

Minster Care Management Limited

Broadgate Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

Broadgate Care Home provides accommodation and personal and nursing care for up to 40 older people. Accommodation is provided over two floors. 27 people were living at the home at the time of the inspection.

This was an unannounced inspection, carried out over two days on 5 and 6 November 2014.

We last inspected Broadgate Care Home on 29 September 2014. At that inspection we checked to see

whether the provider had taken action in response to enforcement action we had taken in relation to cleanliness and infection control. We found that the provider was meeting this essential standard.

The home was also inspected on 25 and 26 May 2014. At that time it was not meeting five other essential standards. We asked the provider to take action to make improvements in the areas of respecting and involving people who use services, care and welfare of people who use services, staffing, assessing and monitoring the quality of service provision and records. We received an

Summary of findings

action plan dated 30 July 2014 in which the provider told us about the actions they would take to meet the relevant legal requirements. During this inspection we found that the provider was meeting most of these. However, we found that the provider was not meeting the essential standard in relation to assessing and monitoring the quality of the service provided. We found that some improvements were still required.

There was a registered manager in post at the time of 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. However, the registered manager was not in post and not managing the regulated activities at this location when we visited. An acting manager was in post and was present during the inspection.

People living in the home told us they felt safe. Systems were in place for the provider to make safeguarding referrals when needed so that they could be investigated. Risk assessments were completed regarding people's care.

A person told us they received their medicines on time and we observed a staff member administering medicines in a safe way. However, we found some gaps on the medication administration record charts that were used to record whether people had taken or not taken their medicines.

We found there were enough staff present during the inspection to meet people's needs. Robust staff recruitment processes were in place. Staff had the knowledge and skills to care for people safely. We saw that the premises and equipment were safe.

Staff received induction, supervision and training and knew about people's needs. People were happy with the food provided at the home. Referrals were made to health care professionals for additional support when needed.

People were asked for their consent. Staff told us they had received training on the Mental Capacity Act 2005 (MCA). However, we saw that a small number of MCA assessment forms had not been completed correctly.

We observed that staff were caring and kind and treated people with dignity and respect.

We observed staff asking people for their views and providing care in a person-centred way. However, we did not always see evidence in people's care records about how they had been involved in decisions about their care. We found that some care records required additional information about people. We received some feedback that more activities were needed.

There were systems in place to monitor the safety and quality of the service provided and to address risks. However, we found some improvements were required to improve the effectiveness of these. We found a breach 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 consistently safe.

We saw gaps on some charts that were used to record whether people had or had not taken their medicines.

Staff had a good understanding of what constituted abuse and told us they would report concerns.

Risk assessments and care plans had been completed and provided guidance to staff.

There were enough staff at the time of our inspection to meet the needs of people living in the home.

Requires Improvement



Is the service effective?

The service was not consistently effective.

Staff received induction, supervision and training. However, not all staff we spoke with were able to tell us about the Mental Capacity Act 2005 (MCA). Some MCA forms had not been completed correctly.

People were supported to meet their nutritional needs.

Referrals were made to healthcare professionals for additional support where needed.

Requires Improvement



Is the service caring?

The service was not consistently caring.

Some care records did not provide enough information about how people should be supported to meet their emotional needs and how to protect their dignity.

We saw staff were kind and caring and treated people with dignity and respect.

Staff asked people about their preferences and respected people's choices.

People were supported to remain independent.

Requires Improvement



Is the service responsive?

The service was not consistently responsive.

We observed staff providing care in a person-centred way. However, some care records did not include appropriate information about people's needs and preferences.

Some activities took place. However, people were not always provided with enough staff support to enable them to pursue their hobbies and interests.

Requires Improvement



Summary of findings

A complaints procedure was in place and complaints were responded to appropriately.

Is the service well-led?

The service was not consistently well-led.

Systems were in place to monitor the safety and quality of the service. However, we found these had not always identified and addressed risks.

Some feedback had been obtained from people about the quality of the service. We could not always see if this had been used to drive improvements.

There was a culture where staff were encouraged to raise concerns.

Requires Improvement



Broadgate Care 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.

We inspected the home on 5 and 6 November 2014. The inspection team consisted of two inspectors, a specialist nursing advisor 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 service.

During our inspection we spoke with 12 people who lived in the home, four relatives, three care staff, two nurses, the activities coordinator, a member of the catering team and the acting manager. We also spoke with two visiting professionals.

