Minster Care Management Limited

Broadgate Care Home

Inspection report

108-114 Broadgate
Beeston
Nottingham
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Tel: 01159250022

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service: Broadgate Care Home is a residential care home that provides personal and nursing care to 38 people aged 18 and over. The service is provided in a purpose built facility, set in its own grounds, over two floors. It is in the Nottinghamshire town of Beeston and is close to all local amenities.

People's experience of using this service: At our last inspection Broadgate Care Home was rated requires improvement and we found one breach of regulation relating to good governance. At this inspection we found improvements had been made and the service was no longer in breach of regulations.

The registered manager was open and honest, but concerns were identified about clinical leadership and oversight of the service. The service had identified it needed to improve and had a development plan in place for this.

Insufficient staff were deployed within the service during the night to meet the needs of people using the service. We have made a recommendation about this.

People received their medicines when prescribed and these were stored safely.

People's needs were assessed but not all care plans had been completed with measurable outcomes for people in relation to for example; effective weight or fluid management, we have made a recommendation about this.

People were supported by well trained, kind and caring staff. People and relatives all told us the staff were compassionate and knew them well.

People enjoyed the food, were given choice, and regularly offered drinks.

People were supported to move safely and staff enabled people living with a disability or dementia to navigate their environment with discreet support.

Everyone felt they or their relative were safe and that the home was meeting their needs.

People were supported by staff who knew how to identify and report any safeguarding concerns.

People were supported to have choice and control in their lives. Staff asked people for consent and the service was acting within the principles of the Mental Capacity Act.

Rating at last inspection: The service was previously inspected on 03/04/2018, (Report published 19/06/2018) and was rated as Requires Improvement.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will monitor the service on an ongoing basis and re-inspect according to our schedule. We may inspect sooner if we receive information of concern.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 always Safe	**Requires Improvement**
Is the service effective? The service was Effective	**Good**
Is the service caring? The service was Caring	**Good**
Is the service responsive? The service was not always Responsive	**Requires Improvement**
Is the service well-led? The service was not always Well - Led	**Requires Improvement**

Broadgate Care Home

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team on the first day consisted of one inspector, a Specialist Advisor (Nurse with experience of working with people with dementia) and one 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 dementia care service. The second day was conducted by one inspector.

Service and service type:
Broadgate Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced.

What we did:
Before the inspection we looked at notifications we had received about the service, these tell us about significant events in the service such as an injuries or allegations of abuse.
The service had completed a PIR or provider information return, this is an opportunity for the service to tell us what they are doing well and how they plan to address identified areas for improvement.

During the inspection we spoke with nine staff including the registered manager, nurse, cook, two care staff,

activity co-ordinator, administrator and the regional manager. We also spoke with the registered manager from another of the provider's homes', who was providing support and sharing best practice with the registered manager.

We received feedback from a visiting professional, seven people using the service, and ten relatives or friends of those people. During the inspection we spent time in communal lounges and the dining room to observe the lunchtime experience for people living at the service.
We looked at care records for seven people, records for accidents, incidents and complaints, service policies and procedures and five staff files. We looked at training records for staff and how the service measures the quality of service provision including gathering feedback from people and relatives.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

● There were not always sufficient staff deployed within the service to meet people's needs. Although staff were visible in communal areas of the service during the inspection, we found that due to the complex layout of the building, with people's bedrooms set off a series of corridors; we had concerns about lack of staff at night. Upstairs people are living with higher levels of need and more complex conditions, and often require two staff to hoist them or turn them in bed at regular intervals. This would mean at certain times there would be no staff available to respond quickly to a call bell or emergency situation on the upper floor. One person told us, "If I ring the call bell it can take about 20 minutes for them (staff) to appear sometimes, but they always come."

● A member of staff told us, "Upstairs they could really do with another person." Another member of staff told us, "Nights are difficult, with only three care staff, and the nurse is taken up with sorting out medications, the staff member downstairs is dealing with everything else." Another staff member said, "I feel I am justified in saying that the night staff are stretched to cope with three carers and one nurse. It can take 20 minutes to get to people sometimes." Although one person we spoke with told us, "There are always enough staff to help me and they know I like to use a board to move from my chair into bed and back." A relative we spoke with felt that there were often not enough staff around and they had to spend "Too much time filling in forms."

