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# Broxbourne House

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Broxbourne House is a residential care home providing personal care for older people, some of whom were living with dementia. Broxbourne House is registered to accommodate 20 people, at the time of the inspection 19 people lived at the service.

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

People were happy living at Broxbourne House. They told us staff were kind towards them and knew their needs well. People were encouraged to make their own choices and retain their independence and people's care plans were individualised and person centred.

People felt safe living at Broxbourne House and where risks to people had been identified there was guidance in place for staff. Staff were able to tell us how they kept people safe and had a good knowledge of how to identify and report a potential safeguarding concern.

People lived in an environment that was checked for its safety and suitable for their needs. The environment was spacious and well laid out and was kept clean and tidy by a team of housekeeping staff.

People were cared for by a sufficient number of staff who had been trained and demonstrated competence in their roles. Staff received the support they required through continual learning and development and regular supervision with their line manager.

The manager was involved in initiatives to help assist with the pre-assessment stage for people. Appropriately trained staff safely administered medicines and people received the medicines they required in line with their prescription.

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.

People and staff said the service was well led and they felt their opinions were sought and listened to. The registered manager worked alongside the staff and was very visible, they knew people well and focused on delivering person centred care.

The registered manager and staff worked in partnership with health and social care providers to plan and deliver an effective service. The provider took people, their relatives, and professionals and staffs views into account through surveys. There were effective systems in place to monitor the quality and safety of the service and any learning was identified and acted on. Staff enjoyed working at the home and said they received good support from the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 24 February 2021).

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.

#### Why we inspected

This focused inspection was prompted by a review of the information we held about this service. We only inspected the key questions, safe, effective and well-led. The overall rating for the 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, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Broxbourne House

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out 1 inspector.

#### Service and service type

Broxbourne House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Broxbourne House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed the information we held about the service since our last inspection. This included accidents, incidents and safeguarding concerns.

During the inspection

We spoke with the registered manager and nominated individual during the inspection, as well as 4 staff which included care, activities and domestic staff. We spoke with 3 people to obtain their feedback about the care they received.

As part of the inspection we reviewed the care records for 6 people in varying depth, numerous medicines records, 3 staff recruitment files, governance systems and processes and other documentation relevant to the running of the service.

Following our visit, we received further information from the registered manager, which included training details and health and safety documents.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff said, having a good understanding of people's anxieties and routines allowed them to identify potential risks to their safety and wellbeing. One staff member said, "I would look for anything out of character and report it straight away."
- Staff had received training on how to safeguard people and were able to identify different types of abuse and explain both internal and external reporting processes.
- People were protected by staff who understood the risks to their wellbeing and supported them to mitigate these. For example, risk assessments and capacity assessments had been completed to ensure that people's finances were appropriately managed, and how people could access the community safely.
- The registered manager was clear about their responsibilities under safeguarding and for reporting incidents. They had consistently made local authorities aware of reportable incidents in line with their safeguarding policies.

Assessing risk, safety monitoring and management

- Before people moved to Broxbourne House an assessment was completed to identify the level of support they needed. This assessment included risks to their health and well-being.
- People's care needs were regularly reviewed, and updated, when necessary, to ensure they reflected the person's current needs. Where appropriate, care records identified risks in relation to falls, nutrition and people's pressure care.
- Staff confirmed they were updated on each shift through verbal handovers and written records, for example if people's care needs had changed. Staff said the quality of shared information was good which enabled them to provide appropriate monitoring and support to everyone.
- Permanent maintenance staff ensured the environment and equipment were well maintained to keep people and staff safe. Checks included fire equipment and hot water temperatures.
- People had personal emergency evacuation plans in place that provided key information should they need evacuating from the building.

Using medicines safely

- People received their medicines safely. One person told us, "I always get help with my medicines, I have them at the same time every day without fail." People had individual medicine administration records (MAR's) that included details of their GP and any allergies they had. We saw protocols were in place for administering 'as required' (PRN), medicines for pain relief. There were assessments and guidance in place for people who were supported to take their medicines covertly, that is, without their consent, for their own

welfare.

- Medicines were stored safely in locked trolleys in a locked room. There were no controlled drugs in use but there was provision for them to be stored securely in a locked cabinet. Daily medicines fridge and room temperature monitoring was in place and recordings were within the appropriate range.
- We saw regular audits were completed to ensure people received their medicines on time.
- Staff responsible for administering medicines had completed appropriate training and their competency to administer medicines had been assessed by senior staff.

#### Staffing and recruitment

- Staff were deployed effectively to meet people's needs. The staffing rota corresponded with the names and numbers of staff on duty. We saw there were enough staff to meet people's needs.
- People and staff told us there were sufficient numbers of staff to meet people's needs. One person said, "There is always staff available." Another person told us, "There is never a situation when I have to wait, they (staff) are excellent, they do a great job."
- The provider carried out robust pre-employment checks prior to staff working at the home. This included identity checks, previous employment, references, their right to work in the UK and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

The service supported visits for people living in the home in line with current guidance. People and relatives told us they were able to visit.

