

Broadoak Group of Care Homes

Broadoak Park

Inspection report

Nuncargate Road,
Kirkby-in-Ashfield
Nottinghamshire
NG17 9DS

Tel: 01623 721924
Website: none

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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?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 2 September 2015 and was unannounced.

Broadoak Group of Care Home is registered to provide accommodation and care at Broadoak Park for to up to 30 adults with learning disabilities. Accommodation is arranged in seven bungalows and two flats. Access to bungalows is mostly level, but access to flats is by a staircase. There were 22 people living in the home when we visited and no vacancies, as some of the current people needed more space around them than others.

There was a registered manager in post at the time of our inspection, but he was not present at the time of the 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 and associated Regulations about how the service is run. In the absence of the registered manager, an assistant manager was available and helpful throughout our visit.

Summary of findings

People were not always safe, as not all medicines were managed safely and there were not always enough staff in the places they were needed. The provider did, though, use safe systems when new staff were recruited and risks to personal safety were minimised.

There were not always sufficient staff where they were needed to meet people's needs safely at all times. Some staff had not been trained in all areas and may not have known how to meet people's needs fully. Important changes in people's needs were, though, passed on to all staff when they started their shifts, so that they were all aware of the up to date information about any incidents that affected people's needs.

Staff were kind to people and cared about them. Choices were given to people at all times. People had appropriate food and drink and staff supported them individually to

attend any health appointments so that their health needs were met. We found people's privacy and dignity were respected and all confidential information was respectfully held securely.

Staff assisted people to take part in appropriate daily individual activities at home and in the community.

Some audits and checks were made on the quality of the service, but the provider had not regularly monitored the service in all areas in order to ensure the quality at all times.

During this inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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.

Medicines were not well managed and insufficient action was taken to ensure all medicines were stored appropriately to ensure people received them safely as prescribed.

People were not supported by sufficient suitably skilled staff being deployed in the right places to meet their needs safely at all times.

Staff understood what action they needed to take to keep people safe and new staff were thoroughly checked to make sure they could safely work with people at the service.

Requires improvement



Is the service effective?

The service was not consistently effective, as some staff training was overdue and other training had not been available to new staff.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People received enough to eat and drink and they had the support they needed to see their doctor and other health professionals as needed.

Requires improvement



Is the service caring?

The service was caring.

People were well cared for and staff showed kindness and compassion in the way they spoke with people.

Independent advocates and relatives represented some people's views when needed.

People's privacy and dignity were promoted by staff.

Good



Is the service responsive?

The service was responsive.

Care was personalised and responsive to people's needs. Activities were available to meet people's preferences.

People's comments were listened to and there was a system in place to respond to any complaint.

Good



Is the service well-led?

The service was not consistently well led.

There was a registered manager, who had not been consistently available at the service, but an assistant manager was supporting staff.

Requires improvement



Summary of findings

There were systems in place for staff to discuss their practice and to report any concerns.

The quality of the service was not consistently monitored by the provider.

Broadoak Park

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 2 September 2015 and was unannounced. One inspector visited on this occasion.

Before we visited we reviewed the information we held about the home including notifications. Notifications are events that the provider is required to inform us about by law.

During our visit we spoke with five people living at home, a visitor, three care staff and the assistant manager.

We looked at the care plans for five people, medicine records and some other records relating to staffing, accidents and incidents.

Is the service safe?

Our findings

The service was not safe as we saw that medicines were not being well managed nor held securely. A few days before our visit, one person had been able to break into medicines cabinet and consume a dangerous level of medicines. Staff had taken action to ensure medical attention was immediately available at a local hospital. The medicines for this person were immediately moved to a temporary location and, following discussion during this inspection visit, they were moved again to a secure medicines trolley. We saw that all people's medicines were then stored in one of two medicine trolleys in different locations within the accommodation. There were always staff at these locations. However, some people at the service were also prescribed medicines that needed stricter security. We found that there was no additional security for these or any other controlled drugs that might need to be held at Broadoak Park. Prescribed controlled drugs are medicines that have stricter legal controls on their supply and security. We saw some medicines had been listed in a controlled drugs register, but there were no signatures of staff or any records of checks on them to ensure the correct amounts remained in safe storage ready to be used if needed. We ensured the security arrangements were changed immediately.