● The registered manager used a dependency tool to calculate the staffing levels based on the needs of people living in the service, but we found from reviewing care plans and speaking with people, staff and relatives that some people had a higher level of dependency, or required a review of their current level of need.

We recommend the service review the night staffing in relation to the requirements and dependency of people using the service. This also needs to include a review of the situating of people within the layout of the building in relation to their level of need and mobility.

● The provider had appropriate recruitment processes in place to ensure suitable staff were recruited to safely to be able to work with vulnerable people. All relevant information about applicants had been obtained and the necessary safety checks completed.

Assessing risk, safety monitoring and management

● Care plans were being updated and improved to provide more detailed and personalised information about people and their care needs. Risk assessments were being completed and recorded in care plans along with the action to be taken to mitigate identified risks. We identified that there were no measurable outcomes for some people in their care plans, and that information was difficult to find due to some of the

documents being separated. For example, one person had a recorded weight loss, but there was no clear plan documented as to how this was to be improved or managed effectively. In another care plan, we noted that a person was being encouraged to drink more, but there was no specific record stating what fluid intake should be achieved.

We recommend the service review the risk assessments and care plans for all people living in the service to ensure there is clear instruction for staff on how to support people effectively, using best practice guidance where appropriate.

● We witnessed that some people living with advanced dementia were regularly entering other people's rooms (even when the person was in their room) and this had become intrusive. Stairgates had been introduced to stop them actually physically entering the room, but this had not stopped the door being opened regularly (five times while speaking with a person in their room over a period of 20 minutes) and banged shut. Some people were resorting to locking their doors to stop this happening. One person told us, "I feel safe living here when the door is locked (by me) I get a lot of people constantly opening my door and wanting to come in. That door bangs each time and it doesn't help that I need peace and quiet with my condition. The stairgate they (staff) have put there helps, but it doesn't solve the problem." We spoke to the registered manager to ensure this situation was reviewed and also reflected in people's risk assessments and evacuation procedures.
● Personal emergency evacuation procedures (PEEP's) were in place for people in the event of a fire or other emergency situation. These were recorded in people's care plans, and reviewed regularly.
● Staff knew the risks that people faced and could tell us how they supported people with them.
● Pressure relieving equipment was at the correct setting and mattresses and cushions were regularly checked to ensure they were optimised for pressure support.
● Environmental checks were completed regularly.

Using medicines safely
● We checked people's medicines and their medicine administration records (MARs) to see if staff were administering people's medicines correctly and in accordance with best practice guidance.
● We observed staff administering medicines in a safe way ensuring that people took their medicines as prescribed, offering support when needed. Staff signed MARs once people had taken their medicines. One person told us, "I get my medication regularly in a little pot and they do watch me take it, although they trust me."
● Protocols were in place to instruct staff when to give as required medicines. We saw that people's care plans had clear guidance relating to their 'as required' medication needs.
● Nursing staff were trained to administer medicines and they had their ongoing competency checked to ensure their understanding of processes and procedures. Staff knew what to do if medicines errors occurred, and how these should be investigated and learned from.
● The provider acted to ensure staff followed safe protocols for the receipt, administration and disposal of medicines. However, we saw that some medications stored in the fridge were out of date, as they had been unnecessarily ordered. We brought this to the attention of the registered nurse who acted immediately to resolve the issue.
● Medicines were stored safely. Daily room temperature checks were being recorded.

Preventing and controlling infection
● People were protected against the risks of infection. Regular environmental checks had been undertaken including cleaning schedules. Although we noted that the downstairs corridor floor was very wet upon arrival of inspection, at a time when people using the service were busy moving around the home following

breakfast. We discussed with the registered manager that the domestic staff should ensure that they dry the floors following cleaning of them, which we were assured would be carried out in future. Some people's bedrooms were noted to have a strong malodour.

● Staff had completed training in infection control and food hygiene.

● Staff were provided with protective equipment such as gloves and aprons, we saw them wearing these when appropriate, and washing their hands regularly.

Learning lessons when things go wrong

● The registered manager could provide us with examples of where the service had learned from incidents or safeguarding concerns. For example, we discussed a recent serious incident where a person using the service had absconded and been found outside the home environment. The registered manager explained the enhanced preventative measures that had been put in place following this, and we saw evidence of the learning that had been shared amongst the staff team in relation to this case.

● Learning from safeguarding concerns was shared with the wider team where appropriate and staff were supported to learn from mistakes.

