

Intacare Limited

Broomhouse Nursing Home

Inspection report

Broomhill Road, Old Whittington,
Chesterfield, Derbyshire. S41 9EB.
Tel: 01246 260697
Website: www.intacareltd.co.uk

Date of inspection visit: 18 December 2014
Date of publication: 29/06/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We completed an unannounced inspection of Broomhouse Nursing Home on 18 December 2014. Broomhouse Nursing Home is registered to provide care for up to 40 people who require nursing or personal care and supports people with learning disabilities.

The manager had been registered with the Care Quality Commission since 2010. 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.

At our previous inspection in October 2013 we identified a breach in regulations relating to the management of medicines. Following this the provider sent an action plan telling us about the improvements they intended to make. During this inspection we found those improvements had been made.

At this inspection the people who used the service told us they felt safe and well looked after. Families we spoke with felt reassured that the care their relatives received was safe and they spoke positively about the staff who

Summary of findings

worked at the home. However, we found improvements were required to identify and refer potential incidents to the local safeguarding authority and ensure people had plans in place to protect them when required.

People's health and care needs were well managed by staff who were supported in their role by effective supervision and training. Staff demonstrated a good understanding of individual people's needs including needs relating to nutrition and hydration. Appropriate arrangements were in place under the Mental Capacity Act 2005 for people who were not able to give consent to aspects of their care and treatment.

People told us, and we observed throughout our inspection, that people using the service and staff enjoyed each other's company and had fun together. Staff noticed and checked if people appeared unwell. People we spoke to felt understood by staff and we saw that people were encouraged to be independent and were treated with respect.

Throughout the day we saw people engaged in a variety of activities that were of interest to them. People were also supported to maintain contact with their families and friends and the local community. People had opportunities to share their ideas and suggestions about the service, and raise concerns if they needed to.

The manager was committed to an open and transparent leadership style and as a result people we spoke with found him approachable. The manager was supported by senior staff who were encouraged to value their own staff teams. Procedures for auditing and monitoring the quality of services were in place, however we found some aspects of monitoring were not up to date and had been temporarily affected by other developments taking place in the service.

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.

People told us they felt safe and procedures were in place to make sure medicines were managed safely. We found staff had been through recruitment checks to make sure they were suitable to work at the service. However, we found risks to people were not always identified and well managed as analysis of accidents and incidents did not always identify where people were vulnerable.

Requires Improvement



Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs, including how to manage meeting people's nutritional needs. We found arrangements for obtaining consent for people's care and treatment and accessing healthcare services were in place.

Good



Is the service caring?

The service was caring.

Staff had built strong positive relationships with people who used the service and involved people in decisions about their care. We found actions were taken to ensure people's dignity was respected.

Good



Is the service responsive?

The service was responsive.

People's care and support incorporated their preferences and people were supported to maintain relationships. We found people were given different ways of making suggestions or complaints.

Good



Is the service well-led?

The service was well-led.

The service was managed in a way that promoted an open culture where everyone was supported to feel valued. Staff felt clear on their roles and were confident in delivering care.

Procedures for assessing and monitoring the quality of services were in place. We found some checks had not always been completed as planned each month and we made the manager aware of this so the missing checks could be completed.

Good



Broomhouse Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 18 December 2014 and was unannounced. The inspection team consisted of two inspectors. Before our inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about

the service, what the service does well and improvements they plan to make. We also reviewed routine notifications sent to us by the provider. Notifications are changes, events or incidents that providers must tell us about.

We spoke with nine people who used the service and three people's relatives. We also spoke with one external healthcare and one social care professional who were involved in the care of people living at Broomhouse Nursing Home.

We reviewed four people's care records. We reviewed other records relating to the care people received. This included some of the provider's audits on the quality and safety of people's care, staff training, recruitment records, medicines administration records and minutes of internal meetings.

Is the service safe?

Our findings

At our last inspection we asked the provider to take action to improve arrangements for the safe handling of medicine. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. On this inspection we found that actions had been taken.

Medicines were held in stock and clear details regarding where prescribed creams should be applied, were in place. Medicines were stored securely and records were kept to make sure medicines were kept at the correct temperatures.

One person we spoke with told us care staff asked them if they were in any pain when they received their other medicines. They told us they could have pain relief medicine when they needed it. We found there was guidance in place so that different members of staff could make consistent judgements over the administration of 'as and when required' medication.

