Four Seasons Health Care (England) Limited

Broadacres Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We inspected Broadacres Care Home on 15 and 17 December 2015. The inspection was unannounced. Broadacres Care Home was last inspected in August 2013. Concerns were identified at that inspection regarding assessing and monitoring the quality of service provision. A follow up inspection in November 2013 found that improvements had been made and Broadacres Care Home was compliant with regulations.

Broadacres Care Home is a 50 bed residential care home for older people, including those living with dementia. It is in the Parkgate area, close to the centre of Rotherham.

The home provides accommodation on two floors. The upstairs unit is known as Rosehill and the downstairs unit is known as Clifton. On the day of the inspection 33 people were receiving care services from the provider. The home had a manager whose registration application had been submitted to CQC. 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.

Summary of findings

During our inspection we spoke with four people who used the service and two relatives. We also spoke with five care staff, two visiting healthcare professionals, the manager of the service, the area manager and the quality manager.

During our visit to the service we looked at the care and medical records for 15 people and looked at records that related to how the service was managed.

People who used this service were not always safe. We found that appropriate arrangements for the recording, administration and safe handling of medicines were not in place. The home did not always fully assess the risks to the health and safety of people receiving care. Staff knew how to protect people from harm. The registered provider used robust systems to help ensure care staff were only employed if they were suitable and safe to work in people's homes.

The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them.

People were treated with kindness and respect. One person we spoke with told us, "I'm quite satisfied with the care."

The registered manager used safe recruitment systems to ensure that new staff were only employed if they were suitable to work in people's homes. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or CQC.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. This ensured people received a service that promoted their rights and independence.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service which was

demonstrated by the attitudes of staff when we spoke with them and their approach to the people they provided cared for.

The service was not consistently well-led. Audits and quality systems were in place but were not always completed with the provider's intended frequency or efficiency.

People who used the service and their families were asked for their views of the service and their comments were acted on. There were systems in place for care staff or others to raise any concerns with the provider.

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?

Requires improvement

The service was not always safe.

The home did not always ensure the proper and safe management of medicines.

The home did not always fully assess the risks to the health and safety of people receiving care.

The care staff knew how to protect people from harm.

The registered provider used robust systems to help ensure care staff were only employed if they were suitable and safe to work in people's homes.

Is the service effective?

Good

The service was effective.

The manager was aware of the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

There were good systems in place to ensure that people received support from staff who had the training and skills to provide the care they needed.

Staff were well supported through a system of regular supervision and appraisal. This meant people were cared for by staff who felt valued and supported.

Is the service caring?

Good

The service was caring.

People were treated with kindness and received support in a patient and considerate way.

People received support from a team of care staff who knew the care they required and how they wanted this to be provided.

People were treated with respect and their privacy, dignity and independence were protected.

Is the service responsive?

Requires improvement

The service was not responsive.

Care plans did not always reflect people's current needs.

People agreed to the support they received.

People knew how they could raise a concern about the service they received. Where issues were raised with the manager of the service these were investigated and action taken to resolve the concern.

Summary of findings

Is the service well-led?

The service was not well-led.

Audits and quality systems were in place but were not always completed with the provider's intended frequency or efficiency.

People who used the service and their families were asked for their views of the service and their comments were acted on.

There were systems in place for care staff or others to raise any concerns with the provider.

Requires improvement

Broadacres Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 15 and 17 December 2015. It was unannounced. The inspection was undertaken by one adult social care inspector.

Before our inspection we reviewed the information we held about the home. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with four people who lived at Broadacres and observed their care, including the lunchtime meal, medicines administration and activities. As some people had difficulties in communication, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We 'pathway tracked' four of the people living at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed records. These included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Requires improvement

Is the service safe?

Our findings

People commented positively on safety in the home. One person told us "Yes, I feel safe here." A person's relative told us, "There have been significant improvements, yes it is safe." Another relative said, "I know they're in safe hands." People also said one of the reasons they felt safe was because of the staffing levels. One person said, "They are busy but they are there when I need them."

