Mr & Mrs K Kowlessur

Broad Acres

Inspection report

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Ratings

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

Overall summary

This inspection took place on 27 January and 6 February 2015. It was unannounced and carried out by two inspectors.

Broad Acres provides care and accommodation, including nursing care, for up to 48 older people, some of whom may be living with dementia.

There is a registered manager in post. 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.

There are enough staff to support people safely and staff knew what to do if they suspected someone may be being abused or harmed. Recruitment practices were robust and contributed to protecting people from staff who were unsuitable to work in care. Medicines were managed and stored properly and safely so that people received them as the prescriber intended.

Summary of findings

Staff had received the training they needed to understand how to meet people's needs. They understood the importance of gaining consent from people before delivering their care or treatment. Staff were clear about their roles. Where people were not able to give informed consent staff and the manager ensured their rights were protected.

People have enough to eat and drink to meet their needs and staff assisted or prompted people with meals and fluids if they needed support. However, people's mealtime experience could be improved, if the meals were less rushed and staff sat next to the people they were supporting to eat. Staff also made sure that people who were becoming unwell were referred promptly to healthcare professionals for advice about their health and welfare.

Staff treated people with warmth and compassion. They were respectful of people's privacy and dignity and offered comfort and reassurance when people were distressed or unsettled.

Staff showed commitment to understanding and responding to each person's needs, preferences and histories so that they could engage meaningfully with people. Outings and outside entertainment was offered to people and a staff member offered activities on a daily basis. But the activities they offered were not planned in a way that took into account people's interests and personal experiences. The activities were generic quizzes that were not smaller groups of people prepared for it and choosing to take part, but the questions were called out to the whole lounge which meant that the majority of people were not involved or engaged by it.

Staff understood the importance of responding to and resolving concerns quickly if they are able to do so. Staff also ensured that more serious complaints were passed on to the management team for investigation. People and their representatives told us that any complaints they made would be addressed by the manager, but that they could be confrontational and argumentative at times. Relatives also told us that the manager will often reprimand staff in front of people and their relatives which they found disturbing and thought it showed disrespect to the staff. Staff confirmed that the manager did this in public areas of the home.

The service has consistent leadership. The manager, who was also one of the providers, took responsibility for monitoring the quality and safety of the service and asked people for their views so that improvements identified were made where possible. The service sought out information from other sources and services to see what would be of benefit in improving the service people received at this home.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

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 supported by enough, suitable staff who were robustly checked for suitability to work in care when they were recruited. Staff understood the importance of reporting any suspicions of abuse or harm.

Medicines were managed well and risks to people's safety were assessed and managed.

Good

Is the service effective?
The service was effective.

People were supported by competent staff who understood the importance of protecting the rights of people who were not able to make decisions for themselves.

People had enough to eat and drink and staff sought advice about people's health when it was needed.

Good

Is the service caring?
The service was caring.

People who used the service told us the care staff were caring and friendly.

People were involved in making decisions about their care and the support they received.

People's privacy and dignity were respected and their independence was promoted.

Good

Is the service responsive?
The service was responsive.

Activities were on offer but did not take people's past histories and interests into account and not very many people were engaged.

Staff delivered care in a way that was focused on individuals and they understood what each person's needs and preferences were.

Staff took concerns and complaints seriously and people or their representatives believed they would be addressed.

Requires Improvement

Is the service well-led?
The service was not always well-led.

Requires Improvement

Summary of findings

There was a registered manager in post with considerable management experience. They were available to people and their relatives if they wanted to talk with them, but people's relatives told us that the manager was at times confrontational and argued with people if they were negative about the service.

Staff worked well together, but relatives told us that the manager was often heard to shout at staff for poor performance in front of other staff, the people who used the service and visitors.

Systems for monitoring the quality and safety of the service were robust and took into account people's views.

The manager, who was also one of the providers, was proactive in developing links with other organisations to identify improvements and best practice and in keeping up to date with their legal responsibilities.

Broad Acres

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 27 January and 5 February 2015 and was unannounced. The inspection was carried out by two inspectors.

Before our inspection we looked at all the information we had available about the service. We also reviewed notifications made to us. Notifications are changes, events or incidents that providers must tell us about by law. We used this information to help decide what we were going to focus on during this inspection.

During our inspection we spoke with five people using the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three relatives and a GP providing services to people living in the home. We interviewed five members of the care staff including qualified nurses, senior care and care staff. We also spoke with the manager and the deputy manager.

We gathered information from the local authority's quality assurance team. We reviewed care records for six people and medication records. We also reviewed other records associated with the management of the service, including maintenance records, quality assurance records and surveys.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe and well treated by staff. One person told us, "I have no complaints. I feel safe here." Another person said, "The girls [staff] are so good, they keep an eye on me and keep me safe." Staff spoken with were able to tell us about the signs of abuse and were clear about their obligations to report any concerns so that people were protected.

