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Broxbourne House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Broxbourne House is a residential care home providing accommodation and personal care for 16 people at the time of the inspection.

Broxbourne House accommodates people in one building and communal areas are on the ground floor. Accommodation is on the ground and the first floor.

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

Risks were assessed and managed to keep people safe. Medicines were safely managed. Safe recruitment and induction processes helped ensure suitable staff worked in the home. There were enough staff for people to be supported, and where COVID-19 had affected staff attendance, there was use of consistent agency staff. Support for staff through training and supervision was in place. Infection prevention and control measures were being managed appropriately and the provider had taken action in line with advice of the local infection, prevention and control teams. Safeguarding procedures were followed and staff understood their responsibility to report any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider ensured people's human rights were respected and their dignity in their personal care routines was maintained.

Since the previous inspection in October 2020, there had been a further change to how the service was being led and managed. The registered manager had left and the provider had recruited a new manager for the role, although they were not yet in post. There was an interim care manager in post, supported by the provider. Quality assurance systems were in place, although some audits were not fully up to date. The provider had been managing the service during an outbreak of COVID-19 and so had had to prioritise the audits to complete, such as for health and safety.

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

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 14 November 2020). At this inspection we found some further improvements had been made and although the rating was Requires Improvement, the service was continuing to develop their systems to ensure improvements were embedded.

Why we inspected

We undertook this inspection to follow up on a number of specific concerns which we had received about people's safe care and treatment and the management of the home. A decision was made for us to inspect and examine those risks.

We inspected and did not find any evidence to support the concerns raised.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care homes even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

Broxbourne House

Detailed findings

Background to this 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out the inspection.

Service and service type

Broxbourne House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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, although had recently appointed a new manager for the role. This means that when the new manager is registered, 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 visit was unannounced on 13 January 2021. We spoke with the provider a few minutes before our entry, to check the risks in relation to covid-19.

What we did before the inspection

We received concerning information about the service since the last inspection. We reviewed information we held about the service, including details about incidents the provider must notify us about, such as abuse or when a person injures themselves. We contacted relevant agencies such as the local authority and safeguarding teams. We used all this information to plan our inspection.

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

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with two members of care staff, the registered provider and domestic assistant. We reviewed two people's care records, people's medicines records and records relating to how the service is run.

After the inspection

We asked the provider to send documentation to support staffing levels and demonstrate further how the service was run. We reviewed all of the information sent to us.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise, and report concerns if they thought a person may be at risk of harm. Where people needed emergency medical treatment this was promptly sought.
- The registered manager understood their responsibility to refer matters of concern to the local safeguarding team and there were appropriate referrals made where necessary for serious matters.
- The provider had worked with the local authority safeguarding adults' team in relation to recent concerns and responded to advice given to improve practice.

Preventing and controlling infection

- We had been informed by the Infection, Prevention and Control team about a wide range of concerns found in relation to infection related risks and poor practice. They advised upon immediate actions for the provider to address and provided training to staff. The provider responded to all issues raised.
- We were assured that the provider was preventing visitors from catching and spreading infections. Visitors were not permitted at the time of the inspection, except for exceptional circumstances which had been risk assessed.
- We were somewhat assured that the provider was meeting shielding and social distancing rules.
- We were assured the provider had safe procedures to admit people to the service, although they had not been doing so due to the COVID-19 outbreak in the home.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Infection, prevention and control measures were in place and increased cleaning procedures were put in place.
- We were assured that the provider was accessing testing, as required, for people using the service and staff.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Social distancing in communal areas was difficult to achieve due to the layout of the building and the positioning of people's chairs. The provider assured us they would give further consideration to address this issue.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider had identified lessons learned from the recent COVID-19 outbreak and advice from the Infection, Prevention and Control team.
- We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place and had been updated where people had a positive COVID-19 test result,

so staff could support people safely.

- Staff took appropriate safety precautions when moving and handling people using equipment.
- Accidents and incidents were recorded appropriately with information about action taken.
- Equipment and premises were maintained through regular safety checks.

Staffing and recruitment

- Prior to the inspection we were told there were not enough staff working in the home. Staffing levels were sufficient to support people's needs with additional consistent agency staff deployed where there had been staff absence due to the COVID-19 outbreak.
- Recruitment practices were in place to ensure staff were suitable to work in the home. Agency staff had individual profiles showing their identity checks and skills to provide care for people.
- The provider was actively involved in people's care when needed, to support the staff team.

Using medicines safely

- Prior to the inspection we were told of concerns with the management of medicines. We found only staff with the training and level of responsibility supported people with medicines. Medicines were only given to people as prescribed and there was clear documentation in place to support practice.
- Systems and processes were in place to ensure medicines were managed safely. There were regular checks of stock balances and audits of procedures.
- Staff had received appropriate training and competency checks to support people with their medicines.

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 Requires Improvement. At this inspection this key question has remained the same. This meant although systems and processes were in place these were still being developed further and were not yet fully embedded in practice. There was a newly recruited manager, who was due to commence in their role and continue developing the service.

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

- Prior to the inspection we received concerns about a lack of management support in the home, and poor documentation. The provider had been temporarily absent due to COVID-19 restrictions and had provided on-call support. An interim manager was also supporting the running of the home.
- A new manager had been recruited but was not yet in post. The provider was actively involved in supporting the staff to provide care for people.
- Quality assurance systems were in place but there had been some disruption to the completion of audits due to the COVID-19 outbreak putting additional strain on running the home. The provider had prioritised the audits in order to complete ones they felt were more critical, such as medicines, and fire safety. Accidents and incidents had not been recently analysed to identify lessons learned.
- The provider acknowledged some audits needed to be more rigorous and detailed. They said this would be addressed upon the new manager's appointment to their role.
- Staff felt there was much hard work taking place to ensure improvements in the quality of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 told us they were continuing to improve the culture in the home in order to ensure people received good outcomes and high quality care. They said this would be a priority area for the new manager when they came into post.
- Staff told us they felt supported in their work and there was effective teamwork in place.
- The provider was aware of their responsibilities under the duty of candour.

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

- The provider engaged with people, staff and relatives. There were systems in place to ensure communication with relatives was continuous and done virtually where necessary.
- Staff meetings had not been recently held due to the disruption caused by staff absences during the COVID-19 outbreak. The provider told us this would be resumed upon the new manager coming into post.
- The provider worked in partnership working with other professionals, such as community healthcare professionals, as well as the local authority. Video and telephone calls were made where visits were not

possible.

Continuous learning and improving care

- The provider told us they were continuing to improve the service following the last inspection and they were trying to establish consistent leadership to support this process moving forward.
- The provider was updating their action plan to provide a clear framework for improvements to the service, based upon recent inspections from CQC and partner agencies.