The assistant manager showed us audits they had recently carried out on medicine administration and several gaps in the records had been found. Staff had been reminded about completing records. However, we checked the current medicine administration record (MAR) sheets and found they were not consistently recorded to show whether or not medicines were administered to people. For example, there were gaps on the MAR sheets relating to the current week with respect to two different people who should have received their medicines. There was also no record of a medicated cream being used for another person for the last five days. This meant it was not possible to know if people received all their prescribed medicines or not. We did see one staff member administering medicines to one person and they followed the correct procedures at that time. However, overall, medicines were not being managed safely and there was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person told us they wanted to visit a family member, but had to wait until there were enough staff to go with them. Another person was waiting for staff to escort them to a shop. One person told us there were sometimes enough staff, but they often had to wait a long time for assistance if staff were busy. Staff told us they were allocated to specific areas of the service to work with particular people. Two staff said that there were usually enough staff "Unless staff call in sick. Then we might be struggling". One of the staff explained the plan as set out on a board in an office. The assistant manager told us this was up dated with changes if needed and showed where staff were working. The registered manager also confirmed that the daily support level of staff was flexible and staff were moved around the service to cover for other staff and meet people's individual needs.

At various times during the day of our visit we saw staff supporting people individually. In one bungalow we found one staff member supporting two people, who each had their individual needs. When asked what they would do if a second member of staff was needed, the staff member said they would open the door and call out for help, as there was no alarm or other way to communicate with the rest of the staff. This staff member had not had a reason to call for help so far and felt one staff was sufficient with the particular two people. However, we visited another bungalow in the late afternoon, where we were informed there would be four members of staff, due to the level of people's needs there at that time of day. On arrival we found two staff who were trying to manage the challenging interactions and behaviour of the four people there. The staff present told us there were sometimes enough staff and other times they were struggling at that time of day.

We saw that one person was constantly grabbing at people and needed a diversion. Another person was happily lying on the floor, but was a trip hazard. A third person was becoming anxious and needed individual positive attention to stay calm and the fourth person was distressed and waiting for staff to prepare their meal. A third member of staff arrived, but the fourth had been diverted by a senior staff member to drive a car for another person to visit their family. There was no other staff member available to cover. This meant that the way staff were deployed, there were insufficient staff available to meet people's needs safely at all times. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

Most people were unable to tell us whether or not they felt safe from abuse, but we observed that people were comfortable with the staff that were with them. One person confirmed that they felt safe and would tell one of the staff if they were unhappy about anything. Another said they would tell the registered manager or the assistant manager if there was a problem.

There had been a high turnover of staff in the last six months with nine new staff since February 2015, but there were safe recruitment and selection processes in place. The staff we spoke with told us they had supplied references and undergone checks relating to criminal records before they started work at the service. We saw some records that confirmed the procedure and all the required checks were completed before staff began work.

Discussions with staff showed us that they understood what action they needed to take in reporting any concerns they had. Staff told us about specific plans for specific people in order to keep everyone safe. There were reporting systems to alert the registered manager or assistant manager as well as directly to the safeguarding authority when needed.

We saw examples of the plans in place to minimise and manage risks to people. There were risk assessments for each activity or situation and these led to the care plans, which gave staff guidance about being consistent. All potential individual risks within the premises were covered. Senior staff also told us about regular fire drills and checks on fire fighting equipment.

Is the service effective?

Our findings

One person's family member told us, "[Name of person] has brilliant staff. They are skilled and really know how to respond to [name of person]'s needs."

There was a training plan that summarised training for all staff and clarified where training was needed. This showed that some training was overdue and other training had not been available to new staff. We spoke with staff that confirmed this. For example, the newer staff had not completed the Non-abusive Psychological and Physical Intervention (NAPPI) training when they first started work at the service. Staff told us this was to help them support the people in their care, who needed some redirection and management to prevent behaviour escalating to dangerous levels. Staff without this training told us they had guidance and support from other staff in these situations.

There was other training where the plan showed it was "TBA", meaning to be arranged. There was information about a new care certificate for new staff, but this had not been confirmed and none of the staff had commenced this. The 'Care Certificate' is an identified set of standards that health and social care workers adhere to in their daily working life. One new staff member told us that, although they had not yet completed training in their new job, they had done similar work in the past and had observed more experienced staff, which had helped. Staff who had worked at the service for more than a year told us they felt they had received sufficient training and support to enable them to carry out their roles and meet people's individual needs. They were able to demonstrate how they had learned from their training and experiences. Important information and changes in people's needs were passed on to all staff when they started their shifts, so that they were all aware of the up to date information about any incidents that affected people's needs.