Although people felt they were safe at the home, we found the safety of people had not been ensured in some areas, for example medication. We looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stock and other records for eight people living in the home. Overall, we found that appropriate arrangements for the recording, administration and safe handling of medicines were not in place. We found a medication fridge had not had a daily temperature recorded on six days in the month of the inspection. It is important to monitor that the temperature is not outside outside the recommended range of 2-8C. Medicines may spoil and/or not work properly if they are not kept at the correct temperature.

It was not possible to account for medicines accurately because the quantity of medicines received into the home, and those carried over from the previous month, had not always been recorded. For example one person's MAR showed that they had been administered 28 tablets however the MAR showed that only 26 tablets had been booked in. The MAR did not record that any tablets had been carried over. Another person had 30 tablets booked in and staff had signed to confirm that nine had been administered. The balance of stock for this medication was seven tablets and not the 21 as expected. No explaination could be given for the discrepancy.

One person was prescribed two Diazepam tablets at night when we checked the MAR on the 17 December we found that the MAR had last been signed on 15 December. Stocks indicated that the person had received their medication but staff had not signed to confirm the administration of the medication.

The home did not always ensure the proper and safe management of medicines. This is a breach of Regulation 12 (1)(2)(g) of the HSCA Regulations 2014.

However the home were ensuring the safe and proper management of medicines in other areas. We saw medicines were given to people in a safe way. Staff made sure medicine trolleys were always locked when they were not with them. They gave each person the time they needed to take their medicine, giving them appropriate support, including reminding them of what their medicines was for. All limited life medicines, such as liquids, were dated on opening, to ensure they were not used after they had expired.

The provider had systems in place to protect people using the service. We saw the provider had clear guidance for all employees on identifying possible abuse and reporting any concerns they had about people's welfare. The manager told us all staff completed safeguarding adults training as part of their induction training. Staff told us they had completed the training and the training records we looked at confirmed this. Information on how to identify and report abuse to the local authority was clearly displayed in the reception area of the home.

We looked at staff files to review if people were recruited in a safe way. Files included relevant records for the recruitment of staff, including checks with the disclosure and barring service and two satisfactory references.

Two members of staff told us they thought there were enough staff. We looked at current and historic staff rotas and saw that staff numbers were consistent and sickness or annual leave was covered by other staff.

During the inspection, we saw there were enough staff to provide people with the care and support they needed. We did not see people having to wait for care and support. Staff responded promptly when people used the call bell system in their rooms.

The provider assessed risks to people using the service and staff had access to guidance on managing identified risks. However we found conflicting information which could place people at risk. For example one person's care plan contained two choking risk assessments. Both had the same date of completion although one had given the risk score of 14 and the other had a risk score of 30. It was therefore not evident what the accurate level of choke risk was for this person.

We also found several assessments for people where a level of risk or need had been assessed as changing but this was not detailed. For example one person's nutritional

Requires improvement

Is the service safe?

assessment changed fro low in September 2015 to medium in October 2015. There was no detail in the nutritional plan to explain the rationale behind this decision or how staff should now support the person to address their new level of need.

This is a breach of Regulation 12 (1)(2)(a) of the HSCA Regulations 2014.

Good

Is the service effective?

Our findings

People told us they were well cared for by staff who understood their needs. One person who used the service told us, “Everything is good, the staff know what I like and what I need.” Another person said, “There is nothing to improve on really.” A relative told us, “The staff are caring and communication is good.”

People were supported and cared for by a well trained and motivated staff team, a number of staff had worked at the home for a number of years. All new staff undertook an induction programme which was specifically tailored to their roles. In addition to e learning based training, staff shadowed more experienced staff over a period of time and had regular supervision with the manager to support their on-going training and development needs. New staff were not allowed to care for people independently until they had undertaken all mandatory training which included moving and handling, health and safety and first aid training. The training records we looked at showed all staff were up to date with training the provider considered mandatory. This included safeguarding adults, fire safety and food safety. One member of staff said, “The induction is good and thorough, it gave me confidence.”

Staff told us they had regular supervision meetings with a senior member of staff. This gave them the opportunity to talk about their work, training and development needs. One member of staff told us, “It’s a supportive environment. We meet regularly and senior staff and the manager are always available for advice and support.” The five staff records we checked included details of individual supervision sessions. The files we reviewed showed each member of staff had met with a senior member of staff within the last three months. The files also included details of an annual appraisal of each member of staff’s performance.