Before our inspection, we reviewed the information we held about the home, including the 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 also contacted the commissioners of the service and social care professionals in regular contact with the home to obtain their views about the care provided in the home. We also reviewed the information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We used the Short Observational Framework for Inspection (SOFI) during part of the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed the care and support being delivered in communal areas at other times. We looked at relevant sections of the care records for five people, as well as a range of records relating to the running of the service including staff training records and audits carried out by the provider.

Is the service safe?

Our findings

When we inspected the home in May 2014 we found that the systems in place to monitor and manage risks associated with the unsafe management of medicines were not always effective. This represented a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

A person living in the home told us during this inspection that they received their medicines on time. We observed a staff member administering medicines in a safe way. A different staff member also told us how they managed medicines safely.

However, we found some gaps on the medication administration record (MAR) charts. MAR charts are used to record whether people have or have not taken their medicines. We looked at some MAR charts for eight people and saw ten gaps. A tablet was still in the box for one person where a gap was present. No explanation was available. Staff could also not explain the reasons for the nine other gaps, which meant they could not tell us whether people had always received their medicines when appropriate.

We also saw three gaps on the temperature records for the medicines room. Medicines should be kept within a certain temperature range to ensure they are fit for use. We informed the acting manager about the gaps in the records. These gaps showed us that the systems for monitoring how medicines were managed were not appropriately identifying and addressing safety risks. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

When we visited the home in May 2014 we found that the provider had not always ensured there were enough staff. This represented a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During this inspection we saw improvements had been made to address this breach.

We received mixed feedback from people living in the home. One person said, "Sometimes I have to wait for toilet staff." However, another person said, "I always get the help [I] need." A relative said, "One of the things I like here is that staff are consistent." Another relative said, "The turnover of staff is very less."

We observed how staff supported people at different times and saw there were enough staff to keep people safe. We saw, for example, that staff responded quickly when people pressed their call bells to seek assistance.

The three staff members we spoke with about staffing levels all told us they felt there were enough staff. One staff member said, "It has improved to be honest." Another said, "We never run out of staff." However, one staff member also said, "I think personally they need activity staff who are full-time, one for morning and one for afternoon."

The acting manager told us how they used a tool for reviewing staffing levels. They told us an activities coordinator worked 15 hours a week and they would be recruiting another activities coordinator to work an additional 20 hours a week. We saw on rotas that the domestic staffing levels had not always reflected what the acting manager told us was appropriate. However, they were recruiting additional domestic staff and informed us shortly after the inspection that a new worker had started. This showed us they were taking action to address the staff vacancies.

People's safety was promoted because recruitment procedures were robust. Staff told us appropriate checks had been completed before they started work. Records we looked at confirmed that the provider undertook appropriate checks.

A person living in the home told us they felt safe and would feel comfortable to inform staff if they had concerns. Another person said, "Oh yes" regarding whether they felt safe. A third person said, "I have been safe here over two years."

We saw that the service had a policy for protecting people from abuse and a copy of the local multi-agency policy. A poster about how to report concerns was also on display. Safeguarding referrals had been made when appropriate. This showed us people had access to information about how to raise concerns and procedures were followed.

We spoke with three staff about protecting people from abuse. They told us they felt people were safe and they had received safeguarding training. They demonstrated a clear understanding of the types of abuse that could occur and told us they would report concerns. This showed us staff had knowledge to recognise abuse and to take appropriate action.

Is the service safe?

We observed staff supporting people in a safe way, for example, when supporting them using equipment such as a hoist. A hoist is a piece of equipment that staff use to move people safely.

We saw completed risk assessments and care plans, for example, regarding the risk of pressure ulcers and how to minimise the risks. We saw staff recorded people's changes of position to protect their skin. Pressure relieving equipment was used and checked. This showed us staff were providing care that kept people safe.

Most risk assessments and care plans we saw had been reviewed every month to check information was up-to-date. However, we saw some where reviews had not taken place monthly, which was not in accordance with the policy for the provider.

Staff told us there was enough equipment and they had no concerns about the safety of equipment or the premises.

However, we saw on one occasion that a sensor mat was not situated by the side of a person's bed and not plugged in when this was required. This meant there was a risk staff might not be alerted if the person needed assistance. We saw the mat was in place when we checked on the second day.

We looked at the communal rooms and a selection of other bedrooms and identified no other safety concerns. A maintenance worker employed by the provider was working during the inspection. However, some records of checks on the building and equipment we requested could not be located by the acting manager during our inspection. This meant we could not see whether all appropriate checks and maintenance had occurred to ensure people were protected against the risks associated with unsafe premises. The acting manager sent us some of the documents afterwards that showed us some checks had taken place.

