Eminence Care Service (Broomfield) Limited

Broomfield Residential Care

Inspection report

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Ratings

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

Overall summary

This inspection took place on 15 June 2015.

Broomfield Residential Care is a residential care home which caters for older people and specialises in providing support for people with dementia. The service can support up to 40 people and at the time of our inspection there were 35 people living there.

The service had a registered manager. 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 were protected from harm or abuse by staff that knew and understood safeguarding adults principles.

Risks to people's safety had been assessed, and plans put in place to minimise risk levels, whilst still promoting people's choices and independence.

Summary of findings

There were sufficient numbers of staff to meet people's needs. Robust recruitment processes had been followed to ensure that staff were suitable to work with people.

Systems were in place for the safe administration, storage and recording of medicines.

Staff had been appropriately trained to perform their roles, and receieved regular supervisions with the registered manager.

People were encouraged to make choices for themselves and consent to care was sought. The principles of the Mental Capacity Act 2005 had been followed, as well as the Deprivation of Liberty Safeguards when people couldn't consent to their care.

People had sufficient food and drink to maintain a healthy, balanced diet and had choices regarding what they wanted to eat and drink.

Staff supported people to access health professionals, if and when they needed to see them.

Positive relationships had been formed between people and staff. Staff displayed kindness and compassion when interacting with people.

People were supported as much as possible to be involved in their care.

Dignity and privacy were promoted by staff and people's rights were protected.

People received person-centred care which was based on their individual strengths, interests and needs.

There was an effective feedback and complaints procedure in place.

The service had an open, positive and forward thinking culture.

There were internal quality control systems in place to monitor quality and safety and to drive improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from harm or abuse by staff who were knowledgeable about abuse and the forms it may take.

Risks to individuals and the service were managed to help protect people from harm.

Staffing levels were sufficient to meet people's needs. Staff recruitment had been robust to ensure only people of good character were employed.

Medicines were managed so that people received them safely.

Good

Is the service effective?
The service was effective.

Staff were knowledgeable and had the skills they needed to perform their roles. Members of staff were well trained and supported by the registered manager and provider.

People's consent to their care was sought when care was planned and as it was delivered.

The principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been followed when supporting people to make decisions.

People had sufficient food and drink and had choices about what they ate and drank.

People's health needs were managed effectively and people were supported to have access to health professionals.

Good

Is the service caring?
The service was caring.

There were positive relationships between people and staff. Staff treated people with kindness and compassion.

People were encouraged and supported to express their views regarding their care, and were involved in making their own decisions.

People's privacy and dignity were respected by the service.

Good

Is the service responsive?
The service was responsive.

People received personalised care which had been tailored to meet their needs. Care plans had been written with the person and reflected their individual needs and wishes.

Care plans were regularly reviewed to ensure they were reflective of people's current needs.

The service had systems in place to learn from people's experiences and to improve based on what was learnt.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was an open and positive culture in the service.

The registered manager and provider were well-known and visible to people and staff.

There were quality systems in place to ensure the service delivered high quality care.

Broomfield Residential Care

Detailed findings

Background to this inspection

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

This inspection took place on 15 June 2015. The visit was unannounced and conducted by two inspectors.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service.

We observed how the staff interacted with people who used the service. We also observed how people were supported during lunchtime and during individual tasks and activities and spoke with people and staff about their experience.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three people who used the service in order to gain their views about the quality of the service provided. We also spoke with six members of care and ancillary staff, as well as the deputy manager, the registered manager and the provider.

We reviewed care records for six people who used the service and five staff files which contained information about recruitment, induction, training and supervisions. We also looked at further records relating to the management of the service, including quality control systems.

Good

Is the service safe?

Our findings

People felt safe at the service. One person said, "I feel safe here because the staff take good care of me and know me well." Another person said, "I feel safe because the staff make sure I have a call bell and will come if I use it." We observed that people were relaxed and happy in the presence of the staff and that staff spent time with them in an unhurried way, particularly at meal times and when administering medication.

Staff told us they had been trained to recognise the signs of abuse and were aware of their roles and responsibilities in relation to protecting people from harm. They gave examples of various types of harm and what action they would take in protecting and reporting such incidents, including observing people to detect the triggers that could lead to incidents and de-escalating them. Staff were also aware of the whistle-blowing policy and said that they had no reservations in reporting any incidents of poor care practice to seniors, including the registered manager and the owner, if needed. This showed us that people were kept as safe as possible.

