

Peterborough Care Limited

Broadleigh Nursing Home

Inspection report

213 Broadway
Peterborough
Cambridgeshire
PE1 4DS

Tel: 01733561475
Website: www.peterboroughcare.com

Date of inspection visit:
03 October 2019
07 October 2019

Date of publication:
25 November 2019

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

Broadleigh Nursing Home provides accommodation, personal and nursing care to older people. The care home accommodates up to 37 people in one adapted building. At the time of the inspection 35 people were living there.

People's experience of using this service and what we found

People were placed at risk of harm because safeguarding procedures had not always been followed. Risk assessments and care plans did not always provide staff with all the information they required to keep people safe. Staff did not always treat people with respect and kindness and people's dignity was not always upheld.

Although accidents and incidents had been analysed the information was not always shared with staff so that lessons could be learnt, and preventative action taken.

Since the registered manager had left the home there was a lack of managerial oversight. This meant that the service was not well led. Where issues had been identified actions had not been taken to ensure improvements were made in a timely manner.

Staff received the support and training they required to carry out their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care plans did not always contain sufficient or accurate information for staff to be able to support them. Complaints had not always been recorded, investigated or the appropriate action taken to prevent a reoccurrence.

Thorough recruitment procedures had been followed to ensure staff were suitable to work with vulnerable people. People had sufficient food and drinks throughout the day. A variety of activities were offered for people to take part in. People were supported to access health professionals and to attend appointments. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published 13 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to keeping people safe from harm, risk assessments, identifying

areas for improvement and notifying the commission of changes.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider to discuss how they will make the changes to ensure they improve their rating to at least good. We will also request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Broadleigh Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Broadleigh Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. When there is a registered manager 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

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and seven relatives about their experience of the care provided. We spoke with five members of staff including the manager, a nurse and two care assistants, the health and safety officer and the admissions officer. We also spoke to the nominated individual and another representative of the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records in details and section of other people's records and multiple medication records. A variety of records relating to the management of the service, including health and safety records were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant 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.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse or improper treatment. Staff had not recognised one incident as a possible safeguarding event. The safeguarding procedures had not been followed when it was suspected that a person may have been harmed. The incident had not been reported to the nominated individual or the local safeguarding team. This meant the incident had not been investigated thoroughly so that if needed action could be taken.
- Although staff had completed safeguarding training not all staff were aware of the procedure to follow if they suspected anyone had been harmed.

Systems were not robust enough to ensure that people were protected from abuse and improper treatment. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Information about risks were not always comprehensive. Risk assessments were not always in place for known risks. For example, on the first day of our inspection one person told us that due to a medical condition and the risk of them choking they had requested that staff helped them to cut their food up. However, there was no risk assessment in place regarding the risk of choking and not all staff were cutting up the person's food. We discussed our concerns with the manager and the provider's representative. On the second day of the inspection the risk assessment had been put in place and communicated to staff.
- Risk assessments had not always been updated to include new information. For example, although three of the bedroom fire doors were regularly not closing properly (when the alarm sounded) this was not included in the fire risk assessment. Action was being taken to replace the faulty doors.
- Risk assessments were not always completed in response to incidents. This meant that people's health and safety could be placed at risks.
- It was not clear from the records if people whose skin integrity was at high risk of developing pressure sores were receiving the support they needed. Repositioning charts for three people did not show that they were being assisted to reposition as regularly as stated in their care plan and risk assessments. Timely action had not been taken to ensure that the repositioning charts were monitored, and that people were being regularly repositioned and that it was recorded. One person had developed an open wound.

Learning lessons when things go wrong

- Analysis of accidents and incidents was not robust. Although accidents and incidents had been analysed, the analysis had not always been shared with the manager and the staff team. For example, one person had sustained numerous falls since April 2019. This had been identified in the analysis of accidents in August 2019 but not fed back to the manager. The manager stated that they were currently making a falls referral for the person as they had noticed the increased numbers of falls. The manager stated that the falls risk assessment had not been updated or reviewed for the person after each fall to see if any further action needed to be taken.

Failure to assess the risks to people's health and safety places them at risk from harm. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The recruitment systems continued to be effective and ensured suitable people of good character were employed to work at the service.
- Staff stated that staffing levels were sufficient to meet people's needs and keep them safe.