They told us that they were given clear guidance and were reminded of the importance of them raising concerns at work by blowing the whistle on poor practice either within their organisation or to us. This contributed to ensuring people were protected from avoidable harm and abuse.

Our discussions with the manager showed us that the manager responded promptly to any concerns, including reporting incidents to the safeguarding team when appropriate. Records showed that the manager cooperated with any safeguarding investigations within the service.

The risks to which people were exposed were assessed and managed. For example, care records contained an assessment of people's risks of not eating or drinking enough, of falls and of developing pressure ulcers. Staff were able to tell us how they addressed these. For example, they told us how some people were repositioned, in line with their care plan, if they were not able to do this for themselves so that risks of their skin condition deteriorating were managed.

A relative told us, "My [relative] has been better since they have been here and hasn't fallen at all."

We confirmed from records that equipment was tested regularly and concerns about maintenance were addressed promptly. This included for example, the fire detection system and hoists used for moving and handling people. We saw that maintenance stickers on the hoists and fire extinguishers we examined confirmed regular testing to ensure the equipment was safe and would work properly when it was needed. Staff confirmed that they had training in first aid and in fire safety. They were able to tell us what action they would take in response to the fire alarm sounding, dependent on where they were working in the building.

People, and their relatives, told us that there were enough staff around to help them when they needed it . During our observations we saw that there were sufficient staff present in communal areas to assist people when this was necessary and to respond to requests for assistance. Staff told us that they felt staffing levels were sufficient to support people safely. The rotas also showed that sufficient numbers of people were on duty throughout the day and night.

Staff recruitment was done in a way that helped to protect people from staff that were not suitable to work with them. Their work experience and history were checked, references were taken up and checks on their background were done before they started work. Records of these checks were kept and audited by the manager regularly to make sure all the required records were on file as evidence that these checks had taken place.

We reviewed the systems for storing, recording and administering medicines. We found that medicines were kept securely so that they were protected from anyone accessing them who was not authorised to do so. There were regular checks to ensure they were recorded and administered as expected. We selected a sample of records at random including controlled drugs. These drugs require additional precautions in their storage, recording and administration. We saw that balances in stock corresponded with expected levels. Only nurses administered medicines and we observed that it was done in a way that reflected best practice and kept people safe.

Good

Is the service effective?

Our findings

People we spoke with told us that the staff were good and knew what support they needed. One person said, "They [the staff] help me if I need it." A staff member told us, "We have some good training."

Care staff told us that they had access to a good range of training and were able to give us examples of this. The service provided what it called Core training such as fire safety, first aid and moving and handling was delivered regularly by the manager. Staff told us that they thought they were trained sufficiently well to enable them to meet people's needs. They were offered the opportunity to gain further qualifications and one staff member was visited by their assessor for this training during our inspection.

The provider told us that staff were employed subject to a 'probation' period of three months which would be extended if necessary. They gave us examples of this happening if staff had difficulties understanding and applying the training they were given. We spoke with staff who told us they felt that their induction training had helped them develop in their roles.

Staff told us that they had received regular supervision normally every three months and an annual appraisal. Records seen confirmed this. The manager told us that they met with the nurses on a daily basis to discuss clinical issues and provide day to day support. The nurses we spoke with confirmed this.

Staff also said that, "You can talk to senior staff any time you want, they are always available for support and advice. We have regular team meetings and also have shift handovers where we update staff about each resident." We saw minutes from the staff meetings and areas covered topics including manual handling, key working, care practice, training and infection control.

We reviewed training records for staff and the training diary that recorded the training that staff had attended over the last year, These included moving and handling, health and safety and infection control. It also recorded the nurses' medicine training, including administration and its safe storage and disposal.

The manager had recently put in place an electronic record of detailed information relating to training provided, competency observations undertaken, supervision and annual appraisals conducted.

The nurses and care staff had knowledge and basic understanding of the Mental Capacity Act (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. If it was apparent that people did not have the capacity to make specific decisions around their care, the staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff told us how people had choices on how they would like to be cared for and would always ask permission before starting a task.

We spoke with staff about how they gained consent from people before they provided care to them. They were able to tell us about how people's capacity to give informed consent may fluctuate during the course of the day. They gave us examples of how people may refuse assistance with their personal care and how they would return later or try a different approach to see if people would then accept assistance. We saw that this fluctuating capacity was responded to in a flexible manner. For example, we noted that one person had refused support with their personal care when it was first offered to them, but staff went away and returned a little later to try again. This time the person accepted their help.

The manager had completed further training in the application of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Some applications to the supervisory body had already been made to ensure people's rights were protected.

