

Peterborough Care Limited

Broadleigh Nursing Home

Inspection report

213 Broadway
Peterborough
Cambridgeshire
PE1 4DS

Tel: 01733561475
Website: www.peterboroughcare.com

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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 ●

Summary of findings

Overall summary

About the service

Broadleigh Nursing Home is a nursing and residential care home providing personal and nursing care to 30 people aged 65 and over at the time of the inspection. The service can support up to 37 people.

The provider is also registered for the regulated activity of Diagnostic & Screening although this was not being provided at the time of this inspection.

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

There was no registered manager in post, but the service was well managed by the current manager. Improvements had been made to people's care records and risk assessments.

The provider and the quality manager had introduced new system policies and procedures to help improve and guide staff with what action to take especially around incidents of safeguarding. We now need to see these embedded into practice. Staff demonstrated a good understanding of how to keep people safe from harm or abuse. They also confirmed that they would report any concerns they may have to senior staff.

Staff knew the people they supported well. There were enough suitably trained and knowledgeable staff to help support people's care and support requirements in a timely manner. People felt safe and told us the staff looked after them well. People were encouraged to eat and drink healthily to help promote their wellbeing.

Governance systems were used in the service. There were action plans in place to drive improvements throughout service. There was an overview of accidents and events and these were reviewed to help ensure there was not a reoccurrence. Medicines were managed safely.

The manager and staff promoted satisfactory infection control and cross contamination processes.

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

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 November 2019). There were multiple breaches. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of

regulations.

Why we inspected

This inspection was carried out to follow up on the action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Broadleigh Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by two inspectors

Service and service type

Broadleigh 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 did not have manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We did not ask the provider to complete Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with seven members of staff including the quality manager, the manager, a nurse and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment.

After the inspection

We reviewed a variety of records relating to the management of the service, including policies and procedures. We spoke with five relatives about their experience of the care provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that robust systems were in place to ensure that people were protected from abuse and improper treatment. This placed people at risk of harm. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of regulation 13.

- Since the last inspection the provider has introduced a 'Standard Operating Procedure' to provide staff with details to assist them to understand and be able to respond appropriately to any concerns or signs of abuse or neglect. This also linked with the local authority procedure.
- Staff had received safeguarding training. They knew how to identify, and report concerns to management and would also report to the local authority or CQC if they felt no action was being taken. One staff member told us if they saw unexplained bruising, "I would inform the nurse, take a picture and record it."
- Incidents had been reported since the last inspection and action taken appropriately to ensure people were protected from harm.

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

At our last inspection the provider had failed to assess the risks to people's health and safety which placed them at risk of harm. This was a breach of Regulation 12 (Safeguarding service users from abuse and improper treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of regulation 12.

- People had individual risk assessments in place which detailed their support needs. They covered areas such as, manual handling, nutrition and hydration and health risks. These were kept under review.
- We observed staff supporting people safely and patiently. Staff were able to explain the people's risks and identify their individual needs.
- Staff were clear about their responsibility in the event of a fire. People had a personal evacuation plan (PEEP). A PEEP detailed how someone would be supported to evacuate the building in the event of an emergency such as a fire.
- Repositioning charts were monitored through an electronic system and action was taken when necessary

to reduce the risk of people developing pressure sores.

- Staff recorded any incidents or accidents. The management team analysed these and discussed any learning with all staff at relevant meetings.
- When errors had been identified with medicines, staff were fully re-trained, and their competence re-assessed to prevent further errors.

Staffing and recruitment

- Recruitment checks were completed to make sure that staff were suitable to work with the people they were supporting.
- There were enough staff to support people's care needs in a timely manner. A person said, "They are quick to come and see what you want. They [staff] are lovely." A member of staff told us when we asked if they have time to chat with people, "Yes, even when passing residents, we are not stressed, we like to chat."
- The quality manager explained that they used a dependency tool to establish the staffing levels and they were going to ensure that this was reviewed on a monthly basis going forward. This is to ensure that staffing levels meet people care and support needs at all times.

Using medicines safely

- Medicines continued to be managed safely so that people received their medicines as the prescriber intended. We heard people being asked if they were ready to have their medicine.
- Staff kept accurate records of all medicines ordered, administered and disposed of. Medicines storage was appropriate.
- Protocols were in place for medicines prescribed to be given 'when required'.
- Staff who administered medicines undertook training and had their competency checked on an annual basis. Regular audits were conducted, and action taken when appropriate.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the service in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they began using the service. Assessments detailed preferences. Care plans were developed from these assessments and spoke about people's choices and how they liked their support to be delivered.
- We observed people being asked about the support they required and independence was encouraged.
- The management team kept up to date with ways to keep people safe. For example, the service only had essential visitors and professionals entering the service due to the national lockdown and following government advice.
- Care plans had been put in place, following guidance from 'The National Institute for Health and Care Excellence (NICE)' for oral health for people to be supported to maintain their oral hygiene.

Staff support: induction, training, skills and experience

- Staff told us they had the right training to complete their role. One staff member said, "It's quite good for me. It's helped me a lot. It gives us more information to look after residents."
- Staff had training that covered health and safety, safeguarding, Mental Capacity Act, manual handling, food hygiene and infection control.
- Staff had regular competency checks throughout their employment in areas such as medicines administration and moving and handling.
- Staff told us they have recently received a supervision session and felt very supported by the new manager.

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

- People's dietary needs were highlighted in their care plans and any risks of malnutrition managed. Food and fluids charts were in place for those people most at risk.
- People had choices and access to food and drink throughout the day and night. Where people wanted to have a specific meal, they were able to request this.
- Staff supported people at mealtimes. This was a pleasant experience and people were given time to eat.

