

Eminence Care Service (Broomfield) Limited

Broomfield Residential Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Broomfield Residential Care is located in the village of Olney in Buckinghamshire and is registered to provide accommodation and personal care. They are registered for up to 50 older people who may also be living with conditions such as dementia. On the day of our inspection there were 37 people living at the service.

We carried out an unannounced comprehensive inspection of this service on 10 August 2016 and identified six breaches of legal requirements. We issued the provider with a warning notice for two of these breaches and they wrote to us with an action plan explaining how they would meet the other requirements. On 13 December 2016, we carried out a focused inspection to see whether the provider had followed their improvement plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Broomfield Residential Care on our website at www.cqc.org.uk.

During the inspection on 10 August 2016, we found that risks to people were not always well managed. Risk assessments were not always specific and did not contain guidance for staff regarding how they could reduce risks. Risk monitoring was carried out, such as regularly weighing people, however; there was a lack of action taken in response to changes in the levels of risk to people. We also found that areas of the service were not always clean and free from the risks associated with infection control. There were not effective cleaning schedules or logs in place to ensure cleaning was carried out as required.

We also found that people did not always receive sufficient food and hydration to meet their needs. We saw that where people had lost weight, the service had not always taken action to manage that weight loss or to refer people to appropriate healthcare professionals. In addition, people did not always receive person-centred care, which was tailored to meet their individual needs and preferences. Care plans did not always have specific information about how people wanted their care to be provided and there was a lack of stimulation and activities to keep people occupied.

Quality assurance procedures at the service were not effective and did not help the registered manager or provider to have oversight over the care and support being provided. The systems which were in place had failed to highlight areas for development, which meant improvements were not being driven at the service. The registered manager and provider had also failed to send statutory notifications to the Care Quality Commission (CQC) for some incidents of abuse or suspected abuse.

We asked the provider to take action in response to our concerns around risk management and quality assurance by 31 October 2016. The provider sent us an action plan to tell us how they would meet our other concerns and stated that they would be meeting these legal requirements by 31 October 2016. During this inspection we returned to see if the service had made the improvements we asked for and they stated in their action plan. We found that the provider was now meeting these regulations.

The service had a registered manager. 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.

Improvements had been made to the systems in place for assessing and managing risks to people. Risk assessments were more comprehensive and contained specific information and guidance for staff, which helped them manage risk. Where risks had been identified, such as in relation to weight loss, action was now taken promptly to mitigate that risk and to try to help people's conditions improve. Improvements had also been made to the systems for nutrition and hydration to ensure that people had the meals and nutritional supplements they required to help them stay as healthy as possible. Where necessary, support from healthcare professionals had been sought.

The provider had introduced improved systems for managing the cleanliness of the service. Additional cleaning staff had been recruited and robust cleaning logs and checklists were in place, to help guide staff and to demonstrate which areas of the service had been cleaned and when.

Care was now more person-centred. Care plans had been reviewed and updated to ensure they contained accurate and relevant information. They were more specific to each individual and provided staff with detailed information which they could use when providing people with care. More emphasis had been placed on activities and engagement for people, which helped to provide them with greater levels of stimulation.

Improvements had also been made to the quality assurance processes at the service. A range of checks and audits were carried out by staff, the registered manager and the provider, to check the care that was being provided. Action plans were in place and were updated after checks and audits, to help further develop the service. The registered manager also submitted statutory notifications to the CQC when required.

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.

The systems for identifying and responding to risk had improved. Risk assessments were now more robust and action was taken in response to people's changing levels of risk.

Improvements had been made to the cleanliness of the service and the systems which were in place for managing the cleaning of the environment.

We have changed the rating for this area from Inadequate to Requires Improvement. This is because some improvements have been made, however; to improve the rating to Good would require consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Improvements had been made to the food and drink which was available at the service. Records had also improved to provide members of staff with the guidance that they needed, such as the levels of support or nutritional supplements required by people.

We could not change the rating for effective, because to do so requires good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Improvements had been made to the levels of person-centred care at the service. People's preferences were more robustly recorded and activities and other forms of stimulation were being provided for people on a regular basis.

We could not change the rating for responsive, because to do so requires good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There had been improvements to the systems in place for assessing, monitoring and improving the quality of care at the service.

Statutory notifications for incidents, such as abuse or suspected abuse, were now being sent to the Care Quality Commission whenever they were required.

We could not change the rating for well-led, because to do so requires good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement 

Broomfield Residential Care

Detailed findings

Background to this inspection

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

We undertook an unannounced focused inspection of Broomfield Residential Care on 13 December 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 10 August 2016 inspection had been made. The team inspected the service against four of the five questions we ask about services: is the service Safe, Effective, Responsive and Well-led? This is because the service was not meeting some legal requirements.

The inspection was undertaken by a team of two inspectors.

Before this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received. We also reviewed the report from our previous inspection.

During the inspection we carried spoke with five people living at the service to gain their views about the care and support that they received. We also spoke with a member of the domestic staff team, one staff member from the kitchen team, one team leader, one senior carer and one carer. Additionally, we spoke with the registered manager and provider, to discuss the changes they had implemented since our last visit. Throughout the inspection we also carried out observations, including during a lunch time service and when activities took place.