Following this inspection visit we spoke with the registered manager by telephone. He told us he accepted improvements were needed with training and he was arranging more courses within the next two weeks, especially for the newer staff.

Two people told us they made their own decisions about what they did each day and how they wanted their personal care. One person told us they wanted a shower

and shave earlier in the day, but their staff member had told them the shower was not working. The assistant manager confirmed that they would investigate this as the shower was functioning.

The staff understood how best interest decisions were made using the Mental Capacity Act (2005) (MCA). We saw examples of how they had determined whether a plan was needed for staff to make some decisions in people's best interests. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected in relation to consent or refusal of care or treatment. We saw that a two stage test was used when needed. The plans were clear about the support that people needed.

From discussions with staff, we found they understood the importance of giving people as much choice and freedom as possible. They told us that most people needed support to access the community and were accompanied by staff. The assistant manager told us about applications already made for Deprivation of Liberty Safeguards (DoLS) and those that had already been approved. DoLS 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 assistant manager was making further appropriate applications for all those that were restricted as they needed close staff supervision to keep them safe.

People had enough appropriate food and drink and some were involved in meal preparation. Staff were fully aware of people's individual dietary needs, which were written in the care plans. One person told us about their healthy eating plan and how they planned each meal. Photographs of food were used to help with communication. Another person liked to help staff with preparing their sandwiches. We saw a dessert that one person had helped staff to make, but most other people were happy for staff to prepare their food for them. We heard staff discussing with people what they wanted to eat and there was always a choice offered. One person said, "I can have a drink when I want and I make it myself." This was not the case with most people, but we saw staff offering drinks and preparing them for people at various times.

People received assistance and encouragement with meeting their health needs. A family member told us about dental treatment that was arranged for one person with the

Is the service effective?

planned support of staff that were going to attend with them. There was a health action plan for each person. A health action plan is designed to be developed with the person concerned and holds comprehensive information about the person's health needs. People were involved in their health action plans to varying degrees, dependent on their abilities. Staff told us that when any changes were noticed they took action to contact medical professionals and there were records of this contact.

We saw records of health appointments at GP surgeries and hospitals. The assistant manager told us they were frequently involved in discussions with various other professionals, including occupational therapists and physiotherapists. They made notes of the advice received and passed information to other staff to ensure people received effective support with their health.

Is the service caring?

Our findings

People appeared comfortable with the staff we saw on duty during our visit. One person said, “Staff are all nice. They help me with things.” Another person named the staff they knew and told us they were “alright”.

One person told us staff helped them to visit their family members each week and we saw this happened during our visit. Staff said they had contact with the relatives of others by telephone and support was given, if needed, when family members visited people in their bungalows.

Staff showed kindness and compassion in the way they spoke with people. A visitor told us that staff knew their relative very well and were compassionate in the way they worked with them. We heard staff using people’s preferred names at all times and saw appropriate gestures and signs being used when needed to support the spoken words. The care staff told us they considered all their colleagues to be very caring. They said they would use the whistle blowing policy and report anyone if they ever saw anything that was uncaring.

In the care plans, we saw some examples of signed agreements to the way staff were to support people. Care

plans were person-centred and contained information regarding people’s life histories and their preferences. Information about advocacy services was available if anyone needed an objective person to speak on their behalf. Family members or other advocates were involved in meetings to review people’s care, along with the person concerned when this was possible.

People’s privacy and dignity were respected and promoted. One person said that all the staff were very polite and often complimented them on their appearance. One of the staff told us they had

trained as a “Dignity Champion”, which meant it was their role to remind all staff about good practice in maintaining people’s dignity. Another staff member told us, “We make sure we close doors, so other people don’t walk in when we are helping someone with personal care.” Staff also told us they encourage and remind people to cover themselves in front of other people. We saw that people were encouraged to take pride in their own bedrooms and keep them clean and tidy.” We also saw that all personal information was held securely and treated confidentially by staff. In this way staff were respecting and promoting privacy and dignity with everyone.

Is the service responsive?

Our findings

The service was responsive to people's individual needs and interests. One person said, "Staff help me to do things if I want them to." We observed two staff with five people in the "Clubhouse", which was a large separate area with kitchen and toilet facilities, where staff were providing various activities. People were enjoying floor snakes and ladders, playing cards and listening to music. Some people chose to stay in their own bungalows and enjoyed activities there. One person liked counting and organising items and another proudly showed us their room with all the items they had there that they liked to look at and organise. We also saw staff going for walks individually with people and for trips to the local shop.

