

Bupa Care Homes (AKW) Limited

Broomcroft House Care Home

Inspection report

Ecclesall Road South
Sheffield
South Yorkshire
S11 9PY

Tel: 01142352352

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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

We carried out this inspection on 4 January 2017 and it was an unannounced inspection. This meant no-one at the home knew we were going to carry out the inspection.

Broomcroft House Care Home is situated in the Ecclesall area of Sheffield. The home is registered to provide of accommodation for up to 87 older people who require nursing and/or personal care. The first floor of the home meets the needs people who are living with dementia. On the day of our inspection there were 40 people living in the home.

Our last inspection of the home took place on 16 and 21 March 2016 and we found the home to be in breach of regulations for registration, person-centred care, dignity and respect, safe care and treatment, safeguarding service users from abuse and improper treatment, meeting nutritional and hydration needs, good governance and staffing. Requirement notices were given for these breaches in regulation and the registered provider was told to make improvements. On this inspection we checked improvements the registered provider had made. We found sufficient improvements had been made to meet regulations.

The manager had worked at the service June 2016 and was in the process of completing their registration with 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.

People who used the service told us they felt safe living in the home. Their relatives spoke positively about the improvements made at the home and were pleased with the standard of care and support their family member received.

Medicines were being safely stored and administered in line with prescribing instructions. We have recommended improvements are made to the medication administration records for Percutaneous Endoscopic Gastrostomy (PEG) feeding. PEG allows nutrition, fluids and medicines to be put in the stomach bypassing the mouth and oesophagus.

Reasonable and practicable steps to mitigate the risks posed to people who used the service had been taken and were kept under review.

Staffing numbers were sufficient to meet people's needs and staff employed at the home had been recruited in a way that helped to keep people safe because thorough checks were completed prior to them being offered a post.

The nutritional and hydration needs of people were met. We have made recommendations that signpost the provider and the manager to guidance on management of nutrition and hydration.

People were encouraged to maintain a healthy lifestyle which included being provided with nutritious meals and being supported to attend healthcare appointments. People told us the food was "good" "nice" and "filling."

Staff said the training provided them with the skills and knowledge they needed to do their jobs. Staff understood their role and what was expected of them. They told us the recent improvements made them happy in their work, motivated and confident in the way the service was managed.

We saw staff advising and supporting people in a way that maintained their privacy and dignity.

People told us their views and experiences were taken into account in the way the service was delivered.

People were able to discuss their health needs with staff and had regular contact with a range of healthcare professionals as needed.

People and their relatives felt able to report any concerns and said they were confident these would be dealt with.

Staff said communication in the home was very good and they felt able to talk to the managers' and make suggestions. There were meetings for people who used the service, relatives and staff where they could share ideas and good practice.

There was a new manager in place who was working in partnership with other professionals to improve the quality of the service.

Systems in place to assess and monitor the quality of the service needed to be maintained and fully embedded into practice so that improvements were sustained.

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.

Medication administration records for Percutaneous Endoscopic Gastrostomy (PEG) feeding required amendments to ensure people were administered their medicine safely.

Staff were aware of their responsibilities in keeping people safe and had a good understanding of adult safeguarding procedures.

The service had sufficient skilled and competent staff to meet people's needs, with appropriate information and documents about their recruitment in place.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Improvement was required to enhance and ensure people's nutrition and hydration care needs were fully met.

Staff were trained and supervised to provide care and support to people who used the service. Staff appraisals needed to be completed in order to ensure staff were further supported in their roles.

People who used the service had access to health and social care professionals to make sure they received effective care and treatment.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff were caring and supportive when providing care to people.

People's privacy and dignity was respected and staff knew how to maintain people's confidentiality.

Good ●

Is the service responsive?

Good ●

The service was responsive.

Care plans provided staff with sufficient detail to deliver person centred care.

People were provided with and encouraged to join in with a range of social activities. Staff spent time with people on a one to one basis carrying out an activity of their choice.

Is the service well-led?

The service was not always well led.

There was no registered manager in place.

New audit processes in place needed to be embedded and robust to ensure risks were identified and quickly rectified.

