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Broxbourne House

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 caring?

Good 

Is the service responsive?

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 18 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

Systems to assess and manage risks had improved since the last inspection and people were safe. Medicines were safely managed overall. Recruitment and induction processes were in place to help ensure staff were safely in post. Staffing was organised so that people received appropriate support and a programme of staff supervision and training was being embedded so staff were able to support people's needs. Infection prevention and control measures were in place although some aspects needed to be more robust; the registered manager took immediate action to address this on the day of the inspection visit.

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 had taken steps to address issues raised at the last inspection in order to ensure people's human rights were respected and their dignity in their personal care routines was maintained. People were individually supported to receive care at their preferred times and their daily routines were more personalised to their own needs. Staff were aware of people's individual communication needs and respected their wishes and preferences. People's mental capacity and decisions made in their best interests were mostly well recorded, although this needed to be more consistent.

Staff roles and responsibilities were more clearly defined and staff felt supported. Staff worked well together and were kind, patient and caring with the people they supported. People were treated with respect and their independence was encouraged. Staff knew the people they supported and how they liked to be cared for. Feedback from relatives about staff's caring manner and approach was very positive.

Planned activities were in place for people and the activities coordinator enthusiastically encouraged people to take part. Some activities needed to be more specific to people's interests and this was an area being further considered for development. We made a recommendation to improve activities through a more person-centred approach. There was work in progress to ensure care records were fully reflective of people's needs. There had been very few complaints since the last inspection and these had been responded to appropriately. People's relatives were confident the registered manager and the provider would deal with any matters of concern without delay.

Changes had been made in how the service was being led and managed. The registered manager was developing ways to improve the culture and communication in the home through involvement of the staff team. Staff reported improvements in the quality of the service. Systems and processes with which to

monitor the quality of the provision were beginning to be established and embedded. Improvements had taken place in some key areas, such as redecoration and the replacement of floor coverings, mattress bases, bedding and curtains.

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 inadequate (published 10 January 2020) and there were multiple breaches of regulation across all domains. The service has been in Special Measures since January 2020. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

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 of 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

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 had a manager registered with the Care Quality Commission. This means that 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 29 September 2020. We telephoned the service a few minutes before our entry, to check the risks in relation to covid-19.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included 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 four people who used the service about their experience of the care provided. We spoke with three members of care staff, the registered provider and the registered manager. We reviewed three people's care records, people's medicines records and recruitment records.

After the inspection

We asked the provider to send documentation to support the improvements made and demonstrate further how the service was run. We made telephone calls to three people's relatives to gain their feedback on the service. We used the following time until the feedback with the provider on 15 October 2020 to review 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 Inadequate. At this inspection this key question has now improved to requires improvement. This meant although improvements had been made, they were still being developed and embedded to give assurance about people's safety.

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

At our last inspection the provider had failed to robustly identify, assess and manage risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments were in place and were in the process of being methodically reviewed to ensure individual care plans contained as much detail as possible for staff to support people safely.
- People were encouraged to be aware of their own safety. For example, staff supported people to get their balance upon standing, before attempting to walk. Staff reminded people to take care when mobilising and encouraged them to walk at their own pace.
- Accidents and incidents were recorded appropriately with information about action taken, and lessons learned were mostly identified. New monitoring forms had been introduced, although some matters had not been referred to safeguarding/CQC, such as when minor injuries had occurred. The registered manager clarified the process moving forward.
- Equipment and premises were maintained through regular safety checks. Records were in place to show which equipment had been formally checked, although internal checks for wear and tear of items such as wheelchair and hoist frames needed to be more detailed.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of competent staff were deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had also failed to ensure robust recruitment checks. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 18 and 19.

- Staffing levels were supportive of people's needs with a three shift system which allowed for overlap of

staff between shifts. The staff rota was reviewed daily to ensure a mixture of staff competencies and experience were on shift.

