

Ashberry Healthcare Limited

Broomy Hill Nursing 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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Broomy Hill Nursing Home is a residential care home providing personal and nursing care to 35 people aged 65 and over at the time of the inspection, some of whom may live with dementia or mental health support needs. The service can support up to 40 people.

The home has several communal areas including a garden and dining facilities. At the time of the inspection the home was being refurbished.

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

We found no evidence people had been harmed but identified systems and practice did not always ensure risks in relation to people's medicines were reduced. People's medicines were not always stored in a way which promoted good medicine management, including in relation to temperature checks. Information was not consistently to hand to support staff were to provide medicines safely. There was no record of daily checks to confirm people's pain medicine patches remained in place.

People's risks had been identified, however, in some instances actions had not been taken to address these. This increased the risk people would not receive the care they needed, and lessons would not be learned.

Staff knew what action to take if they had any concerns for people's safety. There were enough staff to care for people and staff were supported to promote good infection control.

Roles and responsibilities were not always clear. This had contributed to a delay in a current fire risk assessment being put in place, and improvements identified as required being driven through. The provider had introduced new governance checks in October 2020. These will require further time to embed effectively, for example in relation to the safe management of medicines and storage of other items. Further development of systems to ensure all incidents and concerns are promptly escalated to the registered manager and provider is required.

People were not always supported to have maximum choice and control of their lives and staff did not consistently support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Decisions taken on a temporary basis in people's best interest in respect of the administration of covert medicines were not always promptly referred to other professionals. This increased the risk people's rights would not be respected. The registered manager and provider's representative gave us assurances they would address this. In other instances, relatives and other professionals had been consulted about people's mental capacity assessment and involved in best interests meetings.

Further development of people's assessments was required in order to ensure people's mental and physical

health needs were consistently identified and to ensure people consistently enjoyed good health outcomes. People were not consistently supported to maintain a healthy weight.

Staff supported people to have enough to drink and to attend hospital appointments.

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

Rating at last inspection

The last rating for this service was Good (published 06 June 2019).

Why we inspected

We received concerns in relation to the safety and management of people's care needs. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only.

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 Good to Requires Improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to how risks to people's safety are managed and how the service is led at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Broomy Hill 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.

This was a focused inspection to check on a specific concern we had about the management of people's safety and how the home was run.

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 team consisted of two inspectors and a specialist advisor in nursing.

Service and service type

Broomy Hill 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

The first day of the inspection was unannounced. The second day of the inspection was announced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We also requested feedback from Healthwatch to obtain their

views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 spent time seeing how people were cared for. 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 spoke with four relatives about their experience of the care provided.

We spoke with 18 members of staff including the registered manager, the provider's representative, nurses, senior staff, care workers, and catering and domestic staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at eight staff files in relation to recruitment and staff supervision and training. We also checked 14 nursing registration documents. A variety of records relating to the management of the service, including audits, fire records, competency checks and medicines management were reviewed. We checked documents relating to how staff communicate regarding people's care and safety needs, accidents and incident records and key policies and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. For example, in relation to checks undertaken by the registered manager.



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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We found no evidence of harm to people but found systems and practice did not consistently support people to have their medicines safely. For example, one person had a known allergy to a specific medicine. We found this information was not recorded on his medicine administration record. This increased the risk of an unsuitable medicine being administered which could potentially make them unwell.
- There was no record of daily checks to confirm people's pain medicine patches remained in place. Daily checks are important as patches are prone to falling off or accidentally being removed by people. This increased the risk people could experience unnecessary pain.
- Information required to support the safe administration of "as required" medicines was not immediately accessible by agency nurses who may not have a detailed knowledge of people's needs. This increased the risk people would experience a delay in the administration of appropriate medicines. The registered manager agreed to rectify this.
- Medicines were not always stored safely. This included a container for the disposal of sharp clinical waste and people's medicines, which was fuller than recommended and placed on top of the drugs trolley. In addition, on the first day of the inspection we saw an unlabelled box containing multiple people's medicines. Staff may not be able to locate individual people's medicines quickly because of how they were stored. We drew this to the attention of senior staff. When we checked on the second day of the inspection, this had not been addressed.
- Medicines storage room and fridge temperature checks were not consistently recorded, in line with good practice. There were two occasions where the temperature had exceeded the maximum amount recommended. No record was available to indicate what action had been taken in respect of this. We could not therefore be assured medicines administered to people would always be effective.