Staff and relatives said the service was improving and they had confidence in the manager.

Requires Improvement ●

Broomcroft House 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 4 January 2017 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor and two experts by experience. The specialist advisor worked as a clinical lead for dietetics. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts by experience had experience in caring for older people and people living with dementia.

Before our inspection we reviewed the information we held about the service and the registered provider, for example, notifications of safeguarding and other incidents. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales. We also gathered information from the local authority and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We also contacted other stakeholders with an interest in the service. We received feedback from Sheffield local authority commissioners and safeguarding and the quality manager from Sheffield clinical commissioning group.

During the visit we spoke with three people who used the service, eight relatives, the manager, the home support manager, the head of care, a registered nurse, seven care staff, the activity worker, a domestic assistant and the chef. We also looked at five care plans, four staff files and records associated with the monitoring of the service.

Is the service safe?

Our findings

We checked progress the registered provider had made following our inspection on 16 and 21 March 2016 when we found breaches of regulation in regard to safe care and treatment, safeguarding service users from abuse and improper treatment, good governance and staffing. The registered provider sent an action plan detailing how they were going to make improvements. We found improvements had been made, sufficient to meet regulations.

People who used the service told us they felt safe. They said, "I'm ok here, it's great" and "I feel very safe and the staff look after me."

Relatives said they thought their family members were safe and well cared for at the home and they had no concerns about other people who used the service or any members of staff. They told us, "We visited many other places but this one always came out on top," "I'm reassured by the care the staff give to my relative. [Name] is fed by use of a Percutaneous Endoscopic Gastrostomy (PEG) and the staff always make sure [name's] mouth is kept clean and tidy," "There are usually enough staff, sometimes they are run off their feet," "You will always get occasions of low staff anywhere like this, if there's snow on the ground and they can't get in, but it's not habitual," "The permanent staff are really great and they have just had a recruitment campaign so hopefully we will get more, although I have to say the bank staff are people who have been here before which is good as they know the individuals."

On the day of the inspection two staff from the Clinical Commissioning Group (CCG) were at the home carrying out a full audit of the medicines on the first floor. They had previously carried out the same audit on the ground floor of the home. Following their audit they told us they had no significant concerns about the management of medicines and had found the system in place to be safe and well organised. They told us they would be making some suggestions for further improvements but these were of minor concern.

A care plan was in place for a person who was fed via a PEG feeding tube. A Medication Administration record (MAR) contained a PEG regime with feed type, duration, rate and volume of water flushes. This was stored in the treatment room. Only the start times of the PEG feed by date was required on the MAR and giving flushes of water or medication was described as a way of monitoring adherence to the feeding regime. This meant there was a risk of the PEG feeding not being administered as prescribed because either a finish time or hourly delivery was not required on the MAR.

We recommend the registered provider and manager follow the guidance from the National Institute for Health and Care Excellence (Nutrition Support in Adults).

We looked at the management of medicines on the ground floor. Medicines were kept in the treatment room, which was in good order, clean and kept at the recommended temperature for the storage of medicines. Medicines required to be kept in a refrigerator were kept at the required temperature and systems were in place to check this. Medicine trolleys were kept safely in the treatment room attached to the wall and locked.

We saw medicines were administered to people at the correct time and intervals. Medicines were administered either prior to meals or after meals depending on their instructions. We saw staff using protective gloves, placing medicines in pots and offering people a drink. Staff stayed with people until they were sure they had taken it. MAR's showed all medicines had been signed for at the time of administration. Where someone hadn't taken their medicine there was a code to explain the reason for this. MAR charts had a photograph of each person and showed if anyone had any allergies.

We found there were processes in place to help to protect people from abuse and keep them from harm. Staff spoken with were able to describe the types of abuse people might be at risk of and what action they would take if they suspected a person was at risk of abuse. Staff told us if they had any concerns about the safety or welfare of a person they would report this immediately to the manager or a senior member of staff. Staff were aware any concerns would then be reported through to the local authority safeguarding team.