Using medicines safely

- Medicines were managed safely so that people received their medicines as the prescriber intended. One person told us "I always get my tablets on time." One relative said, "The drugs round is like clockwork."
- Staff had undertaken training and had their competence checked on an annual basis.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs continued to be fully assessed before they were offered a place at the service. Not all information included in the pre-admission assessment had been followed up when people moved into the home. For example, one person requested an over bed table so that they could easily reach their drinks and food. This had not been provided. We discussed this with the admissions officer on the day of the inspection and a table was provided that day.
- Good practice guidance was not always followed. For example, The National Institute for Health and Care Excellence (NICE) guidance on improving oral health for adults in care homes. Information about how people should be supported to maintain or improve their oral health was not always included in care plans. The nominated individual stated that they had made oral hygiene a mandatory staff training course.

Staff support: induction, training, skills and experience

- Training courses and development opportunities were undertaken so that staff had the knowledge and skills to look after people. However, although training had been completed staff hadn't always followed the information and guidance in the training.
- Staff felt well-supported by the management team, the provider and by each other. Regular supervision sessions enabled staff to discuss any issues and get any further support or training they needed.
- A staff member told us that when the manager was not in the home they felt confident they could contact them or the provider for support if needed.

Supporting people to eat and drink enough to maintain a balanced diet

- The nominated individual told us that all food was now prepared in the home and that meant more choices were offered to people and provided flexibility with meal times.
- Staff encouraged people to eat and drink sufficient amounts of food and fluids. People told us they were offered choices if they did not like the menu option. One person told us, "I like the food, it's normal everyday food." Another person told us, "I have my meals in my room, they're always hot and I like the choices." A relative told us, "[Family member] is on a pureed diet but she gets the same choices as the others."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other agencies such as the local hospitals to make sure that they met people's needs and provided people with seamless care.

- Referrals to other agencies such as dietitian and chiropody were made in a timely manner.

Adapting service, design, decoration to meet people's needs

- The premises had enough amenities such as bathrooms and communal areas to ensure people were supported well. It was noted that the dining area was not big enough to seat everyone if they all chose to eat there. However, as some people choose to eat their meals in their bedroom or lounge this was not currently an issue of concern.
- Technology and equipment, such as sensor mats were used effectively to meet people's care and support needs.
- People had access to indoor and outdoor spaces where they could choose to be alone, sit with other people or join in activities.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew how the MCA and DoLS applied to their work. They asked people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives. One member of staff said, "We give people choices that are in their best interest."
- Appropriate applications to the local authority meant that people's freedoms were not unlawfully restricted.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People were not always treated with dignity, kindness or respect. One person told us that a lack of the right equipment had meant that they had to use continence aids when they needed to go to the toilet rather than a commode or toilet. They said that this left them feeling embarrassed and undignified. We discussed this with the admissions officer and the manager and the equipment had been provided by the end of the day.
- Staff told us how they promoted people's privacy and dignity and always ensured that personal care was carried out behind closed doors. However, we saw that not all staff knocked on people's bedroom doors before entering.
- We received positive feedback about the support people received. One relative told us, "It's lovely, no faults at all. All staff are kind and compassionate. They're proactive at amending support as [family member] condition deteriorates." Another relative told us, "It's very good, couldn't ask for better, it's so peaceful."
- Staff members were passionate about their jobs. One member of staff told us, "I love my job, I have learnt a lot of things. I want to learn what's going on in people's mind. Sometimes the only thing I can do for them is show my care and compassion, sometimes they just need a hug or smile - just say everything is going to fine, we will always be here for you."