Staff told us they tried to arrange activities in response to people's interests and choices and from discussion with staff we found they were aware of people's individual preferences. We saw from a sample of care plans that there was specific information in an "About me" section and this included what people liked and did not like. New staff told us they had been given time to read the care plans when they first started work at the home. Not all parts of the care plans were up to date, but staff told us important changes in the information were passed on to all staff during handover meetings. This meant all staff had sufficient information so that they could respond to individual needs.

Staff told us they had previously been concerned that there were not enough activities and had discussed this with the assistant manager. We also saw that this was a comment made in a recent staff survey. Since then one of the care staff had changed their role and was responsible for

organising activities. Staff told us they felt this was already showing this area had improved and people were enjoying spending more time in the "Clubhouse". This meant there was a positive response to comments received.

One of the staff explained that holidays were arranged to meet individual needs and preferences with staff escorting two or three people at a time. Some people had been to Blackpool during the current year and others had been to Skegness. The assistant manager was making arrangements for three others to have a similar holiday. One person had day trips as they did not want to stay overnight anywhere and another did not want to go away from their normal routine at all.

There were arrangements for people to make complaints. Two people told us they knew they could speak to the registered manager if they had any concerns or complaints or they could tell staff on duty. One person told us about the information they had about who to speak to. They said they would contact a family member or their social worker if they had any concerns. The assistant manager told us the complaints information was given to people in a folder when they first moved in and any family members had the information to keep for use if needed. One family member told us they had no complaints as they were, "Very happy with the service here."

We found the full complaints policy and procedure was kept in the office to inform staff. This gave clear information about deadlines for investigation and follow up of any complaint the might be received. One staff told us that they would write down in detail any complaint they received to pass on to the assistant manager, but they had not received any. The assistant manager told us no formal complaints had been received within the previous 12 months.

Is the service well-led?

Our findings

The registered manager had not been consistently available at the service for several weeks, though returned just after this inspection took place. We saw that staff leadership was provided by the assistant manager in the absence of the registered manager and she was supported by senior staff. At least one of these was available on the premises at all times. In addition, the assistant manager was available for staff to contact outside of normal working hours if they needed to report any incidents or concerns or for any other reason. The assistant manager told us they discussed incidents with staff to help everyone improve and learn by analysing the risks and actions needed to meet individual situations. Staff confirmed these discussions took place. Staff were encouraged to take responsibility for reading plans and senior staff reviewed and updated plans, though we found that some of these were out of date. However staff did keep their daily records up to date.

We found a positive and inclusive culture was promoted by the assistant manager. Three staff told us they could approach the assistant manager whenever they wanted to discuss anything, but were not so sure about approaching the registered manager. This was connected with the recent absence of the registered manager. In his absence the staff were supportive of each other. They told us they could voice any concerns about anything and everything in staff meetings and individual supervision meetings. They felt the assistant manager listened to their views and was supportive. The people we spoke with knew both the registered manager and assistant manager by their first names and said they liked to see them visiting their bungalows. The assistant manager told us she visited each bungalow each day to make sure everyone was well.

We observed that care was provided by staff with compassion, dignity and respect. The staff were encouraged to develop these positive values through their induction, when they shadowed other staff and through discussions in staff supervision meetings with senior staff and the assistant manager.

The assistant manager had notified us of the incidents that the provider was required by law to tell us about, such as accidents, injuries and other concerns. We were able to see, from people's records, that positive actions were taken to learn from incidents.

There had been a recent survey carried out to gain the people's views about the service, though not all results were available, but we could see that some changes were made to increase activities in response to the comments.

We saw there were some systems to check health and safety and incidents. The assistant manager had recently taken responsibility for checking medicines, though this had not been done at regular intervals. They had not had time to check all care records. There was no regular auditing system for on-going checks to be made on the quality of all parts of the service. Staff told us there had been regular visits from the nominated individual of the provider company, but there were no records of what was checked during those visits. For example, the provider had not identified or taken action about the continual medicines issues and the gaps in staff training. There was no evidence of any continuous improvement plan or any evidence that the service was being actively monitored by the provider on a regular basis to ensure a high quality of care and support was always provided for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who used the service were not protected against the risks associated with the management of medicines. Regulation 12(2) (g).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People who used the service were not supported by sufficient suitably skilled staff being deployed to meet their needs safely at all times. Regulation 18(1).