

Alma Care Homes Broome Ltd

Broome Park Nursing Home

Inspection report

Station Road
Betchworth
Surrey
RH3 7DF

Tel: 01737843333

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Broome Park Nursing Home is a care home providing personal and nursing care. The service can support up to 56 people in two separate buildings, the main house and Stable Cottage. Broome Park cares for older people with a range of needs including people living with dementia and other mental health conditions. There were 44 people using the service at the time of the inspection.

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

Prior to the inspection, we were aware that people had been put at risk by a delay in the completion of essential fire safety work to the building which included the replacement of fire doors and upgrading the fire alarm system. However, this work had started by the time of our visit and people told us they felt safe living at Broome Park. There were robust Infection Prevention and Control procedures in place and people's records had accurate information about their care and support needs.

People's needs were assessed and kept under review. People were supported to maintain good health and had choice over their meals. Staff had access to the training they needed and there was good communication within the team. Staff took appropriate steps to ensure people's legal rights were promoted and upheld regarding consent for care.

We heard positive feedback about the registered manager. People had confidence in how the service was being run and how the provider had handled the risks of COVID-19. Action was taken to effectively engage with stakeholders and ensure their views were included in the ongoing development of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service this practice.

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 18 December 2019) and there were multiple breaches of regulation. 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 regulations.

Why we inspected

We received concerns in relation to fire safety and safeguarding people who used the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We also carried out this inspection to follow up on breaches of legal requirements found at the comprehensive inspection on 18 September 2019.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We found no evidence during this inspection that people continued to be at risk of harm from the concerns raised. Please see the safe and well-led sections of this full report.

The provider has taken action to reduce the risk to people related to fire safety by undertaking necessary remedial work at the service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Broome Park Nursing Home on our website at www.cqc.org.uk

We will continue to monitor information we receive about the service until we 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 effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Broome Park Nursing Home

Detailed findings

Background to this inspection

The 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

The inspection was carried out by three inspectors and one assistant inspector.□

Service and service type

Broome Park Nursing Home 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 was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, regional manager, nurses and care assistants and a visiting GP. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed a variety of records relating to the management of the service, including quality assurance records, policies and procedures. We spoke with four people's relatives to ask for their feedback about the service.

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.

Assessing risk, safety monitoring and management

- At our last inspection we found risks to people were not always appropriately managed or recorded however, this time, we found this had improved. For instance, previously fire-retardant tabards for people to wear when smoking were not available however at this inspection people were supported to wear them.
- There had been a delay in undertaking necessary fire safety work on the building which had led to an enforcement notice being issued by Surrey Fire and Rescue Service prior to the inspection. At the time of our visit we could see that this fire safety work had begun, and the provider informed us that it should be completed by April 2021.
- People's care plans were linked to risk assessments that outlined the action needed by staff to keep people safe. For instance, we saw where people had been assessed as needing their food to be prepared to a certain texture, staff were aware of this and followed this guidance.
- Behaviour support plans were available for staff to refer to in order to support people safely and manage risks associated with behaviour that could place them or other people at risk. We observed staff de-escalating a situation with one person who was becoming increasingly anxious and upset. Staff addressed the person's concerns in a professional and reassuring manner which helped to calm them.
- There were contingency plans in place to ensure people's care would continue in the event of an emergency which meant people had to leave the service.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and could raise concerns if they needed to. One person told us they felt "very safe indeed" and a relative said, "I feel [person's] safe because there are so many caring people around her."
- Staff had a good understanding of their roles and responsibilities in relation to safeguarding. One member of staff told us, "All kinds of abuse need to be reported, everything is straight forward about the reporting process, I would be reporting to the manager or manager on the floor."
- We reviewed safeguarding records and found concerns had been appropriately investigated, responded to and information was shared with the relevant organisations including the CQC and the local authority.

Assessing risk, safety monitoring and management

- There had been a delay in undertaking necessary fire safety work on the building which had led to an enforcement notice being issued by Surrey Fire and Rescue Service prior to the inspection. At the time of our visit we could see that this fire safety work had begun, and the provider informed us that it should be completed by April 2021.
- Each person's care plans were linked to risk assessments that outlined the action needed by staff to keep people safe. For instance, we saw where people had been assessed as needing their food to be prepared to

a certain texture, staff were aware of this and followed this guidance.

- Behaviour support plans were available for staff to refer to in order to support people safely and manage risks associated with behaviour that could place them or other people at risk. We observed staff de-escalating a situation with one person who was becoming increasingly anxious and upset. Staff addressed the person's concerns in a professional and reassuring manner which helped to calm them.
- There were contingency plans in place to ensure people's care would continue in the event of an emergency which meant people had to leave the service.