Care plans seen contained assessments that had been undertaken to identify any risks to people who used the service. When a risk was identified a plan in the form of a risk assessment was completed which gave details about the action to be taken to eliminate or reduce the risk to the individual. For example, one person was at high risk of falls. We found the person's risk assessment had been updated and reviewed three times during December 2016. This was following input from the falls team and because new safety equipment had been put in place to help to prevent the person from further falls.

Any incidents and accidents were recorded and we found staff had taken appropriate action following incidents to ensure people's safety. We saw incident and accident forms were also checked by a senior member of staff to establish if any further investigation was required and to check that appropriate people had been notified about the incident/accident for example, CQC and Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR).

There were plans in place for foreseeable emergencies such as fire so that staff knew what action to take to protect people in these circumstances. Each person had a Personal Emergency Evacuation Plan (PEEP) which showed the equipment/assistance needed to move people to a safe place in the case of an emergency.

On the day of the inspection there were 40 people living in the home. There were three nurses and 10 care staff on duty. There was also the manager, a support manager, the head of care, administration, ancillary and kitchen staff. Our observations were that people were provided with care and support when this was requested or needed. We observed when people used their call bells, staff responded promptly. Staffing rotas showed there were consistently enough staff on duty to keep people safe. Some staff working at the home were agency staff that had been brought in to cover any shortfall in staff numbers. We found when agency staff were requested there was a small number of agency staff who worked at the home on a regular basis. This meant they were familiar with the people who used the service and knowledgeable about their needs and preferences.

Staff recruitment policies and procedures helped to protect people from unsuitable staff being employed. We looked at recruitment records for four staff members and found adequate checks had been completed. For example full employment history had been recorded, references from previous employers had been obtained and Disclosure and Barring Service Checks (DBS) were completed. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have.

The home was very clean with no unpleasant odours at any time during the inspection. We observed staff

using hand gel, aprons and gloves before attending to personal care or assisting with meals. We saw staff assisting people to wash their hands before being served their meals. Whilst mandatory training on hand washing techniques for staff was provided, there was no plan for how frequently this was required so it was unclear how all staff were kept up to date with their infection control practices. Staff spoken with told us they had been more vigilant with infection control following a recent recurrent outbreak and staff had completed deep cleaning of the home. Staff spoken with demonstrated good knowledge about their responsibilities for infection control. We saw the weekly clinical risk checks did not include infection control, however we saw a quarterly audit which was undertaken by the senior staff.

Is the service effective?

Our findings

We checked progress the registered provider had made following our inspection on 16 and 21 March 2016 when we found breaches of regulation in regard to meeting nutritional and hydration needs, good governance and staffing. The registered provider sent an action plan detailing how they were going to make improvements. We checked and found improvements had been made, sufficient to meet regulations.

One person told us, "The food is so good." Relatives told us, "The food is wonderful I used to have my lunch here but can't now for health reasons. They [chef] made a special cake [for health reasons] for our wedding anniversary so that I could have some. The chef often comes to see if everything is alright," "They [staff and chef] try very hard. [Relative] is not eating very well and they try tempting them with different things" and "Over the years with my input they have learned what [name] likes to eat so although there is a choice [name] is given what staff know they will like."

Processes for monitoring nutrition and hydration were in place with appropriate involvement of dietitians, speech therapists and GP's as per BUPA UK Care Homes, Nutrition Policy. For example, food charts for all meals and snacks for people who had a Malnutrition Universal Scoring Tool (MUST) score equal or greater than one were maintained by the care staff and nurses in the dining room. Food charts were checked daily, signed, dated and timed by the nurse in charge. However, food charts were sometimes incomplete by new agency staff. Therefore there is a risk people may not be sufficiently supported to eat and drink enough. In addition, a fluid balance chart was in progress for a person who had difficulty with swallowing and required thickened fluids.

We recommend the registered provider and manager follow the guidance from the National Institute for Health and Care Excellence (Nutrition Support in Adults).

We observed breakfast and lunch being served which was unhurried and not task focused. The dining room was clean, bright and pleasant. Calming music was playing but there was some banging and clattering from the serving counter, however this did not seem to cause any distraction to people. We saw people were given a choice of food and drinks. We observed staff throughout the day being very attentive and professional when supporting people to eat. Assistance with meals was carried out by staff with care and patience. People were offered choice of more gravy, sauce etc. and there was plenty of choice in the different elements. Dessert was a choice of three options. People were not asked to choose but were told what they were being given, however staff did know the likes and dislikes of people as we overheard them discussing this.