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

- People's risks and care needs had been identified, however, there were inconsistencies in how this information was recorded and people's safety managed. For example, records of monitoring in relation to a person's anxiety were not done. For another person, an incident report was not done regarding an event which had occurred in relation to their dignity. Plans put in place to ensure a further person's weight was managed had not been put into practice and the person remained underweight.
- These instances had not been identified through the registered manager or provider's checks. The lack of effective monitoring increased the chance people would be exposed to risks and reduced the likelihood of learning lessons when things go wrong.
- Some people were prescribed thickener, to reduce the risk of choking. This was not correctly stored in the clinic room. Thickener was stored in a kitchenette area in the lounge/dining room in an unlocked cupboard.

The registered manager and provider took action to secure these items.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from harm and abuse, but this did not always highlight concerns to the registered manager, or lead to external agencies being contacted for further advice. This included in relation to medication management and a dignity issue. This increased the risk people's care would be neglected.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate people received care and support in a safe way. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us their family members were kept safe.
- Staff had received training in how to identify abuse and to raise any concerns.

Staffing and recruitment

- The provider had systems in place to promote safe recruitment which included appropriate employment checks being carried out as standard practice. We found one instance where a staff member's references had not been obtained. The registered manager's and provider checks had identified this, and they told us new checks had been introduced to reduce the likelihood of this occurring in the future.
- There were enough staff to meet people's needs.

Preventing and controlling infection

- The environment was undergoing substantial refurbishment and sufficient controls to ensure risks to people were minimised as a result of the refurbishment had been introduced. The registered manager provided assurances porous surfaces would be maintained and ripped chairs would be recovered without delay.
- 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 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.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Decisions taken on a temporary basis in people's best interests in respect of the administration of covert medicines were not always promptly referred to other professionals. This increased the risk people's rights would not be respected. The registered manager and provider's representative gave us assurances this would be addressed, after we had brought this to their attention.
- In other instances, relatives and other professionals had been consulted about people's mental capacity assessment and involved in best interests meetings. Records reflected this.
- Staff gave us examples of how they supported people in the least restrictive way.

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

- People's assessment identified key areas of their needs. These included in relation to people's skin integrity, oral health needs, continence management and mobility needs. Further development was required in order to ensure people's mental health needs were consistently identified and to ensure staff were provided with the guidance they needed to support people to enjoy good mental health outcomes.
- People's assessments were regularly reviewed.
- The provider had reviewed their assessment processes in response to COVID-19 and planned to develop this further.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training relevant to their needs. Staff told us about the training they had done, such as safeguarding, pressure ulcer care and medication.
- Staff highlighted they would welcome additional training in respect of meeting the needs of people living with a dementia and supporting people who were anxious.
- The registered manager and provider's representative gave us assurances any gaps in staff training, such as first aid, were in the process of being addressed. Medicines competency checks had recently been done so the registered manager could be assured staff were developing the skills to care for people safely.
- Newer staff had an induction and the opportunity to work alongside more experienced colleagues and told us this helped them to provide good care to people.

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

- People were not consistently supported to increase or reduce their weight. This included where a person had experienced a weight loss, after spending time in hospital. The person's care plan identified the need to monitor the person's weight on a weekly basis. We found the person was being weighed twice a month and had not regained the lost weight. Another person required support to reduce their weight. Care records did not evidence what steps the service was taking to support the person with healthy eating choices or if the advice of a dietician had been sought.
- People were provided with specific texture of food and fluid where they had risk of choking, in line with advice from healthcare professionals.
- Systems were in place to support effective monitoring of people's fluid levels. This helped to ensure people had enough to drink to remain well.

