

Intacare Limited

Broomhouse Nursing Home

Inspection report

Broomhill Road
Old Whittington
Chesterfield
Derbyshire
S41 9EB

Tel: 01246260697

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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

Broomhouse Nursing Home specialises in providing nursing and personal care for up to 40 people who have a learning disability or autism or other associated and complex needs across four separate units, each of which has separate adapted facilities. All units had people living with complex needs, however, people living on the ground floor were slightly more independent. Nursing staff work across the two floors to support people with their nursing needs. There were 37 people living in the service on the day of our inspection.

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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.

Systems were in place to monitor the safety of the service which ensured peoples' risks were mitigated and lessons were learnt. Action plans had been put into place to ensure the service continuously improved. People were supported by staff who routinely promoted privacy and dignity. Comments from relatives and people were positive.

People had access to a range of health and social care professionals for advice, treatment and support. Nurses and care staff monitored people's health and well-being effectively and responded quickly to any concerns. Medicines were managed, stored, administered and disposed of safely. Nurses had their competencies checked at regular intervals they also received clinical supervision from the registered manager and had opportunity to attend training to maintain their professional registration.

Staff were recruited and trained to a good standard. Staff received supervision and had checks on their knowledge and skills. There was enough staff to meet people's needs.

Quality monitoring systems were in place and the registered manager had responsibility to report and significant events including accidents and incidents to the quality monitoring manager.

The service was safe clean, tidy and well maintained. People had access to a complaints procedure which had been developed in pictorial and easy read format for those people who found written procedures hard to understand.

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

Rating at last inspection:

The last rating for this service was good (published 26 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Broomhouse Nursing Home on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

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 caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.
Details are in our well led findings below.

Good ●

Broomhouse 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Broomhouse Nursing Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means they and the provider are 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 sought feedback from the local authority and professionals who worked with the service. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with three people and five relatives about their experience of the care provided. We spoke with ten members of staff including the deputy manager, quality compliance officer, a nurse, four care support staff, health and safety officer, lifestyle facilitator and the head cook. We reviewed a range of records. This included three people's care records and their medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed information received from the clinical quality manager from Derbyshire CCG. No concerns were identified.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Systems and procedures were robust and the service acted appropriately when a safeguarding incident was identified during the inspection. The inspector witness an illegal move when two staff assisted a person to stand up.
- Relatives told us they felt their [family member] was safe at the service. A relative said, "I implicitly trust the staff at Broomhouse."
- Staff had received training on how to recognise signs of abuse and were able to tell us how they supported people to stay safe and protect them from abuse or harm.
- The registered manager appropriately reported incidents of potential abuse to CQC and the local safeguarding team. We discussed a recent safeguarding with the deputy manager and they showed us evidence to support how they had learned from the incident.

Assessing risk, safety monitoring and management

- Risk assessments had been developed where people displayed behaviours that challenged others. They provided guidance to staff, so they could manage situations in a consistent and positive way. The plans were reviewed regularly and where people's behaviour changed in any significant way nurses had access to a range of healthcare professionals for support.
- The provider ensured that people were living in safe premises. Environmental risks assessment had been carried out. Equipment used in the service was routinely maintained.
- There were safe processes to support people's needs in the event of a fire. Each person had an emergency evacuation plan (PEEP) in their care plan. This described the assistance the person would need to vacate the building safely. Staff told us they had attended fire training updates and would know what to do in the event of a fire.

Staffing and recruitment

- The recruitment of staff was robust and safe. For example, gathering references from previous employers to ensure staff were of a good character. Induction and a period of mentoring took place before the staff were given a permanent role in the organisation.
- Staff rotas confirmed there were enough staff to meet people's personal needs. A relative said, "Staff are always visible when we visit. They always answer any question we may have."
- Nursing staff had their Nursing and Midwifery Council (NMC) registration checked and were all up to date.

Using medicines safely

- Medicine systems were robust and effective. People received their medicine as prescribed and in a safe,

person-centred way.