There was a rolling programme of training available and staff told us they received the training they required to meet people's needs. Training included: basic food hygiene, moving and handling, safeguarding, fire and risk, medication and managing behaviour that challenges. The registered provider had specified how often each subject must be completed. Some training was provided each year, some every two years and other courses were only provided once. We saw training in food hygiene, Mental Capacity Act (MCA) 2005 and dementia was only provided once. In addition, for some staff attendance at the last training course for

nutrition was reported as three/four years ago.

New staff employed at the home were signed up to complete an induction programme that met the requirements of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

A programme of staff supervisions was in place. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. The manager had a supervision matrix which showed all staff had received supervision at regular intervals since she had commenced working at the home in June 2016. Staff spoken with confirmed they had received regular supervision and said they had found this "Useful" and "Helpful."

Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. The manager told us they had not completed any staff appraisals since they began work in June 2016. They told us they had prioritised what needed to be completed as a matter of urgency following the outcome of the previous inspection. Therefore they had focussed on making sure all staff had received regular formal supervision and had a plan in place to commence appraisals throughout 2017.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

The manager, where appropriate had applied for people to have a DoLS authorisation in place. We saw a 'best interest meeting' with appropriate healthcare professionals had taken place to make decisions for people regarding decisions for example, to leave the home. This showed the manager understood the requirements of the MCA and where relevant the specific requirements of the DoLS. One relative told us, "I will be attending a best interest meeting next week in respect of [relative] and a medication issue. I have been kept informed and included in the process."

The manager told us staff had completed MCA and DoLS training and we saw evidence of this. Staff told us they had talked with the manager and senior staff about MCA and DoLS and were able to correctly describe what the act entailed and how it was used. Staff were clear about the importance of ensuring decisions were made in the best interests of people and correct procedures were followed. The manager told us they were currently speaking with people about their care and who they would like to be involved with decisions about their care and support. We saw consent forms in care plans which confirmed that some people wanted their family to be involved whilst others didn't.

Is the service caring?

Our findings

We checked progress the registered provider had made following our inspection on 16 and 21 March 2016 when we found breaches of regulation in regard to dignity and respect. The registered provider sent an action plan detailing how they were going to make improvements. We checked and found improvements had been made, sufficient to meet regulations.

People told us, "The staff are very kind to me; they help me to get dressed and make sure I take my tablets, it works very well" and "The staff are wonderful."

All relatives spoken with were very satisfied with the care their family member received and believed staff knew their needs very well. Relatives told us, "[Name] is always lovely and clean they are marvellous with him. I've never had any complaints they look after me as much as him," "[Staff name] is wonderful with him. He talks to him about football. He loves [staff name]," "[Staff name] is brilliant very accommodating," "The staff know what [relative] needs and that is important to us" and "There has been a lot of continuous change, but it's more settled and some nice staff are here who are very good. There was a period when it wasn't so good, but it's vastly improved, and the lady running the home is very good."

All of the staff spoken with told us there had been a period of instability at the home which they said had impacted on their ability to provide high quality care. We saw staff were very kind, compassionate and respectful to people. We saw staff knocking on doors and on many occasions we heard staff talking to people in a very kind and comforting manner. Staff knew the people they were caring for and their relatives very well and were constantly chatting with them in a familiar way. Staff were proud to work at the home and wanted to tell us about the people they cared for. A member of staff told us they had created a small tea room for their eldest resident and named it after her. We saw one person was taken back to bed after breakfast because they had fallen asleep and the member of care staff advised them that they would be more comfortable in bed. We heard a member of care staff asking someone what they wanted to wear that day. It took some time to get a response but the member of care staff was patient and understanding, waiting for a response. One person had lost their hearing aid and two staff immediately started locating it.

All people who used the service looked very well presented. They had clean nails, their hair styled and well-fitting clothes. People who were being cared for in bed were very clean and comfortable.