Is the service effective?

Our findings

A person living in the home said, "Yes, that is one thing we all do" when we asked them whether they received good care. A relative told us they were happy with the care their family member received.

Staff told us and records showed that an induction programme was in place for new staff. Staff said they felt supported and received supervision. This showed us staff received support to assist them to provide effective care.

We observed that staff had the skills to meet people's needs. For example, we saw that staff had the appropriate skills when supporting people to move using equipment. Staff told us they received regular ongoing training and were knowledgeable about the people they cared for. Records showed that a lot of training had taken place, but there were a small number of gaps where training was due. The acting manager told us further training was planned to address the gaps and we saw some information about booked training. This showed us staff received training relevant to their roles and plans were in place to develop staff knowledge and skills.

We saw that staff asked people for their consent and did not act against their wishes. For example, we saw a person consenting to staff entering their bedroom.

Staff told us they had received training on the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure that the human rights of people who may lack capacity to make decisions are protected. However, one staff member was unable to tell us about the MCA, which showed us they did not have appropriate knowledge of the MCA.

Care records we saw included mental capacity assessments about specific decisions relating to people's care and best interests decisions. This showed us the provider applied the principles of the MCA. However, we saw a small number of assessments where the forms had not been completed correctly. For example, we saw on one that staff had not answered one of the questions about whether the person had the capacity to make a particular decision.

We saw on another that the assessment did not contain specific enough information about the restrictions placed on a person. However, a staff member told us another

assessment would be completed that was more detailed. A meeting had also taken place about the restrictions and a referral had been made to an external professional to establish if a less restrictive way of managing risks was appropriate. This showed us actions had been taken. However, the lack of sufficient information on a small number of documents meant there was a risk some staff might not fully understand the requirements of the MCA.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The acting manager understood their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS). They told us that requests for DoLS authorisations had been made to the appropriate supervisory body for a small number of people living in the home. Staff we spoke with about DoLS told us they had received training on this. However, two staff were unable to explain DoLS to us. This showed us that some staff did not have appropriate knowledge of DoLS and how DoLS were used to protect people.

A person living in the home told us they got enough to eat and drink and said the food was, "Very good." Another person said they were, "Well fed here." Another person said, "Oh yes, the food's all right what you get." Another person said, "The choice is given, if you do not like the food."

A relative said, "Food choice is there and I can eat with [family member] as well."

We observed lunchtime in the dining room downstairs on the first day. We saw people received appropriate support and enough to eat and drink. Staff asked people whether they had enjoyed their meal. One person responded, "That was beautiful". We also observed lunchtime in the dining room upstairs and saw people were not waiting long before their lunch arrived.

We saw different food options were available at different times of the day. A member of the catering team told us choices were available and we saw staff asking a person in the person's bedroom about their meal preferences.

Staff were aware of people's needs regarding food and drink. A staff member, for example, told us about a person who required a liquidized diet. Staff told us and records showed that people's food and fluid intake were

Is the service effective?

monitored. However, a small number of fluid charts we looked at had not been totalled at the end of the day. This meant there was a risk it could be more difficult to check whether people had received enough to drink each day.

Assessments were completed to identify if people were at nutritional risk. Eating and drinking care plans were in place. This showed us staff had access to information about people's needs. There were also records of referrals to other agencies such as dieticians to help meet people's nutritional needs.

A relative said, "If [family member] is unwell the doctor visit is arranged."

Records in people's care plans showed the involvement of a range of health professionals such as GPs, tissue viability nurses and dementia outreach nurses. Staff also told us how other professionals were involved. This showed us people were supported to maintain good health.

Is the service caring?

Our findings

When we inspected the home in May 2014 we found that staff were not always promoting people's dignity. This represented a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During this inspection we saw improvements had been made to address this breach.

People's views were mostly very positive regarding whether staff treated them with dignity, respect and kindness. One person told us they were "always" treated with respect and said, "They [staff] have helped me in any way they could." Another person told us staff were caring. However one person provided mixed feedback. They said, "They [staff] talk all right" and, "Some people are very nice. Some can be a bit spiteful." They did not provide further information. We observed staff interacting with this person at other times during the inspection and saw they were caring towards the person and the person looked happy and relaxed.

Relatives were positive about how staff supported their family members. One relative said staff were, "Hugely helpful" and, "[Staff] have got to know me and always offer me tea and coffee." Another relative said, "The care is brilliant." We saw relatives visiting at different times. This showed us relatives were able to visit when they wished to.