- Staff were recruited with appropriate pre-employment checks carried out. New staff were inducted into the role and not able to work independently until safety training had been completed and they were assessed as competent.
- The management team gave additional support to people and staff whenever possible and were involved in people's care when needed.

Using medicines safely

At our last inspection medicines were not managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Defined systems and processes were in place to ensure medicines were managed safely. Supply, storage and disposal of medicines was clear and there were regular checks of stock balances and audits of procedures. Some recording needed to be more specific, such as when time-critical medicines were given and to ensure sufficient spacing between doses of paracetamol. The registered manager said this would be addressed without delay.
- Medicines audits were completed and responsibility for these was clearly understood.
- Staff were confident in supporting people with their medicines and they had received appropriate training and competency checks to do so. Staff understood the individual medicines needs for each person and took time when supporting them with these.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to identify and report concerns if they thought a person may be at risk of harm.
- 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. Where people had sustained minor injuries there was some confusion about what needed to be reported to CQC and the local safeguarding teams. This was clarified through discussion with the registered manager.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Relatives told us they were asked to follow strict covid-19 prevention measures and restrictions were robustly in place for visiting their family members.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. Some aspects of social distancing were difficult due to the layout of the building and the positioning of people's chairs.
- We were assured the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. Infection, prevention and control measures were in mostly in place and staff understood safe procedures. However, on one occasion personal protective equipment (PPE) was not correctly worn. The registered manager promptly reminded staff to ensure face masks were worn throughout all areas of the home.
- We were assured that the provider was accessing testing, as required, for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The home had no unpleasant odours and there were systems in place to ensure continuous cleaning. One seat had a wet/ sticky area on the underside. The registered manager said they would

prioritise this in line with establishing consistent and more robust daily checks to monitor standards in the home. There was a good supply of personal protective equipment available for staff to use to help prevent the spread of infection. Staff had designated changing areas upon entry and exit to the home. There was no bin upon exit for the disposal of PPE and the registered manager attended to this at once.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.



Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to remained the same. This meant systems to ensure the effectiveness of people's care, treatment and support were still being developed and embedded.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had adequate support to carry out their role competently. This was a breach of regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There was a programme of induction, training and supervision which was continuing to develop to support staff in their roles. Staff were being trained through e-Learning for Healthcare (e-LfH) and their progress was recorded through a new training matrix. Staff completed training in key areas of safety, such as moving and handling, fire safety, safeguarding, first aid and covid-19 before working unsupervised.
- Staff felt supported to carry out their work with people and said they opportunities to undertake training as required.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to apply the principles of the Mental Capacity Act (2005) which meant people did not have choice and control over their lives. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA

- People's mental capacity was mostly well recorded and appropriately considered. Staff supported people in making their own choices and there was evidence of best interest decision making processes. However, for one person, there was no evidence they were fully consulted with their dietary needs and preferences.
- People were appropriately supported on the whole to have choice and control of their lives and the provider had taken steps to ensure the key principles of the MCA were regarded. People had freedom to make their own choices and staff respected these. One person said, "I am doing as I please; they know I wanted a lie-in this morning and that's what I've had".
- Relatives said where their family members lacked capacity, they were involved in best interest discussions. One relative said, "I'm always included and asked what [my family member] would like, and they involve [my family member] too wherever they can."
- Where people were deprived of their liberty, the appropriate DoLS authorisations were sought.

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

- The cook knew people's individual preferences and told us meals were based on what people said they enjoyed. The cook said they worked with the staff team to share relevant information about people's dietary needs.
- People chose what they wanted to eat and staff supported them. The menu was on display as well as picture card menus to help people to make their choices. One person said, "I like a cooked breakfast, it's done how I like it." Another person said, "The meals are alright, I don't go hungry."
- People's weight was monitored to identify concerns, and weights were audited with action taken where necessary, such as referral to the GP or dietitian.
- Drinks were available when people wanted as well as being offered at regular intervals. One person said, "If I want a cuppa, I tell them, but they come round and offer all the time." Food was presented well including where texture modified diets were needed.