We observed staff using medication administration records to check what medication each person in the service required and we saw that these records had been completed accurately afterwards. One person was not available to take their medicine when the staff member prepared it. The staff member told us they would normally check if the person was available before preparing the medication. They were aware that this would avoid the need to store prepared medicines, reducing the risk of making a medication administration error. In this case the staff member stored the medicine for a short amount of time and took steps to ensure the medicine was identifiable.

We found medicines were within their use by dates and a system was in place to record the dates when creams were first opened so that they could be disposed of appropriately. We found most creams had the date recorded for when they were first opened. However, one cream had no date of opening recorded. This cream was prescribed as a homely remedy which meant it could be used for more than one person. We spoke to the manager regarding this and they told us they would arrange for this cream to be prescribed for each individual who required it so that the risks of cross infection would be reduced.

When we looked at reports of accidents and incidents we found that one person had experienced several repeated

incidents within the last year from peers within the service. We spoke with the manager about these incidents. Whilst the manager was analysing incidents they had not identified that this individual had experienced repeated incidents over a period of time. The manager agreed to review this person's care and to make improvements to the way accidents and incidents were analysed.

We asked the manager if these incidents had been reported as safeguarding referrals to the local authority for further investigation. The manager told us the social work duty team had informed them these incidents did not meet their thresholds for accepting a safeguarding referral. Any contact made to the social work duty team in relation to these incidents had not been recorded. The manager confirmed future contact and outcomes would be recorded.

Staff we spoke with told us they had been trained to understand safeguarding issues and the training records we saw confirmed this. The manager also told us staff had recently been trained to use positive behaviour strategies that aimed to de-escalate any behaviour that could cause a risk.

People we spoke with told us they felt safe living at Broomhouse Nursing Home and if they did have any worries they would feel happy talking to staff. One family member we spoke with told us, "I always leave knowing [my relative] is in good care."

People using the service were encouraged to understand safeguarding and how to keep themselves safe. Information was on display in easy read formats about safeguarding issues and how to raise any concerns and worries.

Risks to people's health had been identified clearly in their care plans. We saw one person was at risk of falls as a result of their condition. Staff had taken action to obtain appropriate protective equipment to reduce the impact of falls for this person. Other people had clear plans in place to address risks of malnutrition and risks relating to specific health conditions.

Emergency evacuation plans were in place for people living at the service. These plans detailed what steps staff should follow to maintain each person's safety in the event of an emergency where evacuation of the premises may be required. This helps keep people safe should an emergency situation occur.

Is the service safe?

We found recruitment processes in place which made sure staff employed were suitable to work with people living at the service. The recruitment process included checking on any professional registration that staff members held as well as obtaining checks from the disclosure and barring service (DBS).

At all times during our inspection we observed sufficient numbers of staff supporting people with their different needs. One family member we spoke with told us, "I call in at any time. There's never a problem and always enough staff on." Staff were organised to provide support to

different areas of the building and some staff spent time with individuals on their own. We saw one member of staff spending time with one person and doing a crossword puzzle with them. One nurse was available on each of the two floors to provide oversight and support to people using the service and care staff. Senior staff told us they aimed to match staffing levels to meet people's changing needs. They told us meetings were held with other health and social care professionals involved in people's care to discuss the levels of staffing people required.

Is the service effective?

Our findings

We observed staff using their knowledge and skills by accompanying one person who used the service on a walk outside to help them feel calmer. We also observed other staff using particular phrases to give people reassurance.

Staff we spoke with were confident in their knowledge of people's needs. They told us they received regular supervision every three months which allowed them to focus on people's care and support, and receive feedback on their performance in their role. Annual appraisals were also in place to reflect on practice and identify any training and development needs.

Communication between staff changing shifts worked well. Records used to share information and update new staff coming onto shift contained important information on people's health and wellbeing. This included any visits from healthcare professionals and test results.

Staff told us the training they had received on epilepsy and communication, including signing, had been useful. We saw in one person's records a recommendation from a healthcare professional for staff to have at least a basic knowledge of Makaton signing. This was to help create a signing environment to help the person develop useful signs. Senior staff told us as a result of this recommendation signing workshops had been held in the service and further training was also being planned.

Mental capacity assessments and best interest decision making processes were completed for people whose care files we reviewed. We found that these contained appropriate information to meet the requirements of the Mental Capacity Act 2005 (MCA). The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to consent to their care.

The manager told us they had identified people using the service who required an assessment under the Deprivation of Liberty Safeguards (DoLS). This was because some restrictions were needed to help keep these people safe that could affect their personal freedom. Applications had been made for most people and the remaining applications were ready to be sent to the local authority for assessment. This meant that when people did not have the capacity to consent to their care the provider was acting in accordance with legal requirements.