The registered manager told us that safeguarding incidents were reported to the local authority and the Care Quality Commission (CQC). We saw evidence that this had taken place and that systems were in place to log and track safeguarding incidents. They also told us that actions were put into place following incidents to minimise the likelihood that the incident would be repeated. Records confirmed that incidents and accidents were reported in a timely manner and were acted on accordingly.

Staff told us that they referred to people's individual risk assessments to ensure they were protected from avoidable harm. They told us that risk assessments were tailored to the individual and were in place to keep people safe but also promote their independence. The registered manager explained that each person had their own specific risk assessments in place, as well as general risk assessments for the service. We looked at records and found risk assessments in place, as well as continuity plans which provided guidance regarding what to do in emergency situations.

People who used the service told us they did not have to wait long if they required assistance. One person said, "If I have to wait someone always tells me why." Staff told us that although they would like there to be more staff on duty they believed there were sufficient to meet people's assessed needs. Staff also said there were systems in place to cover each other's absenteeism and that agency staff were not used. One member of staff said, "I would much rather do extra shifts so I know people are looked after how I would want a relative of mine cared for." Rotas confirmed there were six care staff including two seniors on duty during the day, in addition to the registered manager, and four care staff including one senior, on duty at night. The registered manager explained that staffing was assessed according to people's needs, as well as the layout of the building. For example, a second senior carer was on shift during the day as the service was split into two different sides. This meant people would receive their medication promptly and avoid one senior becoming over-stretched. During our visit we observed that there were sufficient numbers of staff available to meet people's needs.

A new member of staff told about the recruitment process they had been through to ensure they were suitable to work with vulnerable adults. They said that they did not take up employment until the appropriate checks such as, proof of identity, references, satisfactory Disclosure and Barring Service (DBS) certificates had been obtained. The registered manager and provider explained they would not allow any members of staff to start until they were fully satisfied that they were of good character and suitable to work in the service. We looked at staff files and found that background checks, such as references and DBS checks, had been completed before staff began working.

The home had recently introduced an electronic medication system. We spoke with both of the senior care workers on duty, who were responsible for medication administration, and they told us the system was working well and meant that errors were less likely to occur. During a medication round we found that people were given their medication in accordance with their prescription. Staff were patient when giving people their medicines and took the time to explain what the medicine and what it was for. We saw that the system alerted the registered manager if a medication had not been given at the correct time and also alerted staff if the medication needed to be re-ordered. Staff admitted there had been some teething problems but believed it to be invaluable in ensuring the safe administration of medication. The medication records we looked at had been completed correctly and staff understood their responsibility in administering 'as

Good

Is the service safe?

required' (PRN) medication. For example one member of staff told us they were discussing with the GP the need to alter a person's PRN medication to a regular dose because of the frequency it was needed.

Good

Is the service effective?

Our findings

People felt that staff were knowledgeable and had the skills they needed to perform their roles. Staff members also told us that they were well trained and supported.

New staff underwent an induction process on commencement of employment. One member of staff told us about their induction which also included a period of shadowing an experienced carer. They said, "It was very helpful to have someone to go to if I needed reassurance once I started working alone." They went on to explain they were confident they would not be expected to do anything they were not cmfortable with. The registered manager explained that the service was working with their training provider to identify how the induction programme could be adapted to meet the new Care Certificate.

Staff said they enjoyed their work and had a variety of training to carry out their roles. One staff member said, I am up-to-date with my training. We do e-learning and the manager tells us when we need to refresh it." Records demonstrated that staff received regular training in a variety of ways, such as face-to-face sessions and distance learning. We looked at the training matrix and saw that staff training was closely monitored. Priority had been given to mandatory training courses, however additional training, such as dementia and falls prevention was also available. We also found training certificates and competency assessments in place.

Staff told us they received regular supervision, which they found to be a useful exercise. One member of staff said, "Supervision is a good time to discuss any problems." We looked at records and confirmed that staff had regular supervision sessions with the registered manager.

Consent to care was sought from people before they received care. Staff told us that they asked people before they carried out a task with them, as well as communicating with them throughout. We observed that staff always spoke to people before providing care and explained what they were doing. For example before moving someone who needed frequent positional changes to prevent pressure ulcers, the staff member asked for permission and explained why it was necessary. We looked at records and saw that people's consent had been sought and their wishes recorded.