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

- People were involved in decisions about their care and were supported to access health services as appropriate.

- People received care from health professionals in a timely manner and referrals for relevant professionals were completed. For example, for a dietician and chiropody services.

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

- The service had enough amenities such as bathrooms and communal areas to ensure people were well supported.
- Technology and equipment continued to be in use, such as sensor mats which were effectively used to meet peoples care and support needs.
- Access to both indoor and outdoor space was available for people to choose to sit alone, be with others or take part in planned activities.

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.

- Staff knew how the MCA and DoLS applied to their work. We heard them ask people for their consent before carrying out any personal care. They offered people choices in all aspects of their lives. One staff member said, "We always ask people what they would like and make decisions based on what is in their best interest."
- People's freedom were not unlawfully restricted as appropriate applications had been made to the local authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a warm, friendly atmosphere throughout the service and staff were kind, caring and respectful.
- People felt the staff treated them with respect. One person said, "Staff are wonderful and I couldn't be better looked after." A relative told us, "Staff are polite and caring, and they are aware of dignity and the need to be respectful."
- We observed staff interacting with people in a caring way. They gave people time to respond and repeated the question in a different way if they weren't able to understand what was being asked. One relative told us, "I am not concerned that [family member] is not being looked after and we are happy with how it is being done."
- Staff showed commitment and care when speaking about the people they supported. We saw a number of examples where staff had an understanding of people's likes and dislikes.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions relating to the care and support they received. The manager ensured care plans were reflective of individual needs, and sought information from people, or their relatives, if more appropriate.
- Relatives were aware of the care plans in place for their family member. One relative told us of their involvement with the process, but this had been more difficult over the last year due to the pandemic. Although they hoped things will improve and they can get more involved again.

Respecting and promoting people's privacy, dignity and independence

- We observed staff promoting privacy by knocking on bedroom doors prior to entering. One person told us staff helped them with the things they could not do, and this was done in a respectful and dignified manner
- Staff told us how important it was to treat people with dignity and respect. One person said, "Staff always knock on my door before entering." Relatives told us, staff approached people and themselves with kindness.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- Person-centred care plans had been developed and further information was being included to enable staff to support people in a personalised way. Where possible relatives provided important life history and information on likes and dislikes if people were unable to share information themselves.
- Staff were aware of people's life histories and used this information to start conversations and engage people.
- Records showed the action taken by staff to support people with meeting their needs, for example, pressure care this allowed the nurses to take any required action necessary.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information for people was available in different formats such as large print and pictorial prompts. This meant information was given to people in different ways to enable their understanding.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place. Whilst most relatives knew who to speak with the manager. One relative told us, "There have been a lot of managers recently so not quite sure who I should speak to."
- Complaints were logged and showed the action that had been taken.
- People told us they were comfortable in raising concerns if they needed to and were confident it would be dealt with.

End of life care and support

- Staff supported people and their relatives both in planning for and at the end of people's lives.
- The staff team ensured that people's wishes were fulfilled. They recorded the details about the person's wishes and how those wishes would be met.
- The service's ethos was that people should be able to die in the service if that was what they wanted. Staff worked closely with the GP and community nurses to make this happen when possible.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to follow the governance systems in place, which meant that the areas for improvement had not always been identified or the action needed to make the improvements in a timely manner. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider is no longer in breach of regulation 17.

- At this inspection we found systems were in place to help with reviewing all areas of the service. The service had a number of action plans in place which were the result of the various audits that had been undertaken. This made it difficult to see the overall picture of actions required and track whether actions had been complete or were still outstanding. The quality manager told us these action plans were to be combined into a service improvement plan to enable them to monitor their progress.
- The manager was committed to ensuring that a high-quality service was provided and sought information from people using the service and staff to bring about improvements. A staff member said, "The changes have been positive," another told us, "[The manager] is fitting in really well and making changes. I believe we are making things better for everyone."
- There was a positive culture which encouraged openness and inclusion. Staff confirmed that the manager was supportive of them and that communication had improved. One member of staff told us, "[The manager] comes to you and asks how you feel about your job. Tells you if you need help with anything you can go to them. She's a nice person. I love them with all my heart. It's how they do things and how they are with the residents. They do it with their heart, not just a job..."

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 provider and the manager were aware of their duty of candour responsibilities. Records showed they had notified CQC of incidents they were required to inform us about.

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

At our last inspection the provider had failed to notify the Commission of certain events. This was a breach of Regulation 15 of The Health and Social Care Act 2008 (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider is no longer in breach of regulation 15.

- There was no registered manager in post. The current manager has told us they will be applying to register.
- The service was well-run. Staff at all levels understood their roles and responsibilities and the manager was accountable for their staff and understood the importance of their roles.
- A new set of updated policies and procedures had been introduced to the service as guidance for staff.
- Staff told us, and we saw, that the manager was visible in the service and available if anyone needed to speak with them. One staff member said, "[Manager] is approachable, their door is always open."

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

- The manager and staff encouraged feedback and acted on it to improve the service. Although we received mixed feedback from relatives. One relative said, "We have not been told about change of manager and I didn't think this was very good." Another relative told us, "The communication isn't always very good and the responses are often inconsistent." A third said, "Communication is getting better with the new manager." The provider and quality manager accepted that they needed to improve communication further and would take action to do this.
- At the time of our inspection, links with the local community were on hold due to the COVID-19 pandemic.

Working in partnership with others

- Staff made referrals to external healthcare professionals when required.