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

- One person told us that staff did not always give them the time they needed to communicate.
- One relative told us that on admission their relative had been quite poorly, so it didn't matter that they spent most of their time in their bedroom. However, as their family member was now much better they got lonely in their bedroom and wanted more interaction. We fed this back to the manager and they said they would ensure that the person had more opportunities to interact with other people. One person told us that although staff offered them choices they didn't always take the time to try and understand their answer.
- People and their families told us that they had been involved in their pre-admission assessments, care plans and reviews. One relative told us, "It's brilliant, they're compassionate and look after them really well."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that staff normally responded promptly when they needed them. One relative told us, "The care is fine. We get on well with all the staff. Sometimes the staff appear quite busy but that doesn't affect the care." However, the manager told us that they were aware of one occasion when staff had not responded promptly when a person asked for help to go to the toilet and they had been left waiting for half an hour.
- Staff told us that they had time to meet people's needs but would like more time so that they could provide, "More person centered care". One member of staff told us, "Most of the time we don't have time to have coffee break, but we don't mind as long as we have done our job properly."
- The nominated individual told us that the care plans and people's records were been transferred over to an electronic care plan system. The manager stated that they were planning to have all the care plans reviewed and updated by the end of October 2019. For example, information about oral hygiene was not fully completed. However, the staff were able to explain how they supported the person with their oral hygiene.
- Staff were aware of people's life history and used this information when providing them support. For example, one member of staff explained how one person could exhibit behaviour that challenged others. When this occurred, they talked to the person about their job as a manager of a shop and asked them about their meetings. This helped to reduce the persons anxiety and return to being calm.
- Information was not always available about what planned treatment people received such as dressings to pressure ulcers or when these were next due to be carried out. Care staff had recorded when they identified issues such as a red area of skin and included that they had made the nurse aware. However, there was not always information about what action the nurse had taken in response to the concern, or how it should be monitored. The manager had made improvements to the care plans and records regarding pressure sores by the second day of the inspection so that staff were aware of what support people needed and when.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager stated that information could be provided in different formats such as large print for people when needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- At the time of the inspection there was no daily activities coordinator in place so a member of the care staff was organising activities on a daily basis.
- There was a range of activities offered such as arts and crafts, entertainers and trips out. One person told us, "I like to spend time in my room but if something is on then I go downstairs. I get trips to the park too." One relative told us, "They're encouraged to participate in things, never left to sit on their own unless that's what they want to do. They also get taken to the park in the nice weather." Another relative told us, "[Family member] likes singing every Thursday and doing arts."

Improving care quality in response to complaints or concerns

- Although there was a robust complaints procedure in place this had not always been followed. One person made us aware that they had complained. However, there was no record of the complaint, investigation or outcome.

End of life care and support

- Staff were passionate about providing end of life care that was based on people's individual needs. Care plans regarding people's wishes were put in place when people were nearing the end of their life.
- One nurse told us that if a person at the end of their life did not have a family member with them then they would organise allocation of work to staff so that someone could be with the person. They also stated that when needed they were there to support the person's family. They worked hard to ensure that the wishes of the person were carried out including pain relief, if they wanted to remain in the home to die, and their wishes for after their death.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Action had not been taken to ensure that where needed improvements to the service were made and sustained. Although the provider had a governance system in place this was not working effectively to ensure that where issues had been identified actions had been taken in a timely manner to make the improvements.
- The previous registered manager had left in July 2019. Since that time there had been two new managers with the most recent only being in the position since September 2019. There had been a lack of oversight from the provider regarding the management of the home since the previous registered manager left.
- Monthly managers audit had not been carried out since July 2019, charts regarding people's care were not always being checked or when necessary action taken, not all care plans and risk assessments had been reviewed to ensure they were accurate. Accident and information analysis had not been shared with anyone in the home. The fire risk assessment had not been updated with current risks and there had been no meeting for the people that lived in the home to share their views, discuss any concerns or wishes since April 2019.

Failure to follow the governance systems in place has meant that the areas for improvement have not always been identified or the action needed to make improvements has not been taken in a timely manner. The above evidence demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- By law the commission must be notified of certain events in the care home. During the inspection it was identified that the required notifications had not always been made. This had meant that we did not have information so that we could monitor events within the home and take follow up action if needed. For example, the provider had not notified the commission of the management arrangements for the home.

Failure to notify the Commission of certain events is a breach of regulation 15 The Health and Social Care Act 2008 (Registration) Regulations 2009.

- The manager was newly in post and had completed an induction and training provided by the previous manager to ensure they were clear about their role.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their duty of candour. However, failure by staff to report an incident to them had meant they hadn't contacted the person involved as would be expected.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics ; Working in partnership with others

- People's health and welfare needs were met by a range of local healthcare providers, social work teams and community services.
- Records showed that staff supported people to access healthcare appointments to maintain their wellbeing.
- Staff talked positively about the team work at Broadleigh Nursing home. One staff member told us, "The best thing about working here is the team work."
- People living at Broadleigh Nursing Home had completed a satisfaction survey and the results were very positive.

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 15 Registration Regulations 2009 Notifications – notices of change Failure to notify the Commission of the changes to the management arrangements for the home.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Failure to complete risk assessment and/or act upon them places people's health and well-being at risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Failure to follow safeguarding procedures places people at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Failure to operate effective governance systems has placed people's health, safety and welfare at risk of harm.