People told us that the food was good. One person told us, "The food is ok, they ask what we want the day before, we have a choice." and "I don't eat much but I have enough." Another person who passed us on their way out of the dining room said, "I hope you enjoyed the meal, I thought it was very nice." Another person said, "That was nice that dinner." and then went on to crack a joke with the staff member supporting them back to the lounge.

Good

Is the service effective?

A visitor told us that staff knew what their relative did not like and always offered an alternative. They said, "The food is alright."

We observed the lunchtime routine in both dining areas, lunch commenced at 11.45am and concluded at 12.35pm, which meant that people did not have much time to relax over their meal. During the meal we observed staff offering people drinks and gently encouraging people to eat and drink. The meal was presented well and portions were of an appropriate size, people were asked if they had had enough or if they wanted any more.

We observed three people who used the service sitting at the dining table. There were two members of staff assisting the three people to eat and drink at the same time. But staff spoke with people during their meal and asked if they were ready for some more food or drink and gently encouraged people to eat and drink. Unfortunately, there was very little direct eye contact with people due to staff not sitting next to them while they were assisting them to eat and drink. We discussed with the manager the possibility of people's mealtime experience being improved by the meals being less rushed and staff sitting next to the people they were supporting to eat. They assured us that they would take steps to make people's mealtimes more relaxed and engaging.

We spoke to people about what happened if they were not well. One person told us, "You've only got to ask and they get the doctor. A visitor commented, "My [relative] wasn't well, but the doctor came the same day."

During our inspection a person we spoke with was unwell and told us that the staff had called for the doctor, and that a dentist was visiting them the next day because their mouth was sore. After visiting their patient the GP told us that they felt staff had a good grasp of people's needs and were able to offer prompt and good information about people's conditions or health when they asked for it. They felt that staff referred people for health advice promptly when this was needed. Records were kept of any health care professional visits, which showed that people were supported with their health needs.

Good

Is the service caring?

Our findings

People we spoke with said they felt well cared for by staff. One told us, "They're all lovely." Visitors to two people told us how kind they felt the care staff were. One commented, "They always make sure they have time for my [relative] and are never too busy to talk to them."

One person who used the service said, "Staff are polite and caring, I have a laugh and joke with them." A relative said, "Everyone we have come into contact with has treated [my relative] with dignity and patience during this difficult time." And "We are very grateful that we chose Broad Acres for [our relative's] care all that time ago and have never regretted the decision."

We were shown several letters from relatives of people who had used the service. They were very complimentary about the care provided to their loved ones.

We saw interactions between people and members of staff that were caring and supportive and which demonstrated that staff listened to people. They spoke with people in a thoughtful manner and asked if they were all right or if they wanted anything. Staff were able to tell us about people's needs and specifically how they liked to be supported. A staff member told us, "There is one person who doesn't like too much noise about them, so I help them find somewhere quite to spend their time."

People were treated with dignity and respect and staff were discreet when asking people if they needed support with personal care. Personal care was provided in private to maintain the person's dignity. Staff were able to give us clear examples of how they promoted people's dignity while they were delivering personal care. For example, knocking on people's doors and waiting for a response before going into their bedrooms.

One relative told us, "We spoke with [the manager] before my [relative] moved in here, we talked about everything my [relative] needed and liked to do." The manager told us that people were encouraged to be involved in planning their care where they were able and relatives also told us they were consulted about their family member's care.

People we spoke with were not able to tell us if they were involved in putting their care plans together, but relatives we spoke with told us that they were consulted and involved. One said, "I'm always involved in decisions, my [relative] and I meet with the manager to discuss their care plan. It makes me feel involved.

Requires Improvement

Is the service responsive?

Our findings

Relatives told us they were mainly happy with the standard of care their family members received and it met their individual needs. One relative said, "The level of care for my [relative] is good, it took a while for it to settle down, but it's good now." Another relative told us, "I come here every day to be with my [relative], they have been here a long time and has been looked after well."

Relatives told us that they had provided information during the assessment process before their family member moved in. Care plans were developed from the assessments and recorded information about the person's likes, dislikes and their care needs. We saw that the care plans had been recently updated and were clearly written.

One person told us, "I don't do a great deal during the day, I eat, watch the TV or just drift off into my own thoughts." One person's relative told us that their relative spent all day in their bedroom and staff did not spend time with them in their room to interact socially apart from when they received personal care. Another relative told us, "I visit my [relative] most days but I never see people taking part in any board games or anything else to keep their mind busy. I have trouble keeping them awake during my visit." And "I have seen a cupboard full of games, jigsaws and bowling sets, but I have never seen them out."

We saw one of the two activities coordinators employed by the service. They went from lounge to lounge, encouraging people to take part in a quiz or a singalong. Not many people were interacting with them and they concentrated on those that did respond. The majority of people were completely disengaged and one person told the activities coordinator to go away irritably.