When we spoke with people they told us they had enjoyed their lunch and had been given a choice of what to eat. We saw that people were asked about their meal preference before it was served. One family member we spoke with told us staff supported their relative to eat and drink enough to maintain their health.

At meetings for people who used the service, we saw that they were asked their views on food choices.. Staff told us that some suggestions had been made to ensure all meals offered a healthy and nutritious balance. The manager confirmed the quality of meals was being reviewed to identify if any improvements could be made. One person we spoke with told us they enjoyed a warm drink and biscuit at night time. Another person told us they could use the kitchen and help themselves to juice, tea and coffee.

Staff were knowledgeable about people's dietary needs, including diet controlled diabetic needs, and people that required different textured foods to help reduce the risks of choking. Where a risk of choking had been identified risk assessments detailed the support staff were to provide at meal times. One health professional we spoke with told us staff were knowledgeable in how to reduce people's risks of choking and had previously involved appropriate professionals to review any risks.

People were monitored for weight loss and where people had been identified as at risk of malnutrition appropriate assessments had been completed involving relevant professionals.

We saw that people had regular appointments with dentists, opticians, and chiropodists when needed. We also saw staff recorded any concerns about people's health and the further action they had taken, including contacting people's doctors for advice. We saw people had input from other professionals including district nurses, speech and language therapists, and physiotherapists.

Staff took effective action in response to people's changing needs. For one person staff had identified a change in their behaviour and had arranged for them to be checked for a possible infection. For another person, staff had identified a change in how they appeared and had taken their blood pressure. As a result they then contacted this person's doctor for further advice. Staff also told us about one person who could experience anxiety. They told us they had involved a psychologist to help plan the care and support this person required.

Is the service effective?

Information was available for people in formats they could understand. We saw easy read information available on fire precautions, the Deprivation of Liberty Safeguards (DoLS), safeguarding, going into hospital, and accessing advocacy services.

Is the service caring?

Our findings

People we spoke with told us they were happy living at the service. They told us staff were kind and they felt staff listened to them. One family member told us, “The staff are so good with [my relative], every member of staff is brilliant.”

We saw that people using the service were relaxed and at ease with staff, sharing laughter and conversations. We saw that some people using the service approached staff for hugs and staff responded warmly. Other staff took the time to sit and talk with people or assisted them with their interests.

We observed staff checked people felt well and were attentive to when people’s body language could indicate they felt unwell. One staff member noticed one person had their head held to one side and they gently asked them, “Are you ok, does that hurt?”

All staff were supported by the management team to develop strong positive relationships with people who used the service. Staff told us people who used the service would usually choose the members of staff they wanted to be their key worker. This helped continue to build strong relationships between people and staff.

Two people we spoke with told us staff understood what they needed help with. We saw that staff had recorded detailed information to help them understand people better. This covered what the person wanted staff to know about, what things were important to them and things they wanted to happen. The notes for one person included things they were worried about and needed reassurance over as well as their spiritual beliefs.

The manager told us people who required an independent mental capacity advocate (IMCA) had access to one. This was confirmed when we spoke with a social care professional who had experience of supporting a person living at the home who had access to an IMCA.

Staff had involved people and recorded discussions about their care. Where people had mental capacity they had signed their agreement to their care plans and consent forms for sharing information with other health professionals. Two people we spoke with told us care staff had talked to them about their care plans and checked with them whether they were happy with the care they received. The minutes of a meeting with people who used the service also recorded people had been asked if they were happy or had any concerns.

We observed staff encouraging people’s independence, for example one person was encouraged to walk rather than be assisted by staff in a wheelchair. At lunchtime people were supported to maintain their independence because the service provided adapted cutlery and plate guards to help some people manage eating their lunch independently. Another person helped care staff set the tables and serve lunch.

The manager was committed to ensuring people with learning disabilities were respected and discussed with staff what respecting people’s dignity meant. The manager identified where practices could improve to further support people’s dignity. In a meeting staff were reminded to make sure people were helped to wipe their faces if needed after eating. We observed that after dinner time staff made sure this was done.

During our inspection we saw people using the service enjoyed spending time with staff. People that we spent time with expressed in different ways that they were happy with their carers. We saw a member of staff assisting another person with their meal and this was done in a friendly and respectful manner.

Is the service responsive?