Some people we spoke with told us they had been involved in planning of their care. One person was aware they had a care plan, but could not recall attending meetings where this was discussed. One relative told us they were aware of care plans in respect of their family member but could not recall being invited to discuss or contribute to the plan. Another relative told us they had asked for a review in respect of their relative and had been invited to a subsequent review. The manager told us they had sent out letters inviting relatives to reviews of care plans and some relatives had responded, others hadn't. The manager said they would send out further letters to relatives (where appropriate) asking them if they would like to be involved in any further reviews of their family members care.

We saw people had end of life (EOL) care plans in place and we saw next of kin had been involved and consulted with these where appropriate. The EOL plans clearly stated how people wanted to be supported during the end stages of their life. We saw two people who were receiving care in bed. They looked very comfortable and information in their rooms showed staff were closely monitoring them by changing their position in bed and recording what food and fluid they had taken. We saw the bed linen was freshly changed and the rooms had been cleaned and tidied.

Relatives spoken with told us they could visit when they chose to, with most visiting multiple times per week and one person visiting twice daily. One relative said, "I've always been welcome here."

Is the service responsive?

Our findings

We checked progress the registered provider had made following our inspection on 16 and 21 March 2016 when we found breaches of regulation in regard to person-centred care and good governance. The registered provider sent an action plan detailing how they were going to make improvements. We checked and found improvements had been made, sufficient to meet regulations.

One person told us, "If I had a problem I would just speak to the manager, I see her around a lot."

Relatives said, "It's very good, everyone is very pleasant and willing, any shortcomings and you only have to mention it and it's dealt with. More in the way of entertainment and stimulation would be great but they know how best to interact with residents to get the best out of them," "I am involved in the care plan and there is a monthly residents day. Every month each individual has a meeting and then relatives are encouraged to review their care plan and any issues are handled then," "The laundry is efficient but I had a few problems and they were dealt with, we have a special arrangement now," "This home has improved no end. The telephone system, the security, in fact everything that you would wish to be improved has been. We have some lovely staff and as they get more who will stay it will be better still" and "I understand the complaints process at Bromcroft and feel confident to use it should the need arise."

Care plans seen showed people had their individual needs assessed and regularly reviewed so any changing healthcare needs could be responded to. We saw care plans and risk assessments were reviewed following such things as a fall or illness to see if any amendments to the person's plan were needed.

Care plans seen contained information about the person's preferred name and identified the person's usual routine and how they would like their care and support to be delivered. A form called 'my day, my life' included information about individuals' specific needs and wishes. Examples of these wishes included meal choices and choosing the social activities they wanted be involved in.

The activity coordinator told us for the last six weeks they had worked alone and worked 30 hours per week, as the manager was in the process of employing another person for 12 hours per week. The activity worker explained that two members of care staff per day were allocated one to one duties, which was spending time with an individual doing what they wanted to do. Members of care staff told us they looked forward to doing this. We observed members of care staff sitting with people showing them photographs, knitting and chatting. On the day of the inspection the social activity for people on the first floor was limited as the 'pat dog' scheduled for that day did not arrive.

On the schedule of activities included a choir, visiting the zoo, chiropodist and hair and holy communion and church services were available. This also catered for people's spiritual needs. There was activity equipment in the lounges including a huge magnetic snakes and ladders game, dart board, a box of equipment and we were told there were also themed boxes for special events such as burns night. The activity coordinator told us they did have trips out and a relative told us "It is impossible to find an activity that suits everyone. On Fridays we used to go to the café or pub. This served a few people who were mobile

and also if a relative is willing to push a wheelchair then the less mobile can partake. That was the only way of getting [name] out as it's too steep to go on my own."

We looked at the registered provider's customer feedback policy, which set out the process for listening to, understanding, recording and acting upon concerns, complaints and suggestions. The complaint log showed since April 2016 there had been seven complaints, the last one being in September 2016. Six had been investigated, responded to and resolved. One had been referred to the property manager and was not related to the care provided at the home. Following each complaint investigation a 'lessons learnt feedback form' was completed giving information about what could be done to prevent a reoccurrence of the complaint.