We have discussed activities offered to people with the provider during our last inspection in April 2014 and they told us that that they expected staff to interact with people and engage them in activities throughout the day. However, we did not see staff, other than the coordinator, supporting people with any activities during our inspection. Entertainers came to the service regularly, trips out to the local beach resort were arranged from time to time and so were outings to the local town for meals out or trips to the pub for individuals or very small groups. Since our inspection the provider has told us that they planned to employ a third activities coordinator.

Although outings are arranged and entertainers visit the service, the provider needs to take action to ensure that people are offered the opportunity to take part in activities within the service that match people's personal preferences, either individually or in small groups.

People were supported to keep in touch with those that were important to them such as family and friends, so that they could maintain relationships and avoid social isolation. Input from families was encouraged and relatives told us they were given a cup of tea when they visited.

One person who used the service said, "If I wanted to talk to the manager I ask the staff to let her know and she comes to see me." A relative told us, "If we have any concerns we talk to the manager, they get a bit defensive and argue the case, but normally get things sorted for me." Another relative told us that if they had a problem they would speak with the staff or the manager. One person said, "The care staff are great and I can take any worry to them."

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The manager said that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service. They also said, "Everyone knows where to find me, I'm often here into the evening so I get to see everyone."

Requires Improvement

Is the service well-led?

Our findings

Overall the home is well-led, but visitors, relatives and some staff felt that the manager, who was one of the providers, did not always ensure a positive culture and atmosphere within the home.

One person's relative told us, "It worries me, every time I visit my [relative] I hear [the manager] talking to staff in a raised voice. [the manager] isn't very nice to staff, not encouraging and always uses negative comments." Another relative said, "The manager shouts at staff they think have done something wrong in front of other staff, visitors and the residents. This worries my [relative] it makes them uneasy." This was confirmed to us by other visitor's, relatives and some staff members. Those who shared that concern with us felt that staff were sometimes unfairly treated and were concerned about staff morale as a consequence.

Staff opinion was mixed, some agreed that the manager did discuss their shortcomings in public, which they found difficult. Some said that the manager may not deal with difficult situations in an appropriate manner, but felt that the manager put the people who use the service on the top of her agenda. Other staff felt that the manager was supportive and approachable. One staff member said, "I have worked here for years, I have only found her fair, but passionate about the way the residents are treated. If I do something wrong I would expect to be told off." Another staff member said, "I really enjoy working here, I love it, I have a good relationship with my manager and other staff."

The manager told us that if they felt that the staff were not giving people the best quality of care or showing bad practice they dealt with it immediately. This means that staff may be reluctant to approach the manager for support or if they have concerns. Also, the morale of the staff could be affected which could negatively affect the quality of the service.

Relatives also told us that the manager got defensive if they brought concerns to them or disagreed with the treatment their relatives got. One relative said that, "…. It's OK for me because I am strong enough to stand my ground, I hope the others do." Another relative said, "I don't like raising issues with her [the manager], but when I do they do get dealt with. This could mean that people may become distressed or be reluctant to approach the manager if they have worries or concerns, which may also lead to the quality of service being negatively affected.

This is a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision which corresponds to Regulation 17(2)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The manager maintained a visible presence in the service, reviewing what happened within the service throughout the day, when they would monitor the quality of care. Their office was situated near the entrance hall and there was an open door policy so that people and visitors could approach them at any time.

The provider sought feedback from people and their relatives to improve the quality of the service. The manager explained the systems in place to obtain the views of people, relatives, staff and professionals. Questionnaires were distributed and the feedback was used to identify areas for development, for example the provider had made improvements to the environment, renewing carpets to some areas. There was also a suggestions box close to the entrance so that people could give feedback and suggestions anonymously.

There were staff meetings to give staff the opportunity to raise concerns or make suggestions for improving the service. Staff said they were encouraged to raise issues both at staff meetings and informally.

There was a handover process between staff to make sure that important information was clearly understood by all staff so that important information was acted upon appropriately. The manager attended the handover meetings so that they were aware of any changes or plans such as doctor's appointments or other health care visits.

The provider had processes in place to monitor and audit the quality of the service. A maintenance person was responsible for maintaining and checking equipment and systems relating to health and safety. For example, there were records of regular checks on fire systems and equipment, water temperatures, electrical appliances and the general maintenance of the property. Any identified issues were dealt with promptly.

Requires Improvement

Is the service well-led?

The management team carried out a range of audits that included people's care records, concerns and complaints, medication systems and staff training. There were systems in place for managing records. We saw that people's care records were well maintained, contained a good standard of information, were up to date and stored securely in the office. People could be confident that information held by the service about them was confidential.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision Which corresponds to Regulation 17(2)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. The registered providers failed to ensure that they set a good example by speaking in an appropriate way that would show respect to the people who used the service, their relatives and the staff.