We reviewed the care plans and records for 12 people, including weight records and risk assessment. We also looked at quality assurance procedures, such as checks and audits, to see what systems were in place to manage and improve the service.

Is the service safe?

Our findings

During our inspection on 10 August 2016 we found that risks to people were not well managed by the service. Risk assessments lacked key information about people's current care needs and areas of potential harm had not been identified and control measures put in place. Monitoring systems were in place, for example to track people's weight, however; there was no evidence of action being taken in response to people's changing needs which increased the risk to their health and well-being. Safety devices, such as alarm pull-cords, were not always accessible, which also increased the risk to people. We found that the service was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In this inspection we found that the provider had made improvements in this area. Members of staff told us that there had been changes to the way that risk was managed; they felt that the service was now more responsive to changes in people's conditions and needs which helped to reduce risks. Staff said that since our last inspection, action had been taken to review risk assessments and care plans to ensure they were reflective of people's needs. Where action was required, the electronic system scheduled this in to the calendar to alert staff to the fact that people might need to be weighed or that a risk assessment needed to be updated. Risks were rated according to severity and gave specific control measures and actions that staff could take to mitigate further risk. We saw in people's records that risk assessments had been improved and contained more up-to-date and relevant information.

Staff members also told us that there had been improvements to the systems for recording people's weights and taking action in response to any changes they identified. One staff member said, "It is much better now, we check weights regularly and we act if they drop." They went on to tell us that when they recorded people's weights, they electronic system generated a Malnutrition Universal Screening Tool (MUST) score, which indicated the level of risk people were at, in terms of weight loss and malnutrition. When people's MUST score indicated elevated risks, there was guidance in place for staff to follow, including implementing a food first programme to boost nutritional intake and to refer to GP's to arrange for supplements to be prescribed.

The registered manager confirmed that the service had improved the system for assessing and managing risks at the service, and showed us that several areas of the service had been improved as a result of these risk assessments being completed. They also spoke with us about the improved system for assessing and managing people's weights and felt that this was now a more robust process.

People's records showed that risk assessments were more comprehensive; their weights were regularly recorded and action was taken when a decrease in weight was highlighted. We saw that MUST scores were recorded and that staff had followed the guidance in place. The implementation of these steps had, in most cases, led to a rapid increase in weight, which reduced the levels of risk for the person in question. Where weight loss had not been prevented or if people had not re-gained weight, the service had taken further action and was seeking support from professionals such as dieticians. This showed that the service had improved their systems and were taking action in response to increased levels of risk.

In our 10 August 2016 inspection we also had concerns about the infection control practices at the service. We found that the service was not always clean and hygienic and that there were not effective systems in place to ensure that regular and robust cleaning was carried out. We found that this was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made to the systems in place for maintaining cleanliness and hygiene within the service. People were positive about the cleanliness of the service and expressed that they felt staff did a good job of keeping the environment clean and tidy. One person told us, "Oh yes, I think my room is very clean, the whole place is. They clean it every day." Another person said, "They are always cleaning, here and there." We were also told, "It's nice and clean; I can see no dirt."

Staff members told us that there were now cleaning schedules in place and that this had made their role easier. One staff member said, "Things have improved; we have charts now in rooms and bathrooms. It does help as you know what you need to do." They explained that they knew what had been done and what was left to do, which meant they had a good overview of cleanliness within the service. They also said that they used colour coded cleaning cloths and mops to clean specific areas and moved from area to area, ensuring that all aspects were clean before moving on.

The registered manager and members of staff told us that another member of domestic staff had been employed since our last inspection and staff rotas confirmed this; we saw that a cleaner was employed at the weekend which both people and staff felt had made a difference to the general hygiene and cleanliness within the service.

We found that people's bedrooms were clean and free from dust; mattresses and equipment in use were also clean. Chairs and floors were clean and where odour was an issue, the provider had taken action to ensure that flooring was replaced to ensure more adequate cleaning could take place. Individual bedrooms and communal bathrooms and toilets had checklists in place so that appropriate staff could sign to say they had completed a task on a daily, weekly or monthly basis. We found that action had been taken to include those areas we identified at the last inspection, such as checking for cobwebs. We could see that the provider had taken action to ensure that the service was clean and that schedules had been implemented to help maintain the levels of cleanliness.

Is the service effective?

Our findings

During our inspection on 10 August 2016 we found that food and drink provided to people was not always sufficient to ensure they were able to maintain a nutritious diet. Eating and drinking plans did not contain specific information about people's needs and wishes and there was a lack of guidance for staff to follow to ensure that people received adequate nutrition. Meal times were not always carried out in a positive environment that was conducive to people eating their meals. We found that this was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During this inspection we found that the provider had made improvements in this area. People were content with the food they received. One person said, "The food is okay, tasty enough." Another person told us, "I do like the food here." People told us they could have snacks and drinks when they wanted to and we saw that they were provided with build-up shakes and fortified food should they require this. Staff had a good awareness of those people who needed support with maintaining their nutrition and ensured that they were weighed in accordance with guidelines and received food which was appropriate to meet their needs.