People were fully involved in decisions about the way their support was delivered. We observed staff talking to people about the task they were undertaking with them, asking what they wanted and explaining what they were doing, constantly reassuring people if needed. We observed when relatives were visiting there was an open and friendly dialogue between staff and relatives.

The manager was aware of the Mental Capacity Act 2005, and it’s Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. All of the staff we spoke with were also aware of their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards (DoLS). Staff discussed with us the importance of best interests meetings where people lacked capacity. Staff could also identify people who might be at risk of being deprived of their liberties and about how the home safeguarded them.

People told us they enjoyed the food and drinks provided at Broadacres. One person said, “The food is really good.” Another person told us, “There’s always a choice and the quality is good.” We observed the lunch time meal being taken. There was a positive atmosphere and lots of conversations being held.

The provider arranged for and supported people to access the healthcare services they needed. The care plans we looked at included details of people’s health care needs and details of how staff met these. We saw staff supported people to attend appointments with their GP, dentist, chiropodist and hospital appointments.

Good

Is the service caring?

Our findings

People and staff said they were very happy at Broadacres. The atmosphere throughout the day of the inspection was warm and friendly with a lot of laughter. People received their care and support from a staff team who treated everyone with respect, kindness and compassion. People told us that Broadacres felt like a home from home. People were treated with respect and consideration We observed all staff working at the pace of the individual they were supporting. One person said "I'm quite satisfied with the care." A different person said, "They're all good staff." A person's relative said staff were "Considerate and professional." A different person's relative commented "I'm happy and my relative is happy, that's all I can ask for."

We spoke with staff about how they preserved people's dignity. Staff responses showed they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they would preserve people's dignity. This included closing doors and curtains while personal care was provided. One staff member told us, "We have dignity champions but we all know it's the responsibility of every staff member."

People using the service chose where to spend their time. We saw there was a daily programme of activities provided and many people chose to take part. Activities included quizzes, games and group discussions. Other people spent time in their rooms when they wanted privacy or spent time in the lounges when they wanted to be with other people. During our inspection we saw a group visiting school children delivering a Christmas gift to the residents of Broadacres. Every person who received a gift expressed their gratitude and spent time talking to the children and the teachers.

People said they could express their views and were involved in making decisions about their care and treatment. They told us they talked to staff about their care and their wishes. One person told us, "The staff ask my opinion and permission for everything, which is good."

During our inspection a relative used the provider's ROCK system. This was a Recognition of Care and Kindness. The relative had written, "Always taken best care of mum since day one. Fantastic with mum in her final days. Friendly and compassionate."

We saw staff interacted well with people. Whenever staff helped people they ensured they discussed and explained what was going to happen. For example, we saw two staff assisting a person to transfer from the lounge to the dining room. Staff gave reassurance and were patient throughout the transfer explaining what they were going to do, and why they needed to do it. They advised the person that they should take all the time they required in order to ensure their comfort and confidence. This meant that people experienced staff supporting them in a reassuring and transparent manner, which met their needs.

Requires improvement

Is the service responsive?

Our findings

All staff, the manager and the provider had taken time to get to know the people in their care. They spoke fondly of the people they cared for and demonstrated their knowledge of people's care needs and individual personalities. There was warmth displayed between the staff and people living in the home. One person said "It's very homely here just like living at home."

Whilst staff knew the needs of people who lived at Broadacres there was not always documented evidence in care plans. The manager and senior care staff were responsible for initiating and reviewing people's care records and risk assessments to determine that the support delivered was still appropriate to a person's needs. We found issues in every care plan we looked at. The manager told us that they had been converting care plans to a new system. Those completed new plans had been signed off by the manager all other plans remained on the old system.

We found multiple examples of documents which had not been signed, dated or completed which meant that it was not possible to determine how relevant or up to date the information was or if a person's needs and risks had been fully assessed.. For example one person's dependency assessment had not been completed. Another persons needs assessment showed their continence needs as low in July and August. No assessment had been made in September and the assessment in October and November was determined to be medium. An increased need for the person's continence had therefore been identified, however there was no continence plan in place. This meant that it was not possible to understand how care and support needed to be provided to address the the person's increased continence needs.