We observed positive interactions between staff and people living in the home. We saw that staff respected people's dignity, for example, they listened to people and spoke with them in an appropriate way. Staff also told us how they respected people's dignity. A dignity champion poster was displayed in the reception area and eight staff were listed as dignity champions. A dignity champion is someone who acts as a role model and encourages people to provide services that treat people with dignity.

A visitor raised a dignity issue with us during the inspection regarding the clothes a person was wearing. We discussed this with the acting manager who provided an explanation that indicated staff had provided appropriate support. However, they also told us that actions the person sometimes took regarding items of their clothing was not documented in their care plan. This showed us that staff

did not have enough written guidance about the individual needs of the person and how to ensure their dignity was always maintained. The acting manager told us they would address this.

We saw that staff explained what they were doing as they supported people. For example, we saw staff explaining what they were doing as they supported a person to move using a hoist. Staff were also kind and compassionate and took appropriate action when people were distressed or uncomfortable. For instance, we saw a staff member responding quickly and in a very caring and kind way when a person was upset. We heard another person saying they were not very warm and staff acted immediately by checking if the person wanted a jumper and bringing one to them.

We saw another person was distressed during part of the inspection. We discussed the feelings they expressed with the acting manager. They told us and a note in the person's care records showed that the person had expressed these feelings of anxiety before. We saw staff interacting very positively with the person. However, the care records did not include appropriate information about the person's emotional needs and how to support them when they were distressed. The acting manager told us they would address this and arranged shortly after the inspection for a relevant external professional to visit the person.

We saw that staff promoted people's independence. For example, we observed a staff member encouraging a person to wipe a table when this was something the person liked to do. The staff member said, "Well done. You've done a grand job." We saw another staff member checking whether a person wished to have staff support during a mealtime or preferred not to.

A person living in the home said, "They are respectful, if they want to find something out they talk to you."

We saw that staff asked people about their preferences and respected their choices regarding their care. For example, we observed a staff member checking with a person whether they wished to have lunch at that time or to have it later. They also checked where the person preferred to sit. This showed us the person had been involved in making decisions about their care.

Is the service caring?

We saw that staff knocked on bedroom doors and waited for responses before entering. Doors were closed when people were being assisted with personal care and treatments. This showed us staff respected people's privacy.

When we inspected the service in May 2014 we identified concerns that the nurses' offices where care records were

stored were not always locked when staff were not present. This represented a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We saw that the offices were kept locked during this inspection, which showed us improvements had been made regarding keeping information about people confidential.

Is the service responsive?

Our findings

A person living in the home told us they, "Always gets the help [they] need." Another person said, "They [staff] have helped me in any way they could." Another person said, "I am looked after."

A relative said, "Nothing is too much trouble." Another relative said, "My [family member] is being well looked after here."

We observed staff providing care in a person-centred way and asking people for their views such as what they wanted to drink. Staff had a good understanding of people's preferences. For example, one staff member told us they knew about a person's drink preferences and this information was reflected in the care plan for the person.

Care records showed us people had their individual needs and preferences appropriately assessed. However, we saw that a small number of records did not contain enough information. For example, we saw a document used to record information about hobbies and interests had not been completed for one person, which meant there was a risk staff might not have enough information about the person's preferences.

We also saw that some care records had not been reviewed for several months. For example, we saw that a document about a person's social interests and family had not been reviewed for over three months. We saw that some care plans for another person had also not been reviewed for three months. We saw this person had stated a preference to be involved every two months in reviewing their care plans, but we saw no records of this occurring. This showed us there was a risk some people were not always actively involved in reviewing their care and support.

We saw that letters had been sent to some relatives to invite them to be involved in reviews. This showed us people acting on behalf of people living in the home had opportunities to contribute to the assessment and planning of their family members' care.

When we inspected the home in May 2014 some people told us they felt there were not enough social activities taking place. A person living in the home said during this inspection, "Activities are none." A relative said, "No ideas about activities." We saw some feedback in questionnaires from relatives that expressed a wish for more activities.

We observed that an activities coordinator employed by the service was working during part of the inspection. A visitor was also running an art and crafts session and a group of people were enjoying participating in this. Information was available in the reception area detailing activities for the week. However, we saw many times during the inspection where activities were not occurring.

We received mixed feedback from staff regarding how people were supported to follow their interests. One staff member said they felt there were enough activities. However another said, "Activities need a bit of looking at to be honest." Staff told us that some one to one activities took place and some people took part in activities in the local community such as visits to the park. Some people also went to church and services took place within the home, which showed us people had opportunities to have their religious needs met. Other activities were also run by visitors such as chair based exercise.