Staffing and recruitment

- The registered manager deployed suitable numbers of trained and competent staff. We observed there were enough staff available to respond to people's needs and support people safely. One member of staff said "...now we have enough time for everything, not depending on agency [staff]" Another member of staff told us they were "...working as a good team."
- The provider continued to use appropriate recruitment checks to help ensure staff were safe to work with people who used care and support services.

Using medicines safely

- People told us they were supported to use their medicines safely. One person said "They make sure you do [take medicines]. They say what it is and what you are taking."
- Systems and processes for the management of people's medicines were robust. Staff supported people to take their medicines in a person-centred way and medicines were stored at the service securely.
- Staff completed Medication Administration Records (MAR charts) following the administration of medicines. MAR charts were regularly audited to ensure any discrepancies could be identified and rectified quickly.
- Staff received relevant training before they were able to give people medicines and the registered manager checked their competency regularly in relation to the administration of people's medicines.

Preventing and controlling infection

- Domestic staff completed wide-ranging daily cleaning schedules. The service was clean and free from malodours.
- Staff had their competency regularly assessed in important elements of infection prevention and control such as hand hygiene and using PPE correctly.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Learning lessons when things go wrong

- Following a recent safeguarding concern the registered manager took action to reassess who could be admitted safely to the service in future.
- An open and transparent culture was encouraged at the service. If an incident or accident did occur, staff reported it to the manager and people's care plans were reviewed to see if changes were needed to reduce further risk. For instance, we saw that when one person had developed a pressure area, their care plan was updated to indicate how staff should care for the affected area. Regular wound monitoring and care was put in place while the wound was healing.

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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to monitor people's fluid intake when required and the lunch time dining experience was chaotic and unorganised. This was a breach of regulation 14 (Meeting nutritional and hydration needs) 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 14.

- We observed lunch being served to residents was a much calmer and well organised dining experience than at the previous inspection. People were served their meals quickly, so they were not having to sit and wait for a long time as they had done previously. There were enough staff available in the dining area to support people where needed.
- Care plans detailed people's nutritional needs and where staff may need to support them. For example, someone who required their food to be mashed with a fork to reduce the risk of choking had this documented in their care plan and it was served to them in this way.
- Where people were assessed as needing their food and fluid intake recorded and monitored this was being completed regularly and we did not see any gaps in the recording as seen at the previous inspection. People were weighed on a monthly basis and staff told us if there were concerns about someone becoming underweight the frequency was increased to weekly.
- Kitchen staff were using a nutritional support chart detailing people's particular nutritional needs to ensure optimum nutrition levels were provided.
- People had plenty of food options to choose from and could request alternatives not on the menu. Comments about the food included, "you get asked what you would like and almost always it is what you would like" and "It's nice food." One person told us "you get lots of drinks and things like that." A relative told us, "They ask her [resident] choices for lunch, ask her every day, if it takes her 5 mins to answer, they wait ... The food is good, chef is very good, knows what mum likes."

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider ensured staff were receiving supervision and were up to date with their training requirements. The provider had made improvements as recommended.

- Staff were receiving regular training and support to enable them to meet people's needs. We saw records to support this. One member of staff told us "we have regular training." Another staff member said "[management] keep reminding us if we need to refresh training."
- Regular supervisions and team meetings gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations, and identify areas of learning and development.
- Staff were able to raise any issues of concern or gain support from one of the management team when needed. One member of staff told us, "I can tell them [management] anything anytime, we are confident with the new management team, there is no particular reason not to be."

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

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we recommended the provider ensured people's rights were protected by the correct documentation being in place to assess capacity and deprive someone of their liberty. The provider had made improvements as recommended.