● Falls and accidents and incidents were analysed for trends on a monthly basis by the area manager so future incidents could be prevented from reoccurrence.

Systems and processes to safeguard people from the risk of abuse

● Staff had received training in safeguarding adults and could tell us the signs of abuse and who to report them to.

● Staff understood whistleblowing procedures and said they would not hesitate to use them if they had concerns about misconduct of any kind, although not all of the staff we spoke with felt confident that the registered manager would act on their concerns. One member of staff told us, "Yes, I did raise a concern but I didn't feel supported by the registered manager. It is still ongoing, I now feel that the new area manager is now addressing this."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet
- We observed that the food looked and smelled appetising on the day of inspection and people told us they enjoyed the food, they said, "I enjoy it" and "There's plenty of it." One person told us, "The food is very good here. I never go hungry and it's still hot when it gets here (my room)." Another person said, "The food here is very good and home-cooked. I just choose to eat in my room." One relative told us, "We can bring in Caribbean food if we want to and they will serve it to my relative, but sometimes they just prefer to eat what everyone else is eating and they enjoy the change. We are also invited to eat with them if we want."
- We observed that some people's mealtime experience was not positive. We found that some people were not always supported to be independent with their meals, and we observed one person living with dementia who was not treated in a person centred way during lunch. We brought this to the attention of the visiting registered manager, who rectified this immediately. We observed that some people chose to eat in their rooms, (some were supported by staff with eating their meals) and some people chose to come downstairs for lunch, due to the lunch meal upstairs being served late each day. We discussed this with the registered manager and area manager; and found this was a logistical issue, which has been addressed since our inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed before coming into the service.
- One relative told us, "My relative had a full assessment at hospital before they were admitted here, so they knew what they were taking on and could look after their needs. The family chose this home because it felt homely and a lot of the staff had been here for a long time."
- Staff used assessments obtained from other health and social care professionals to help them plan care for people. For example, specialist nurses, community mental health teams, occupational therapists, speech and language teams.

Staff support: induction, training, skills and experience
- Staff had received induction to the service and training that was suitable for their roles and gave them relevant information to carry out their duties in line with the registered provider's policies and procedures.
- We saw the service's training report showed 90 percent of staff had completed the training required by the registered provider. Staff were sent reminders when training was due to be completed.
- A training programme was planned for the coming year, both online and face to face sessions.
- The management carried out regular supervision which was given to staff to support their development and performance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support
● The registered manager had systems and processes for referring people to external bodies to help ensure they received appropriate treatment and support.
● Staff made referrals to a range of health care professionals when that area of support was required such as the occupational therapist, the dietician and speech and language therapists.
● We saw that staff had followed up referrals to other agencies to help make sure people got the treatment they needed. For example, the community rehabilitation team for specific equipment.

Adapting service, design, decoration to meet people's needs
● We observed that the home had good signage and displays for people living with dementia or sensory impairment.
● The activity co-ordinator and other staff had recently raised funds to upgrade the garden area, which was pleasantly furnished with raised flower beds, outdoor seating, umbrellas and a smoking area. We saw that the garden was well used during the inspection. One person said, "They know I like to go out in the garden, so they tell me if it's nice enough to go out there. The new flowers are lovely."
● Technology was used within the service such as, sensor mats for those at risk of falls.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● The registered manager had procedures for assessing a person's mental capacity in line with the MCA.
● Capacity assessments had been completed for people when decisions had been made in their best interests.
● The registered manager provided evidence that DoLS applications had been submitted in line with individual assessments and any restrictions on the person had been noted in the application and in the person's care plan.
● There was a system to check if people who used the service had a valid power of attorney. This identified what sort of power of attorney had been registered and if a person had legal authority to make decisions on another individual's behalf. We looked at 'do not attempt cardio pulmonary resuscitation' (DNACPR) records that showed the person with power of attorney had been consulted in the decision.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

● We saw people were treated with kindness and people were positive about the staff's caring attitude. We received feedback from people and relatives which supported this. One person told us, "I enjoy living here because the staff know me and my little ways really well. We have a bit of banter and they are caring and respectful towards me. I like it that they (staff) have a good sense of humour. It's a must." Another person told us, "Staff always seem quite chirpy and it's nice that there are male staff too. You don't always want everything done for you by a female."