However, the activities coordinator employed by the service only worked 15 hours a week, which meant they had limited time to spend with people on a one to one basis as well as run group activities. We saw in the records of activities for one person that no activities had been recorded for two months before our inspection. However, the provider was planning to increase the available support to people regarding activities. This showed us plans were in place to make improvements.

A person living in the home told us they would feel comfortable speaking with staff if they had concerns.

A relative told us they had no complaints and staff had acted straight away to address a concern they had previously raised. Another relative said, "I do not know where to complain, we were shown around when admitting [family member] and a booklet was given."

Staff told us they would report complaints to the manager or a nurse. We saw a procedure was in place for responding to complaints and information was displayed in the reception area. We looked at some complaints received since our inspection in May 2014. We saw that records of actions taken and conclusions were mostly recorded. However, we saw for two complaints that there was insufficient information recorded. The acting manager told us these complaints had been addressed.

We saw that a meeting for people living in the home had taken place in September 2014. A poster was displayed that

Is the service responsive?

advertised that meetings would regularly be occurring. We saw that signs were also available throughout the home advising people of who to speak with if they had concerns. This showed us people living in the home and relatives were encouraged to raise concerns.

Is the service well-led?

Our findings

A person living in the home said to us, "It is nice of you to explain who the manager is [when we pointed out the manager] because we do not know anything apart from the carers." A relative said, "I am very pleased with the home."

When we inspected the service in May 2014, we found some concerns regarding how the service was monitored and risks addressed. We found during this inspection that some action had been taken to make improvements. However, we identified some examples where the quality assurance processes were still not effectively identifying and addressing risks. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw audits had been completed by management or staff on different subjects. Representatives for the provider had also visited to monitor the service. However, we found that some care records required further information and some monthly reviews had not occurred. These issues had not been identified and appropriately addressed. The acting manager told us that some care record audits had been completed and they were working to improve the care records when we visited. However, we did not see care record audits for all people. We also saw that completed audits did not always demonstrate whether actions had been taken when the need for changes had been identified. This showed us that the quality assurance arrangements to drive improvements were not always effective.

We saw that a medication review had been completed within the service that had identified the need for some improvements regarding records. However, we saw gaps on the medication administration record charts for dates after this period. Charts we saw that were used to record when staff had identified gaps did not list actions taken. This meant we could not be assured that risks were being identified and addressed. Some records regarding checks on the building and equipment could also not be located by management during our inspection. Some information was sent to us afterwards. Difficulties in locating records promptly could result in it being more difficult to monitor the safety of the building and equipment.

The service had a registered manager at the time of our inspection. However, they were not in post and were not

managing the regulated activities at this location when we visited. The acting manager told us the provider had started the process to recruit a new manager who would apply to register with the Care Quality Commission when appointed. A vacancy for a deputy manager also existed. The acting manager, who was a senior manager for the provider, had been in place since September 2014 and told us how they were working with staff to deliver good care in the home. They had notified the Care Quality Commission of events that they were required to do so by law.

We spoke with three staff about the management arrangements. They told us they felt the care home was well-led and management was good. One staff member said, "The management is very good." A nurse was in charge when the acting manager was not working. Staff told us they felt comfortable to raise concerns and felt supported and listened to. We observed staff interacting positively with each other and the atmosphere within the care home was relaxed. The acting manager told us they operated an open door policy. Information about how to 'blow the whistle' on poor practice was on display. This showed us there was a culture where staff were encouraged to raise concerns.

Staff meetings and supervision had taken place. We saw an overview of discussions from supervision sessions and saw that the acting manager had obtained some feedback from staff on the service and discussed changes to make improvements. Actions had been taken regarding many of the issues raised. This showed us how feedback had been used to develop the service.

We saw that a meeting for people living in the home had taken place in September 2014. Further meetings were planned. This showed us people living in the home had the opportunity to provide feedback on the service. These meetings were also open to relatives. We saw 14 completed questionnaires from relatives that provided their feedback on the service. Most responses were positive but some relatives had recorded 'fair' or 'poor' to some questions. We also saw three questionnaires completed by visiting professionals that showed they had provided their views. However, the acting manager was unable to show us action plans or tell us how the feedback had been used, which meant there was a risk feedback was not always being used effectively to drive improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	The registered person did not have an effective system in place to regularly assess and monitor the quality of the service provided. Regulation 10(1)(2).