The service was acting in accordance with the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that capacity assessments were completed and DoLS applications were submitted for people where appropriate. We found records to demonstrate that people had been deprived of their liberty in accordance with legislation and that a monitoring system was in place to ensure authorisations were renewed before they expired.

People were supported to have sufficient food and drink to maintain a balanced diet. People said that they enjoyed the food and always had enough to eat and drink. One person said, "The food is always nice. I enjoy it. We definitely get enough to eat and drink." The home had adopted a catering system whereby the food was delivered cooked to the home and heated at mealtimes. The menus were nutritionally checked and varied. On the day of our inspection people choose between chicken and leek casserole and cottage pie, followed by sticky toffee pudding or tapioca. The registered manager told us that people were given a choice each day and that the cook would be able to prepare them an alternative if they did not want either choice. Throughout the day we saw people were offered a choice of hot and cold drinks and snacks such as biscuits. We also saw menu's in place which demonstrated the daily choices people could make. During lunch we saw that people were supported and encouraged to eat and drink and were asked if they wanted any more.

People were also able to choose a different meals in accordance with their religious or cultural needs. For example, the catering company had been asked to provide regular Afro-Caribbean food for one individual.

Staff told us that people were supported to attend to health appointments if necessary. Staff worked closely with health professionals to attend to people's health needs. The registered manager told us that people were supported to see professionals such as GP's, district nurses and podiatrists. Records confirmed that people saw health professionals, as and when they needed to. In addition, the electronic record keeping system in the service prompted staff to take regular measurements, such as weight and BMI, to help monitor, and quickly identify changes in, people's health.

Good

Is the service caring?

Our findings

Throughout our visit we saw positive interaction between the staff and the people using the service. For example, staff were attentive towards a person who had recently moved to the service supporting them to feel at home by explaining what was happening at any time. Despite being busy, the approach of staff was caring and supportive. They were not task led and were prepared to give people additional time and patience if they needed it.

Staff told us that, where possible, they asked people what they wanted before carrying out a task. They explained that this wasn't always possible due to the nature of the people living at the service, particularly with more complex issues. Wherever possible, staff offered people choice. We observed staff discussing people's medication and meals with them and offering appropriate choices. We also saw that pictures and symbols were available throughout the service to support people to make their choices known to members of staff.

Most people were not able to talk to us and tell us how they felt, however through our observations we could clearly see that people were comfortable in the service and happy with the staff caring for them. Those people who were able to talk to us told us that they felt well looked after and supported in the service. One person told us about a trip out they had with a member of staff and how much they had enjoyed this. We noted that in addition to care staff interacting with people, the ancillary staff, including the cleaners and the maintenance people, spent time talking to people. This gave the service a homely feel. One member of staff said, "It is very much like one big family here. We all look out for each other."

Staff told us that people were involved in planning their care. Where people were able to, they provided staff with information regarding their preferences and wishes and this information was put into people's care plans. We observed staff updating care plans using the electronic recording system. This allowed them to make changes directly to people's plans whilst talking to them, meaning people could directly contribute to their care. People's families were also consulted and asked to provide information for care plans. We looked at care records and found that people had been involved in the planning process and that their views and opinions had been recorded in the care plan.

Information was available to people about the service that they received. Staff told us that there was a service user guide in place and that people were supported to understand it and the information it contained. We saw that this guide was in place and was regularly reviewed and updated to ensure it had up-to-date information for people.

People's privacy and dignity were respected by staff. Staff were knowledgeable about the importance of people's privacy, as well as confidentiality. We asked the staff about promoting people's privacy and dignity. They spoke about offering choices when dressing, at mealtimes and allowing people to be independent and take some risks, as well as shutting doors when providing personal care. The registered manager told us that staff were trained in this area and records confirmed this. We observed staff being discreet in relation to personal care needs, for example, closing doors and talking quietly to people in public areas. People were appropriately dressed and had chosen what they were wearing.

Individual choices about where people wanted to spend their time were also respected by staff. For example, one person said, "I like to stay in my bedroom and that is not a problem." We observed that staff encouraged people to be independent and that their wishes were respected.

Good

Is the service responsive?