- People's legal rights were being protected as the correct legal documentation was now being completed. We saw mental capacity assessments had been carried out where relevant for decisions such as the use of bed rails, living in a care home and consenting to taking medicines. Best interest decisions were documented and demonstrated the least restrictive options being followed.
- People's relatives told us they had been kept involved in decision making where appropriate, for example in relation to people receiving vaccinations or when a DoLS application was made. During our inspection we observed staff seeking people's consent before providing care and support.
- The registered manager had submitted DoLS applications to the supervisory body (local authority) as required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs regarding their physical and emotional health were assessed in line with their wishes and preferences for their daily routines. Pre-assessments were carried out prior to anyone moving into Broome Park and relatives told us they were kept involved in this process.
- Assessments guided by national framework and standards were completed to ensure that people's needs were assessed and met. This included multi-universal screening tools (MUST) assessments for nutritional needs and Waterlow assessments for skin integrity.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- A GP visited the service on a weekly basis and worked closely with the staff team to ensure people had the best health outcomes possible. The GP was at the service when we visited and spoke positively about how the service was working well with him to promote people's health. One relative told us, "The doctor visits weekly and noted negative effects [of a medicine] for mum as it slowed her responses and she was more sleepy. They always involve mum and explain to her."
- A staff member told us, "[Healthcare professionals] are available for support, when I am not confident, I call and they help me." People were referred for any specialist advice and support from different health professionals in a timely way to ensure their needs were met. This included speech and language therapists (SALT), opticians and physios.
- People were supported to live healthier lives, for instance staff had worked closely with health professionals to reduce the number of cigarettes a person was smoking as this had been having a serious impact on their health. The support in place had led to a reduction in hospital admissions and infections for the person.
- Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with nurses and the management team.

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

- The buildings were spacious and adapted to meet people's needs but we found the interior looked as if it could benefit from redecoration and some worn surfaces and flooring that could pose a challenge for effective cleaning. Audits showed management had noted the need for refurbishment. We raised this issue with the provider who told us plans were being made to improve this.
- People told us they were happy with the design of the service. One person said "It's absolutely clean and nice. I've got a nice room."
- The service had several different areas where people could choose to spend their time and people had access to outside space that was safe.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection there was insufficient record keeping of people's support which could have placed people at risk. 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.

- Improvements had been made to audits and management oversight. People's records had been reviewed appropriately to ensure they accurately reflected people's care needs. Regular audits were being carried out at the service covering areas such as infection prevention and control, health and safety and medication. Actions arising from these were recorded and completed.
- All residents had a weekly care booklet which had been implemented since the last inspection and staff told us these had helped to improve recording at the service. The care booklets included all of the monitoring charts and care notes for each individual for the week and some important information for staff about their care needs.
- The provider, manager and staff team understood their roles and responsibilities and were keen to ensure a good quality service was provided to people. Staff had regular meetings and supervisions to discuss their responsibilities and share ideas about improving people's care.
- Legal responsibilities were being met and notifications to relevant agencies were submitted in a timely way to ensure effective external oversight and monitoring of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were asked for their opinions on the service and staff supported regular residents' meetings to take place.
- Visiting had been limited due to COVID-19 however staff were working hard to engage with relatives. One member of staff told us they were "always ringing the families to give them updates, especially after visits, they are also welcome to ring anytime."
- Relatives told us they were kept engaged with the service and they were asked for their views. One relative said, "I have had surveys and also completed one on the website as I don't feel the staff sometimes get the

praise they deserve. [Broome Park] have newsletters with photos, activities, who has a birthday coming up."

- Staff were encouraged to be involved in the running of the home. They had meetings with the registered manager and told us their views were considered when they made suggestions on how people's care and support could be improved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the registered manager. One person told us, "She's great. I like her way of dealing with things" and a relative told us, "Management is very good. [the management team] have a long background in nursing, give lots of advice and know how to deal with situations. [Registered manager] runs it well, is very professional."
- The registered manager and staff promoted a positive, inclusive culture at the service. We observed a cohesive staff team who were committed to providing high quality care. Staff worked well as a team and told us they were proud of the service and were well supported by the registered manager.
- One resident whose first language was not English had some difficulties communicating their views. The registered manager understood this person's first language and helped them to communicate with staff and other health and social care professionals.
- Staff were able to obtain updates and share their views via regular team meetings and daily handovers.

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 was proactive and robust systems were in place to investigate any concerns and complaints in an open and transparent way. A relative told us, "In the past, I did make a formal complaint and it was dealt with quickly."
- Statutory notifications about accidents, incidents and safeguarding concerns had been sent to the CQC as required.

Continuous learning and improving care; Working in partnership with others

- There were regular opportunities for staff to reflect on learning in order to improve people's care. One member of staff told us they are involved with, "Clinical risk meetings with [the deputy manager], team leaders, nurses [we] discuss about risks, who is at risk, what needs to be done...what we can do to improve, latest MDT (multi-disciplinary team) meetings, social services and GP feedback."
- The management team and staff were enthusiastic and committed to further improving the service for the benefit of people using it. The registered manager told us "I've got very good staff...actually amazing."
- A visiting health professional told us that communication with the service was "very good" and that "the service is better run now since [registered manager] is here."
- Staff communicated effectively with a range of health and social care professionals to ensure people's needs were considered and understood so that they could access the support they needed.