and that these plans were kept under review. Staff told us that key information about what was important to each individual was also on display in their bedrooms, as a visual reminder for staff. Some of the staff we spoke to raised concerns about the clarity of the information contained in people's care plans or the extent to which these were used by staff. One staff member told us, "A lot of the care staff would like more time to read and contribute to the care plans. It would be nice to have time allocated." Staff were made aware of any significant changes in people's health or support needs through daily handovers between shifts. Handover is the means by which key information is passed on from staff leaving duty to those arriving on shift.

People told us about the kinds of activities they enjoyed in and outside of the home. One person talked about their interest in nature and wildlife, and in doing jigsaws. We saw that this person had two large wildlife books and a jigsaw on the table in front of them. Another person described how they enjoyed helping staff to get the tables and chairs ready for mealtimes. People's relatives were satisfied with the support their family members had to participate in activities and pursue their interests. People participated in aromatherapy and music therapy sessions each week. We saw an aromatherapy was taking place during our inspection. Staff told us about a range of other activities on offer, including hydrotherapy sessions, baking, flower-arranging, and trips to town, garden centres and the pub. The provider employed specific staff to facilitate people's weekly activities.

We were not able to ask most of the people living at the home whether they knew how to complain about

their care and support, and felt comfortable doing so. Two people we spoke with confirmed that they knew how to raise concerns and would do so if necessary. Another person told us that they had complained to the registered manager about staff, but their concerns had not been acted upon. We discussed this issue with the registered manager, who informed us that they had not received any complaints of this nature. The registered manager assured us that they would speak to the person in question to identify and resolve any concerns they may have.

People's relatives told us that they felt confident about approaching the registered manager or clinical lead, should they wish to complain about the care and support of their family members. One relative described how they had complained to the registered manager about the pureeing of their family member's food. The registered manager had listened to them and their family member was now served solid foods. The provider had developed formal procedures to ensure that complaints were dealt with properly. The registered manager indicated that they were not currently dealing with any complaints. The provider distributed periodic feedback surveys to a sample of people's relatives, the health and social care professionals involved in people's care and staff members. The registered manager explained how this information was collated by the provider and any significant issues fed back to the management team for them to address.

Requires Improvement

Is the service well-led?

Our findings

During our inspection, we became aware of an allegation of abuse involving a person who was living at the home at the time. The provider had failed to tell the Care Quality Commission about this incident, although they had informed other external agencies. The registered manager was aware of the requirement to submit notification of this nature, but explained that they had failed to do so due to an oversight. Statutory notifications ensure that the Care Quality Commission (CQC) is aware of important events and play a key role in our ongoing monitoring of services.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's relatives felt that the registered manager was approachable and that they had good lines of communication with the home. One relative told us, "I speak to [registered manager] and [clinical lead] on a regular basis. They keep you up to date." They felt that the home was well-managed, felt listened to and spoke positively about the atmosphere of the home during their visits. One relative told us, "People always seem very happy". Another relative said, "It's very calm and peaceful. Everyone is looked after."

However, staff we spoke with told us that they were not confident that concerns brought to the attention of the registered manager would be acted upon, based upon their prior experience. One member of staff told us, "The problems are the same now as when I started; things don't get fixed." Another staff member told us, "In my mind, I don't know whether I should tell other staff to go to [registered manager]. They seem disheartened when they don't do anything about things." We discussed this concern with the registered manager. They acknowledged they had not always acted upon the issues raised by staff, particularly in relation to how the home's kitchen functioned. The staff we spoke with expressed no concerns about the approachability of the registered manager or the overall communication within the home.

The registered manager told us that they were monitoring the culture amongst the home's staff team on an ongoing basis. They explained that they had identified the need for a culture change, in order to improve the way in which staff communicated with the people living at the home.

The registered manager confirmed that they had the support and resources they needed from the provider's senior management team to drive improvement at the home, where necessary. They explained that they kept up to date with current best practice, in order identify potential areas of development. They did this through, amongst other things, attending conferences on dementia care, reading care journals, networking with other managers and attending events run by the local authority.

The provider had developed quality assurance systems and checks to assess and improve the standard of the care and support delivered to people. These systems included competency checks and observations of staff working practice to confirm that staff were working in the expected manner, in addition to the periodic distribution of feedback surveys. However, these quality assurance systems had not enabled the provider to identify and address the concerns we identified during our inspection in relation, for example, to their

compliance with the MCA and the failure to treat people with dignity and respect.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify the Care Quality Commission of an allegation of abuse involving a person who lived at the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated with dignity and respect by staff.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not consistently managed in a safe manner by the provider.