Our findings

People were involved in the planning of their care. People were encouraged to talk to staff about their care and the way they wanted to be cared for. The registered manager told us that people's wishes were important, and respected. They also told us that care plans were regularly updated with the person, to reflect their changing needs. Records showed that care plans were under constant review and were updated on a regular basis. The electronic record system showed the changes that had been made to the plan over time. In addition, we saw that the system allowed care to be recorded in real time. For example, the staff had tablet computers to enter records and as they finished serving drinks they charted who had been offered and accepted a drink. The system prompted them to record more detail for those people at risk of dehydration poor nutrition. This meant that problems would be highlighted quickly and people's changing needs could be quickly identified.

People felt that staff knew them well and supported them to take part in the activities they wanted to do. One person told "I am not stopped from doing anything I want to." We observed other people going to attend a day service during our inspection and another going into the local community on their own. The registered manager explained that people's individual preferences were respected.

We saw good examples of how staff understood people's individual communication needs. This included providing people, with electronic technology to communicate, including tablets and computers.

Staff were able to tell us about people's individual preferences. We observed that staff were aware of people's likes and dislikes and also the need for people to remain as active as possible. This knowledge influenced the range of activities they provided. For example, a game of skittles was played to encourage a person to move about. This was inclusive as other people with less mobility played from their chairs, and those who did not want to join in were encouraged to comment on the game. People were also encouraged to be active around the service. We observed staff dancing with people in the communal areas and supporting them outside in a courtyard area, to encourage them to have fresh air. The registered manager had made the decision that activities were the responsibility of the staff team and not an individual activity co-ordinator. As a result there was an activity plan in place to guide staff but they were left to alter it as required.

People said that they knew who to speak with if they were unhappy about something. One person said, "I would tell the person in charge." Another person said, "It depends on who I would go to. If it's a small thing I would talk to a member of care staff. If it was a bigger thing, I would talk to the manager." Staff told us they would not hesitate to support a person who wanted to complain. One member of the care staff said, "I would listen to them and then tell the manager or ask them to repeat it to the manager."

The registered manager told us that, as they had an open door policy, there were not many complaints. Small issues were quickly rectified so that people did not feel the need to complain formally. During our visit we observed several people pop into the office to talk to the registered manager and provider. We looked at records and found that both formal and informal complaints were recorded and logged. This meant the registered manager and provider could easily see which issues had been resolved and also if there were recurring issues in the service. There were also a number of thanks-you letters and compliments received by the service from family members of people currently and formally living at the service.

Good

Is the service well-led?

Our findings

The service had a positive and open culture. People and staff were happy to be there and were clearly comfortable and relaxed in each other's company. The registered manager and provider had an open approach and were happy for people and staff to come and talk to them about the service and its future development.

The introduction of the electronic recording system had simplified care planning and monitoring and had reduced wasted time and duplication. In addition, it had failsafe's in place to reduce the likelihood that mistakes would be made, such as missed medication dosages. It also provided a forum for internal communication, which meant that issues for handover between shifts could be identified, as well as specific pieces of information, which could be targeted towards an individual member of staff.

The vision for the future of the service was clear. Both the registered manager and the provider told us about plans for an extension to the building which incorporated an indoor garden, allowing people to access a green space all year round. There were also plans to develop some of the dementia-friendly aspects of the service. For example, we saw that a new bath had been installed which included different light settings and air bubbles to help encourage people to maintain their personal care. The provider was keen to stress that changes would only be made if it was suitable for people using the service, they did not want the current levels of care to drop, as a result of any developments.

People knew who the registered manager was and felt that they were around and visible within the service. During our inspection we observed people coming into the office to talk to the registered manager, as well as chatting and joking with them as they walked around the service. Staff also felt that the registered manager was supportive and approachable. One member of staff told us, "We see the manager most days, he is always walking around." The registered manager told us they felt it was part of their role to lead by example. They engaged with people and staff and performed the tasks that they expected their staff to do as well.

The provider was also visible throughout the service. We observed them talking to people and staff throughout our visit, addressing people with their preferred names. Staff had confidence in them and the registered manager. One member of staff told us, "We are lead from the top, they know what they are doing." The provider told us that they had made it their business to know each person and the basics of their care plans when they moved into the service.

There were systems in place to oversee and manage the quality of care being delivered to people. The electronic record keeping system had built in reminders and controls to allow the registered manager to have live oversight of people's care records. The system was able to highlight when care plans were due to be reviewed as well as whether or not areas of care, such as medication administration, had been missed. In addition to the automated checks, the registered manager had a number of audits and checks in place, such as a bedroom cleaning audit, to ensure high standards of care were maintained.