We heard how changes had been made to the breakfast meal, with people being able to have sausages, hash browns and mushrooms. People told us that this was a good change and staff agreed with this as it gave people more choice. Food options were discussed between the provider and kitchen staff, who worked to ensure a nutritionally balanced menu for people. Where it had been identified that menu options were similar, for example pie for lunch and then dessert, we saw that action had been taken to address this. At each meal people were able to choose from two options, if they did not want one of these then staff told us that alternative options were available; for example, a baked potato, sandwich or soup.

We found that the service worked to a four week rolling programme for its menu and found that staff were able to access food for people at all times of the day. Biscuits and crisps were available for people as snack options, with pastries and sandwiches as well. We also saw that records in people's care plans had improved and provided staff with greater guidance regarding their dietary needs and preferences. This showed that the provider had made improvements to the provision of food and drink at the service and that people received sufficient nutritious food and drink to meet their needs and wishes.

Is the service responsive?

Our findings

During our 10 August 2016 inspection we found that the service did not always provide person-centred care. People were not always involved in their care and support arrangements and care plans did not always contain specific details about each person's needs and wishes. We also found that care was usually provided in a task-orientated manner and that activities and engagement with staff was not always sufficient to provide people with the stimulation that they needed. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we identified that improvements had been made to the person-centred care which people received at the service. Staff members told us that work was taking place to review people's care plans with them and their family members where possible, to ensure they were happy with the content of the plans. One staff member said, "All the care plans have been reviewed and double checked. They are more person-centred." Another told us, "We have updated the care plans to reflect preferences." The registered manager told us that each person had a keyworker who was in the process of reviewing and updating the care plans. They showed us that the care plans were recorded in the electronic record keeping system at the service. This showed us that there the care plans were being regularly updated and that improvements had been made to the content of them, to ensure they were more reflective of people's current needs and wishes.

Staff members also told us that the provider was developing an improved activities offering at the service, to help improve the stimulation for people living at the service. They told us that an advert had gone out for an activities coordinator at the service, which was confirmed by the provider and registered manager. They told us that a suitable candidate had not yet been appointed but that additional hours of activities time had been added to the staff rota as an interim measure to enable current members of staff to provide a greater range of activities and stimulation for people. The rota confirmed that these hours were being allocated and that staff were providing time which was protected for activities and stimulation for people.

Throughout the inspection we saw that staff engaged with people more freely, when they served lunch or drinks, they engaged and chatted with people which promoted a more homely environment. People were well presented and we saw them chatting between themselves, they appeared to be more stimulated and engaged than during our previous inspection. Some people were completing jigsaw puzzles or craft activities and others were listening to Christmas music. People had the choice of staying in their rooms or coming into the communal areas of the service and many came and went as they wished.

There was an activities timetable in place, which had pictures on it for ease of reference for people. Staff members told us that the timetable was there to help guide them, however; they were able to change the activities each day for people, to ensure they were able to do the things that they wanted to do. The provider had taken steps to improve the levels of person-centred care at the service and continued to look at ways of improving this in the future.

Is the service well-led?

Our findings

During our previous comprehensive inspection on 10 August 2016 we found that systems in place for quality assurance at the service were not effective. The registered manager and provider did not have sufficient oversight at the service to identify areas in need of improvement at the service and the checks which did take place and not resulted in clearly identified improvement plans. There were not sufficient systems in place to assess, monitor and improve the quality of the care provided by the service, which was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made to the quality assurance processes at the service. Staff members told us that they were aware of these improvements and felt that they had a positive impact on the quality of care provided by the service. One staff member told us, "I do some checks myself and I am aware of the audits that [the Registered Manager] does."

The registered manager and provider told us that they had improved the formal systems which were in place for carrying out checks and audits at the service. They told us that there were now a number of different checks and which were carried out to enable them to have oversight of the care that was being provided, as well as areas of the service such as infection control and maintenance. They explained that they had conducted checks of the environment, including people's bedrooms. We saw that these checks and audits were used by the registered manager and provider to create an ongoing action plan, which identified how improvements would be carried out, along with a target date to ensure they were completed in a timely manner.

The registered manager also showed us that they had a clear timetable in place to help them schedule audits throughout the year. This included the regularity with which each audit needed to be completed and gave a key to show when actions were required to help drive improvements. This showed that the provider had made significant changes to the systems in place for assessing, monitoring and improving the quality of care at the service.

At our 10 August 2016 inspection we also found that the registered manager and provider had not sent the Care Quality Commission (CQC) statutory notifications in relation to some incidents, including abuse or allegations of abuse. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

During this inspection we found that improvements had been made in this area. Since the previous inspection CQC have received a number of statutory notifications from the provider to provide us with details of specific incidents and the action that the service had taken as a result. The registered manager showed us that the service's electronic system allowed them to automatically generate these notifications when they were required and both the registered manager and provider reiterated that they were aware of the requirement to send statutory notifications at the earliest opportunity.

We also reviewed incidents at the service and found that the provider had informed CQC of those that met

the criteria to be notifiable. This showed us that the provider had taken action to ensure they sent CQC statutory notifications when this was required.