The mobility section of another care plan we looked at documented a fall in June 2015 although the falls outcome record of the plan had not been completed. The same care plan had an assessment of skin and tissue viability. The score given to identify risk in June was 10. The next entry in October 2015 was 16. The detail of this increased risk had not been recorded. It was therefore not possible to understand how care and support needed to be provided to ensure that the new risk level be addressed. The provider's expectationwas that care plans were reviewed on a monthly basis or sooner.

We found that the registered person had failed to maintain an accurate and contemporaneous record in respect of each person using the service. This was in breach of Regulation 17 (1)(2)(c) of the HSCA Regulations 2014.

We saw activities were clearly advertised. They included games, craft activities and external trips. A singer also visited the home during our inspection. They performed in the main lounge. This activity was very well attended and included several people joining in. One person told us, "There is normally something to do."

People said they could raise concerns or complaints if they needed to. The complaints procedure was displayed in the reception area. A person said "Yes I'd tell the manager if I was worried." A person's relative said there were "Always senior staff to talk to" if they needed. Prior to our inspection a relative had raised concerns about the fabric of the home and a lack of response from the provider. We found that environmental improvements were underway and that the relative had since met with the provider.

Requires improvement

Is the service well-led?

Our findings

People gave us positive comments about the home. One person said "I find it a very nice place" and another "I'm very happy here." A person's relative said "There have been a lot of improvements." Another person's relative said they could talk to the manager, "Anytime." Staff said the manager led by example.

The provider had established systems for reviewing the quality of care provided. However they were not always completed with the frequency or efficiency required to identify relevant matters.

For example controlled drugs had last been audited on 5 December 2015 which was not in line with the weekly frequency expected by the provider's own policy. Two visits by the provider's quality team on 10 and 18 November 2015 identified issues around medication, such as missing signatures on MARs. Instances of missed medication had also been reported to us in 2015 however the last recorded quality and clinical governance group meeting was in February 2015.

We found other audits on file which included, slings and hoists, bedrails, food safety and infection control. The manager also completed a daily walk around check although these had not been completed on 9 and 11 November. All the completed daily audits for December had been ticked for the statement, "The care file I looked at was up to date." We noted that some of the care files looked at were the same ones where we had identified issues, which indicated that the audit was not effective in identifying shortfalls or concerns..

This was in breach of Regulation 17 (1)(2)(a)(b) of the HSCA Regulations 2014.

Records we looked at indicated that in the past 12 months several incidents had occurred at the home which had included missed medication and falls resulting in injury It was clear from discussions we had with the management team and staff that all the significant events and incidents described above had been appropriately dealt with by the service at the time of their occurrence. However, the provider has a legal obligation to notify the CQC without delay about about incidents that adversely affect the health and welfare of people. This meant the CQC might not take prompt action to follow up what the provider has done to deal with such incidents or events because we were not notified about their occurrence in a timely way.

This was a breach of Regulation 18 (1)(2)(b)(ii) Care Quality Commission (Registration) Regulations 2009

Staff commented favourably on the culture of the home. One member of staff said with "Any problem, the manager and seniors are approachable, even the area manager." Another member of staff said the company had always been "Supportive" to them. A member of staff said the home was "A nice place to work."

People were supported to express their views about the home, in particular what they felt the service did well and what they might do better. Records showed that people's views and ideas were well documented and the actions taken by staff in response were recorded. This meant staff ensured people's views influenced how the service was developed so that it met their needs and wishes. For example the home were developing a café styled area and a specific room for people to have their hair and nails attended to.

Staff were asked for their views about the home. They told us there were regular team meetings where they were able to discuss their opinions openly and receive feedback about any issues or incidents that had adversely affected the service and the people who lived there. Staff also told us they felt able to speak with any of the home's managers if they were concerned about how the service was being run and were confident they would be taken seriously and listened to.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment (a) assessing the risks to the health and safety of service users of receiving the care or treatment (g) the proper and safe management of medicines

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance (a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; (c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents (1)(2)(b)(ii) any injury to a service user which, in the reasonable opinion of a health care professional, requires treatment by that, or another, health care professional in order to prevent— an injury to the service user which, if left untreated, would lead to one or more of the outcomes mentioned in sub-paragraph (a);