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

- The provider had made improvements inside the home since the last inspection. These included redecoration and replacement of flooring. Bedding and curtains in individual bedrooms had been replaced. There were further plans to make additional improvements to the garden area and provide additional visiting space during the covid-19 pandemic.
- Communal areas, such as the lounge and dining room were lacking in space and furniture was very close together. This meant it was difficult for people to manoeuvre and for staff to use equipment, such as the hoist. The provider said this would continue to be considered. One relative told us, "It's a funny building, the way it's set out. There's not much space to move."
- Two people shared a room and although privacy screens were used, this did not sufficiently protect people's privacy or dignity. The provider said this shared room was the preference of the individuals, and future occupancy of the shared room would be carefully considered.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs and choices had been reassessed since the last inspection to ensure care was more person-centred and meaningful to them as individuals. Care recording was being developed to include more personalised information.

- We asked the registered manager to review the care needs of one person, to make sure Broxbourne House was the most suitable place for them. They promptly arranged a review of the person's care needs and provided assurances about the person's care and support.
- The registered manager told us they were taking steps to improve the culture in the service, so care delivery was based around people's needs rather than tasks and routines to be done.
- Care records showed health and social care professionals were involved in people's care and support and appropriate referrals were made.
- Relatives told us their family members' healthcare was supported well. One relative said, "I have peace of mind because I know if [my family member] needs a doctor or the hospital, they act on this straight away."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

At our last inspection there was a lack of care and compassion which meant people were not treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- The provider had taken considerable measures to ensure people's dignity and respect was promoted. Training on person-centred care and care planning was implemented following the last inspection and there was close monitoring of staff interaction, language used and terminology in documentation to ensure people's rights were upheld.
- Improvements had been made to ensure people's personal belongings and their bedrooms were privately organised in line with their preferences. Routines for people's personal care were addressed to ensure these were based around people's expressed wishes, not the needs of the service.
- The provider and the registered manager interacted positively and with respect for each person and by doing so, provided effective role models for the staff team. People's dignity was given appropriate consideration at such times as mealtimes and when using the hoist.
- Staff interaction was kind, respectful, caring and patient and there was a happy atmosphere in the home. People were continuously consulted and included in decisions about their care, and staff were discreet when discussing personal matters, such as the need to use the toilet.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had been given time to read and understand people's care records. Staff had a good knowledge of people's individual preferences and they knew each person's unique needs well.
- Staff knew more detail about individuals than was recorded, although care records were in the process of being reviewed to ensure personalised information was as detailed and inclusive as possible.
- Staff consistently acknowledged and greeted people; they understood Broxbourne House was people's home. Staff knew people well enough to banter appropriately with them. One person said, "We do have a laugh. That's what matters to me."
- The registered manager told us since coming into post they had been working to create a culture that was inclusive and welcoming to everyone. Where people had a mobility difficulty, the registered manager said

their opportunities were maximised through working closely with other professionals. Each person was supported to participate as fully as they were able, and they had choice in their care and support.

- Relatives spoke positively about staff's caring attitude towards their family members.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection there was a failure to provide appropriate care and the lack of designing care meant people's needs were not identified and met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The provider had taken steps to ensure people received person-centred care, rather than their care being centred around the necessary tasks of the day. Daily routines were determined by people, rather than staff, with individual preferences considered when providing care and support.
- People said they made their own choices, for example about when to get up and go to bed. One person said, "I'm not an early bird and they know that. They make my breakfast when I get up and I can take my time." The dining room was occupied as and when people decided to have their breakfast and the times varied during the morning.
- One person told us their preferred routine included taking time to apply make up and do their hair. Staff facilitated this by helping the person access their things and ensuring a mirror was positioned where they could see their reflection.
- Staff said people's preferences were always considered. One member of staff said, "It's up to them what they want to do and when." The cook told us mealtimes were in place but not strictly adhered to, if for example a person wanted to eat at a different time.
- The registered manager told us they were continuing to develop further ways to ensure care was individually provided and move away from set routines. Care documentation was being systematically reviewed and information would be used to design people's care more personally, and include personalised information about end of life care and support wishes.