#### Learning lessons when things go wrong

- There were systems in place to manage, monitor and support learning from accidents, incidents and safeguarding.
- Staff understood the importance of reporting and recording accidents and incidents and how best to respond.
- Accidents and incidents were monitored by the manager on a regular basis to identify themes and trends as a way of preventing recurrence.

# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed 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 prior to the provision of care. This was to determine what the person's needs were and to assess if the service could meet those needs. Assessments were carried out in line with guidance and legislation, for example, they covered needs related to protected characteristics such as religion and sexuality.
- The registered manager told us they involved people in their assessments, as well as relatives, where appropriate.

Staff support: induction, training, skills and experience

- Staff completed training which included; safeguarding, dementia awareness, infection control, moving and handling, fire awareness and first aid. A staff member told us, "[Person's name] is hoisted, we staff have the knowledge and skills to use this equipment."
- There was a process in place to monitor the training staff had received and the registered manager ensured refresher training was completed.
- Staff told us they were supported by the management team. One staff member said, "The manager is always approachable, visible and supportive. There are regular staff meetings." Another staff member said, "We have one to one supervisions and regular staff meetings."

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

- People were supported to maintain a balanced diet.
- People said they were happy with the meals provided and the choice. One person told us, "The food is very good indeed."
- People said they liked that they could change their minds, for example swapping their normal choice of porridge for a cooked breakfast.
- The support people required with their dietary needs was recorded in their care plans. For example, some people had modified textured diets where they were at risk of choking. We observed a member of staff supporting a person at risk of choking to eat and drink safely.
- People could choose where they ate their meals. Some people chose to eat in the dining room and socialise with others and other people ate in their rooms.
- People were offered hot drinks and snacks throughout the day and people had water jugs in their rooms.

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

- The home was appropriately adapted, equipped and decorated and furnished to a good standard.
- The provider had an ongoing programme of decoration and refurbishment for areas identified as requiring updating, for example, some areas of flooring.
- People told us the service was a relaxed and comfortable place to live. One person said, "I'm very happy here because it's a relaxed place to be with a very homely feel."
- We saw the premises were kept free of obstacles and hazards which enabled people to move safely around the care home.
- There were outside areas for people to use, and several communal internal rooms which enabled people to socialise and take part in activities.

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

- People's care plans contained important information relating to any equipment, such as specialist beds or moving and handling equipment. Where people had an identified health and social care professional involved, details were recorded within their care plan.
- People were supported by staff to seek medical attention should this be needed. Referrals were also made to health and social care professionals when required.
- The registered manager confirmed the service worked in partnership with health care professionals when the need arose.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. Peoples capacity to make decisions about their care and support was assessed on an on-going basis in line with the MCA.
- People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, DoLS applications had been made to the relevant local authority where it had been identified as necessary.
- People were asked for their consent and staff acted in accordance with their wishes. Staff involved people in decisions and allowed them time to make their wishes known.

# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a clear management structure and staff showed a good understanding of their roles and responsibilities, showing commitment to ensuring people received the best care for their individual health needs.
- The registered manager knew their legal responsibilities for sharing information with CQC and other bodies. Where the service had to tell us about significant incidents, statutory notifications had been sent to CQC appropriately as required by the regulations.
- There were robust quality assurance processes in place which were carried out by the registered manager. This included a variety of audits to ensure the quality of service was maintained and any shortfalls identified and acted upon. The audits covered a range of areas including medicines, infection prevention and control, accidents and incidents and care plans.
- There was an ethos of continuous improvement and learning. The registered manager and staff spoke positively about their commitment to learning and making improvements to the service people received.

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 duty of candour was understood by the registered manager, and there was a culture of learning, openness and continual improvement. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to treatment and care.

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

- The registered manager and staff promoted a positive culture in the home. People spoke positively about the care and support they received. One person said, "I feel the home is organised and well run. I speak with the manager and staff every day; they are all very good."
- Staff told us the management team were approachable and supportive. One staff member said, "I love my job, it's a nice place to work, it is a good team, I like it here." Another member of staff said, "I think the team is great, they know people well. If I had any queries or concerns, I know I could approach the management team with confidence, they are very supportive."

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

- People told us they felt involved in the running and shaping of the service. One person told us, "Staff and [registered manager] are always popping in, checking I'm ok, asking whether I want anything and asking my opinion on things. We do have meetings, but I tend not to attend them all."
- Staff were positive about working at Broxbourne House. They said they received regular supervisions and attended staff meetings to share information and learning with one another. One staff member told us, "I love it here and staff morale is good. Everyone gets on well, we work really well together. [Registered manager] and [nominated individual] are both great, their door is always open."
- People and relatives had opportunities to provide feedback through questionnaires, telephone calls and meetings.

#### Working in partnership with others

- The registered manager and staff team worked with people, relatives and healthcare professionals such as GPs, chiropractors and opticians to provide the best outcomes for people.