A visiting relative told us, "The staff here are lovely with my relative and I have complete peace of mind when I leave they are well looked after and in the right place, even though it was a hard decision for me." Another relative told us, "Absolutely all the staff are kind, caring and very respectful. They know [Name] well and really have a good laugh with them, they enjoy that and it keeps their spirits up if they are having a down day."

● We looked at the registered managers arrangements to help make sure equality and diversity was promoted. We saw support was provided for people in maintaining important friendships, family relationships and to follow their own faiths and beliefs. Local church representatives visited the home regularly, or people were taken to church if they wished to attend service. Relatives told us how they could visit at any time and were made to feel welcome and offered drinks and food.

● A visiting professional told us, "I haven't got a bad word to say about the home or the staff. They always go the extra mile. My relative also lived here for seven years, and the staff got to know them very well. The staff team understood my relative and their life history, and tailored their care and conversations with them around this very well."

Supporting people to express their views and be involved in making decisions about their care

● People were offered options and supported to make choices over their daily lives in the service.

● People told us they were supported to maintain their independence. People's comments supported this and included, "I make all my own choices, what time I get up and go to bed and what to wear." Another person told us, "The staff know what I like to do and they remind me of things that are happening if I have forgotten. I can move about as I want to and nobody makes me do things I don't want to do here. It's a nice place to live."

All the people we spoke with said they had never been prevented from doing anything they wanted to do. Although some people expressed that they would like to access the community more often if possible. We discussed this with the registered manager, and they told us they had plans for the coming months to utilise the local tram network and the park opposite the service for daytrips out for those people wishing to have more community activity.

● Information on advocacy services was available in the home. We saw independent advocacy could be

arranged for those who needed assistance in expressing their wishes. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

● People had personalised their bedrooms reflecting their tastes and interests. They were personal spaces where people could spend time in private if they wished to.

Respecting and promoting people's privacy, dignity and independence

● People were treated respectfully.

● We saw staff always knocked on people's doors and waited for a response before entering the rooms. We observed bedroom and bathroom doors were kept closed during care.

● Staff promoted people's independence and we saw they encouraged people to do things for themselves.

● Staff made sure that people's confidentiality was maintained and records were kept safely and securely.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

End of life care and support
- People were not always supported to make effective decisions regarding their care at the end of life.
- Some people had expressed their preferences for end of life care. Information regarding resuscitation was indicated in their care plans and the staff were aware of these. Some people had funeral plans in their care plans, but no evidence of further discussions about their end of life care needs or pain management requirements.
- Advance care planning was not completed and was not person centred with the person's wishes, including religious needs at the end of their life, clearly stated.
- The training matrix showed staff had attended end of life training, along with loss and bereavement training. This showed that they have the skills and knowledge to discuss this with people using the service.

We recommend the service review their end of life care planning for people, using best practice guidance.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
- Care plans contained person-centred information about people. We found that most people's care plans contained personal information and some detailed life stories. Families had also been involved, where appropriate, in bringing together personal information. This background knowledge gave insight into people's experiences and helped staff get to know and understand them better. We discussed this with the registered manager and visiting registered manager, and these were all in the process of being reviewed and updated, which we were assured by.
- Some people were not sure if they had a care plan. Others were aware and told us, "I know all about my care plan and I have told them how I want to be cared for." Relatives said they had been fully involved and that they discussed their relatives care plan with staff whenever they need to. One relative told us, "The family feel totally included in our relatives care here. I am involved in their care planning and I feel that the staff know their different needs really well. If I can't get to an appointment with them then one of the staff will go along. They wouldn't let them go on their own."
- The improvements made to daily handover records, following the last inspection, to better reflect people's clinical needs, had been maintained. We discussed with the registered manager that a copy of this would be good practice to keep in people's care plans, as a 'grab sheet' for use in the event of an emergency; as these gave a good oversight of people and their current clinical conditions. These would also provide support for agency or new staff when commencing work.
- We noted that organised activities were being provided every day. Two activity coordinators had been recruited to provide a consistent activities programme in the service. This was an area previously identified as needing improvement.
- Activities were advertised on the activities boards, such, as arts crafts, singing and bingo. An external person was brought in to provide exercise classes on a regular basis. The activity co-ordinators also

provided one to one activities with people in their rooms, to avoid people becoming isolated.
● One person told us, "I told the staff that I really missed my dogs, so when my relative came in they told him to bring his dog in with him, which he does." One relative told us, "They have certainly accommodated my relatives needs as they have been made aware of them. They know how [Name] needs their mobile phone, walking stick and they have included them in games where they are able to."
● Information was available to people in different formats such as pictorial and large print to make the information more accessible.