Meeting people's communication needs

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

- The provider and the registered manager understood their responsibility to ensure people were given information in ways meaningful to them. The registered manager said work was continuing in this area and care plan reviews were in progress to ensure all individual needs were known and recorded, including

communication.

Improving care quality in response to complaints or concerns

- Complaints had been recorded and responded to in line with the provider's complaints system.
- Relatives were confident complaints and concerns would be responded to without delay. One relative said, "I know they'd be on it if I had any concerns." Another relative said, "I have every confidence either [name of provider] or [name of registered manager] would deal with anything I wanted to raise."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People engaged in activities which were planned and supported by the activity coordinator, who was enthusiastic in their approach. Whilst some people were happy to join in, others were less interested. For example, whilst waiting for lunch to be served, there was some group singing. Some people joined in, but others indicated they did not enjoy this. We recommend the activities are developed in line with individual people's particular interests so they are personally meaningful.
- Relatives told us social isolation was a concern for their family members due to the covid-19 pandemic, but said staff had facilitated good communication. One relative said, "I don't even need to ring sometimes, they ring me to give an update or ask a question." Relatives said staff had enabled safe visiting sessions and used technology so contact with their family members was maintained as much as possible.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant although systems and processes were in place these were still being developed further and were not yet fully embedded in practice. The provider had worked to implement improvements to leadership and the culture of the service, and the care provision was on an improving trajectory.

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

At our last inspection the provider had failed to operate robust quality assurance or meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Accountability arrangements were clear. A new registered manager had been appointed to take responsibility for the running of Broxbourne House and had a clear vision for the priorities to drive improvement. They were supported by administrative staff, who had a lot of knowledge and experience of managing the home. The provider was visible and involved in people's care and support as well as being a support to the staff team.
- The registered manager was developing ways to involve, include and empower staff in their roles. Systems and processes for assessing and monitoring the quality and safety of the service delivery were in place and being developed further. There were realistic timescales for the completion of work in progress.
- Action plans and audits showed matters which had been identified and completed, or with plans to address, along with timescales and signatures. Some audits needed to be more detailed and robust and the registered manager said this was work in progress.
- Staff told us they felt supported and valued in their work and confident to seek support and advice from the management team. Staff felt the provider was making positive changes in the quality of the service.
- Relatives told us they had been kept informed about the changes to the registered manager and all relatives we spoke with said communication was good.

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 registered manager told us they were working hard to improve the culture in the home and they were

committed to ensuring the right attitudes, values and behaviours were embedded in practice.

- Staff told us the management team was approachable and they felt supported in their work.
- The registered manager was open and transparent with the inspection process, with realistic expectations of improvements being made.
- The registered manager 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 registered manager was visible in the service and spent time speaking with people and staff and visiting professionals. Where visits were limited due to the covid-19 pandemic, communication was carried out virtually.
- The registered manager gave us an example of how outcomes for one person had been improved through working closely with health professionals. The person had come into the home unable to mobilise and through effective partnership they were now walking around the home with minimal support. We spoke with the person who told us, "They've got me fighting fit".
- Relatives told us there was good partnership between themselves and the staff in the home. One relative said, "We work things out together, it is a partnership so [my family member's] needs are met."
- Staff meetings were held and minutes were kept so all staff were informed about improvements in the service. There were clear expectations of staff as well as welcoming their ideas and suggestions. Incentives, such as employee of the month and a bonus for staff's commitment were available to motivate staff and recognise their contribution.
- There was evidence of partnership working with other professionals, such as the pharmacy and community healthcare teams, as well as the local authority.

Continuous learning and improving care

- The provider told us they had worked hard to address the concerns raised at the last inspection and was committed to ensuring the improvements were sustained.
- Systems for obtaining meaningful feedback were being further developed.