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

- Evidence was not available to confirm health professionals' advice had been consistently followed. This included in respect of medicine reviews. There was, however, evidence other people had been supported to access external health specialist when required, such as chiropodists and to attend specialist hospital appointments.
- Staff told us if they raised any concerns for people's health these were responded to quickly by nursing staff. For example, in the event of a person experiencing an injury because of a fall, or pain associated with their health needs.

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

- Staff gave us examples of how the refurbishment plans considered people's preferences and needs. For example, to support people's bathing/showering preferences.
- We saw staff supported people to access the garden and other appropriate communal areas during the refurbishment.
- Specific areas had been made available to support visitors during the COVID-19 pandemic.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Roles and responsibilities were not always clear. For example, the fire risk assessment for Broomy Hill had not been updated since 2019. Actions in relation to the last fire risk assessment had not been undertaken. The registered manager had received contradictory instruction regarding responsibility for this. A further delay happened as the role of contractor required to do this was not made clear.
- The provider had introduced new governance checks in October 2020. These will require further time to embed effectively. For example, the provider's and registered manager's checks had not identified risks in relation to medicine management or driven through improvements in the storage of items which may present risks to people.
- People whose medication was administered covertly did not always have access to timely reviews of their medicines, in line with the provider's own policy.
- Audits undertaken by the provider and registered manager had not ensured equipment was suitably maintained. For example, the last audit of mattresses was undertaken in February 2021. The checks on people's mattresses did not identify the type of mattress being audited. The registered manager and provider could not therefore be assured mattresses were fit for purpose. Checks undertaken had not led to timely improvements in other areas, such as replacement of ripped fabric on chairs.
- The processes currently used to manage incidents were not robust enough to consistently ensure areas of concern were escalated to the registered manager and learning taken from these.

We found no evidence that people had been harmed however, the provider had failed to have effective governance systems in place to assess and monitor the quality of the service to identify shortfall and to ensure compliance with regulations. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to some elements of these concerns immediately during the inspection. Contractors were due to produce an updated fire risk assessment on 28 April 2021. Storage areas were secured during the inspection. Assurances were provided equipment would be replaced and audits improved and implemented.

- The registered manager and provider understood their responsibility to notify the CQC and other agencies of any significant events.

Working in partnership with others

- The registered manager and staff team had worked with other agencies so people benefited from improved infection control practices.
- Further development was planned to ensure any areas of concern were identified by the registered manager and escalated to appropriate agencies such as pharmacies and Herefordshire and Worcestershire Clinical Commissioning Group. We found one person's medicinal patch had been cut prior to administration. Cutting patches is not advised as it increases the risk the person will have either too much or too little medicine. Nursing staff had checked this with the person's GP, but this had not been escalated to other agencies for further guidance. The registered manager and provider's representative gave us assurances this would be done.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives told us they were involved in aspects of their family member's care, and were kept up to date in changes in their health needs. One relative said, "We keep in contact with the activity worker, she is very good, she sends us photos."
- We saw staff took time to involve people in decisions about their day to day life and to promote people's well-being. This included spending time celebrating important dates and supporting people's sensory needs.
- Staff told us communication in the home was good. For example, one staff member told us, "[The] nurses are marvellous, they do listen to us, they ask us if there is anything we want to know and [tell us] what is going on."
- Some staff were very positive about the support they received to provide good care from the registered manager and senior staff. However, other staff said they did not have opportunities to meet regularly with the registered manager or provider.
- Staff told us, and records showed us, staff did not have regular opportunities to meet with their line managers for supervision. Recently appointed senior staff said they had developed plans to rectify this.
- The provider and senior staff had involved staff in decisions about the refurbishment. As part of this, a new clinical room is being established. This will provide staff administering people's medicines with the space and resources they need to promote good practice in line with NICE guidance.

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 understood their responsibilities to be open and honest with people when something goes wrong.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure risks to people were reduced through the proper and safe management of medicines and by consistently ensuring action was taken to promote people's safety.</p>

The enforcement action we took:

A warning notice was served against the registered provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems or processes were not robust enough, or sufficiently embedded, to identify areas of concern and drive through improvements in practice in relation to this regulation.</p>

The enforcement action we took:

A warning notice was served against the registered provider.