Is the service well-led?

Our findings

We checked progress the registered provider had made following our inspection on 16 and 21 March 2016 when we found breaches of regulation in regard to good governance. The registered provider sent an action plan detailing how they were going to make improvements. We checked and found improvements had been made, sufficient to meet regulations.

The manager had been employed at the home since June 2016 and was in the process of registering with 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.

The manager had a system in place to audit and monitor areas of the service. We saw the last full audit was completed in November 2016. The areas covered included, pressure wounds, deaths, medicine errors, supervisions, GP reviews, safeguarding referrals, care plans and DoLS applications. We also saw a health and safety audit was completed four times per year. The manager told us from January 2017 there was also health and safety committee meetings planned so that managers and senior staff could quickly address any issues raised from the audits. No incidents related to nutrition and hydration were reported. However, from the last inspection there was an incident related to a PEG feeding regime being administered at twice the rate of the prescription.

We recommend to report all incidents related to inadequate provision of nutrition and hydration from foods, fluids and tube feeds promptly with a robust action plan. To report and minute incidents at the staff meeting so lessons are learnt, changes are reviewed and implemented accordingly by the nutrition and hydration champion. Embed clinical supervision of staff so lessons are also learnt and a supportive environment is fostered with individual staff and performance manage staff, as per policy and procedure, when this is warranted.

Relatives spoken with told us they knew who the new manager was and spoke highly of the changes she had made since starting work at the service. They told us, "The new manager is really good I do think things have improved. There are relatives meetings but they are not very frequent and there is a clear complaints procedure," "[Name of manager] is very good and has made a lot of improvements" and "There is absolutely nothing wrong with this home and I think we have a decent manager now who seems to realise how important the frontline staff are."

Staff spoken with were all very positive about the direction in which the home was going and told us of the recent improvements made. Staff said, "This home is definitely much better now the new manager is here. She observes what needs doing and then puts it right. She also checks up to make sure it's been done," "Staff are treated better. We can speak to the manager, her door is always open and she listens. We respect the actions she is taking for the benefit of the people living here," "I now feel included and able to speak out" and "We have a great team here now everyone works well together."

Staff and management of the organisation were consistent in what they thought were the key challenges faced by the organisation. For example, they both said additional permanent staff were needed so they would be able to stop using agency staff altogether and the completion of staff appraisals. The manager said the introduction of the registered provider's system to gain an overview of all accidents and incidents so that any trends or themes could be identified was also high on her list of priorities. A service improvement plan was in place which provided timescales by which these improvements would be implemented.

The service was also working with the local authority, which was closely monitoring the service by carrying out regular unannounced visits to the home to check the quality of the care and support provided to people. The local authority told us, "Overall we have seen improvements at Broomcroft, we still have them in red risk as we are looking for sustainability and we have also had a new safeguarding alert in which we are investigating. We are now meeting monthly rather than fortnightly and will be reviewing the risk status and the outcome of the safeguarding referral at the next meeting."

The manager told us each year the registered provider sent out quality assurance surveys to people who use the service and their relatives. When these are returned a 'residents report' is completed which shows the overall scores for such things as staff, food, activities and housekeeping. It also reports what people have said is the most important thing for them. From this the home's areas of strength and areas for improvement are assessed. The last report collated was from January 2016. The manager told us further surveys were sent out in October 2016 and were due to be collated in a report by the end of January 2017. Relatives spoken with confirmed to us they had received a survey, some had completed this and sent it back and others had chosen not to return theirs.

'Resident and relative' meetings and staff meetings had been held at the service. People told us this gave them an opportunity to give feedback on the quality of the service. One relative told us they were aware of the resident/relative meetings and had some 'meeting chair responsibilities'. They said they had also been invited to attend a staff meeting as a means of bridging the communication gap. Most relatives and all staff said they felt listened to and said managers acted upon their comments. Relatives told us they would appreciate meetings being held more frequently. One relative told us there needed to be better communication with relatives. They said, "There doesn't seem to be an overall vision for taking things forward, or if there is, it's not been shared with relatives." The manager told us it was her intention to hold relative meetings more often from January 2017.