Our findings

During our inspection one person showed us the puzzles and art work they had enjoyed doing throughout the day. They had chosen to continue with their art and puzzles rather than join in with a music session and an exercise class that were also available. Other people we spoke with told us how much they enjoyed taking part in the exercise class. We could tell from the laughter and enthusiasm of people taking part in the music session that they were enjoying themselves.

We spoke with the facilitator of the exercise class who told us how staff supported people to attend the classes. They also advised that the provider had purchased some of the equipment used in the class so people could practice in between classes. Another person we spoke with told us how they had enjoyed going to a local car boot sale and putting up Christmas decorations. People were supported by staff to pursue interests they enjoyed. Staff told us one person had an interest in gardening and actions had been taken to try and support this person's interest further.

One family member we spoke with told us staff listened to their relative and understood what upset them and what made them feel calmer. They told us staff used this understanding to inform how the person now received their support. The family member told us, "They are so much better." Another person who used the service told us staff helped them stay in touch with their family. A family member we spoke with told us how much they appreciated the key workers support. They said, "They help keep people connected, we get letters and birthday cards."

The care plans we saw had been regularly reviewed and updated. For one person this had included their medicines being reviewed regularly by an epilepsy consultant with the aim of reducing the number of epileptic fits this person experienced.

Other family members we spoke with told us they were made welcome to call in and see their relatives at any time. They told us staff always knew up to date information about people and they were invited to reviews of their relative's care. One external social care professional we spoke with told us that people using the service had been involved in reviews of their care and support.

We found staff noticed if people's needs changed. For one person, we found staff had introduced a fluid chart when they had noticed this person was not drinking as much as usual. Staff told us they read people's care plans and discussed their care with other staff at staff meetings and in supervision. They told us care plans were reviewed often to ensure staff fully understood people's needs. Staff we spoke with were knowledgeable about people who used the service.

We saw families and friends were invited to contribute their views regularly. We saw this could happen when they visited their relative as well as at meetings for family and friends with the manager. Reminders of how to contact the manager with any queries or suggestions were included in the regular newsletter sent out to families and friends of people living at Broomhouse Nursing Home.

Information on how to complain was on display in an easy read format for people using the service. We were told no recent complaints had been received, however the manager had a system in place to investigate and record complaints.

People living at the service attended meetings and we saw they talked about what their preferences were for places to visit on trips out, their favourite types of food, and things they wanted to see happen. For one person this was to go and buy new shoes.

Is the service well-led?

Our findings

At the time of our inspection the manager had been registered with the Care Quality Commission since 2010.

Procedures for assessing and monitoring the quality of services were in place. However, records showed some monthly checks for fire drills and emergency lighting had not been completed. We brought these to the attention of the manager who confirmed they would be completed.

Senior staff we spoke with were clear about their role and clear about the vision and values of the service. This was translated into practice by senior staff who supported new staff to really get to know and understand the people who lived at Broomhouse Nursing Home.

The manager took account of the views of people, their friends and families and staff to develop the service. Families we spoke with told us they felt listened to. One family member said, “The manager listens, he’s very good. If there’s a problem he does his best to sort it out.” Throughout our inspection we saw that staff and the people who used the service came to speak with the manager and that people were confident to discuss any worries or concerns directly with them. Staff were also supported to express their opinions and discuss issues as part of the culture within the service. Staff we spoke with told us they were confident their manager would deal with any concerns and that the manager promoted an open culture. They told us the manager checked with staff at staff meetings if anyone had anything they wanted to be discussed.

Staff we spoke with were motivated in their job. One person told us they volunteered to work over the Christmas period as they loved seeing the people who used the service so happy and excited about Christmas.

We spoke with nurses who had responsibility for supervising staff. They were clear on relevant professional standards and ensured staff understood their roles and responsibilities. When we spoke with staff they were also clear about their role. We saw there were written definitions on display on the role and the importance of being someone’s key worker. One family member spoke to us about the “strong bonds” formed between people living at the service and staff.

We observed the leadership given by the registered nurse in one part of the service. Staff were comfortable to complete their work in the nurse’s presence and the nurse was approachable when staff needed to consult with them. Care staff we spoke with told us the nurse was very knowledgeable and they had learnt a lot from them.

Meetings with staff highlighted good practice and identified where improvements could be made. We saw that issues to improve medicines management and incident reporting were used to identify where additional training would help develop staff practice and that this was arranged.

During our visit the provider also visited. The manager informed us that the provider made regular visits and was involved in developing the service.