Improving care quality in response to complaints or concerns
● People and relatives told us they would feel comfortable raising concerns.
● The registered provider had a complaints procedure in place. This was displayed within the home and outlined the procedure people needed to follow, should they wish to make a complaint.
● One person who lived there told us, "I only have to speak with the staff if I am unhappy with anything and they will do their best to put it right." One relative told us, "There is absolutely nothing negative that I can say about this home. They have quickly accommodated all the changes we have asked for and our relative is thriving as a result. I would totally recommend it to anyone looking for a care home. They keep me informed about anything that happens and the family still feel part of our relatives care."

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent.
Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection on 3 April 2018 we had concerns that quality assurance systems were not sufficiently robust to assess, monitor and improve the quality and safety of the care provided. At this inspection we found sufficient improvements had been made so that the service was no longer in breach of regulation in this area.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered provider used quality assurance systems to help monitor the quality and running of service being delivered. People told us that that improvements had been made to make the service better for them. Two people and their relatives we spoke with told us they had asked to move rooms in the recent past, and this had been accommodated swiftly and effectively by the management and staff team. People told us that the redecorating and upgrades to the garden that had taken place had made a positive impact on the overall environment and that they had seen the benefits this had on the use of the communal spaces.
- There was evidence of effective auditing by the area manager with regular monitoring of accidents, incidents and 'near misses'. We saw for instance that falls records were reviewed on a monthly basis by the area manager, and learning outcomes were shared with the staff team during meetings and supervisions.
- The service displayed the latest rating at the home and on the website. When needed notifications had been completed to inform us of events and incidents and this helped us to monitor the action the provider was taking.
- People told us the registered manager was kind and approachable, we saw throughout the inspection that they had a good rapport with people using the service. One relative told us, "The manager is very approachable and the office keep me informed of anything that is going on with my relative."
- Some staff however, did not have confidence in the registered manager's leadership and oversight of the service. One member of staff said, "I feel I am supported by the manager some of the time, but they don't always follow through and do the things they promise." Another staff member told us, "This place has a lot of bad habits, and went on to say they "felt that they couldn't talk to the registered manager, as they felt nothing would change if they raised concerns." Another member of staff was more positive and told us, "We have recently had a productive residents/relatives meeting so more changes seem to be being organised." Staff were positive about the new area manager, and the changes to the paperwork in care plans. The input and mentorship being provided by the visiting registered manager was seen as having a positive impact by the staff team, with good practice being shared within the organisation. Most of the staff we spoke with felt

that the service was in an 'improvement period'. One staff member said, "I have worked here a long time and we are a good team. We go out of our way to help residents."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

● We saw that the monitoring systems in use were being more effective at highlighting areas for improvement and in identifying trends that needed addressing.

● There was an open and candid attitude from the management team, they explained the current shortfalls of the service and their plans for improvement. The service was recruiting a deputy manager with a clinical background, as they felt this was an area which was lacking and which would give clinical leadership and support to the service once appointed to. We were assured by this.

● Relatives told us they were contacted if their family member became unwell or was involved in an incident. One relative told us, "We have peace of mind when we leave here. I live quite a long way away, but they keep me in the loop. My relatives (health condition) healed up just before they came in, but they are keeping an eye on them so it doesn't flare up again. I think we would still make the same decision about bringing them here if we had to and of course [Name] has been consulted all along the way too."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and their relatives said they were listened to and their feedback welcomed and taken on board. One person told us, "I think it is a well-run home, so we shall see how long I am here, but my family are included all the time in communications."

● People were treated with respect and the service was working towards an equality agenda. Staff attitudes towards dementia and physical disabilities meant people were given opportunities to navigate their environment in a supportive way so they did not feel restricted or lost.

Working in partnership with others

● The registered manager and staff were working with other agencies and specialist services to try to ensure people received joined up treatment and support. Records showed people had access to all healthcare professionals as and when required.

● One person told us, "I can easily get to see the GP if I need to."

● The management team were in contact with other local care providers to share best practice and explore ideas for improvements.