- Protocols were in place for the use of 'as and when required' medicines. We found clear concise records were in place and accurate.
- Nursing staff responsible for administering medicines had received appropriate training and had their competencies reviewed on a regular basis.
- The registered manager carried out regular checks of the records to ensure procedures were followed. Any errors or concerns were identified and dealt with appropriately.

Preventing and controlling infection

- Cleaning schedules ensured regular cleaning, including deep cleaning of areas, took place and was checked and monitored. The home was clean, tidy and odour-free.
- Staff understood how to prevent and control the spread of infection. Personal protective equipment such as gloves and aprons were available throughout the service and we saw staff using them when delivering care. Staff confirmed they had received training in the control and prevention of infection.

Learning lessons when things go wrong

- The registered manager encouraged staff to report accidents and incidents, these were dealt with promptly and lessons learnt were discussed during staff meetings. Action plans were produced and used to track these.
- The registered manager and nurses met regularly to share experiences and any learning from events which may have occurred. Staff meetings were held regularly to discuss information to help the service deliver good standards of care.

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 good. At this inspection this key question has remained the same. 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

- Care plans had been developed with people or their relatives which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
- Care plans contained detailed information about people's care and support needs, which included their physical, and social care needs. Nurses followed best practice guidelines to ensure people's mental health was supported by involving community psychiatric nurse and specialist consultants.
- Peoples assessments had identified the need for additional equipment or technology. For example, people were individually assessed for wheel chairs that supported their posture. This meant they were in the right position to receive care, eat their meals safely and could be moved around the service safely.

Staff support: induction, training, skills and experience

- Staff received training which supported them to have the knowledge and skills to do their job well and effectively meet people's needs. Staff confirmed the training gave them the skills to fulfil their roles.
- Staff had supervision and appraisal meetings with the registered manager. This allowed staff time to express their views and reflect on their practice.
- Staff meetings and handovers helped to inform staff of any changes to people's needs, to the service or the organisation.
- The registered manager had responsibility for providing clinical supervision to the nursing staff. Nurses told us they were able to attend additional training to ensure their revalidation and professional registration was kept up to date.

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

- People's wishes, and beliefs were taken into consideration when preparing meals. Meals were planned for people who required a diet suitable for conditions like diabetes, allergies or following speech and language therapist (SALTs) visits, where people were at risk from choking.
- We spoke with the head cook who was very well informed about people's dietary needs.
- Nursing staff followed best practice guidance by completing the 'malnutrition universal screening tool' [MUST]. The screening tool was used to identify adults, who were malnourished, or at risk of malnutrition. Weights were recorded where required, to highlight any changes which may need further intervention from dieticians.
- Observations over lunch showed some improvements could be made. For example, we saw meals were served before some people were seated for their meals. This meant the temperature of the meal could not be maintained.

- People were unable to assist with preparing meals due to their limited capacity and physical frailty.

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

- People had access to healthcare professionals. The deputy manager told us the local doctors practice held a surgery at the service every two weeks. People also had access to their doctor when needed. One relative said. "Staff always keep me updated on any health issues with my [family member]."
- People were supported to maintain routine appointments with chiropodists, opticians and dentists. Care plans contained a section on oral health care and this was regularly reviewed.

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

- People had personalised their room with pictures and some of their own furniture. For example, one person had a sensory mirror which they liked to be switched on when they were in their bedroom.
- People were encouraged to socialise during the day in communal areas but could return to their bedrooms if they wished.
- People had access to large well-maintained safe gardens.
- Signage around the home promoted people's independence. For example, bedroom door had their name and a picture of them and identified the support needed in case of an emergency evacuation was needed. Pictures of bathrooms and toilets were used to clearly identify those facilities.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 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.

- The deputy manager told us that some applications had been made to the supervisory body for renewal. A list showed the people who had an authorised DoLS.
- Staff had been trained in the MCA. Staff confirmed they had a basic understanding of the MCA process, but this was mainly the nurses and managers responsibility.
- Care plans had MCA assessments where necessary and there was guidance on how to support people in their best interests in each area of care.

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 good. At this inspection this key question has remained the same. 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

- Throughout the inspection we observed, kind, considerate and professional interactions between staff and people. People told us they felt staff were respectful.
- People and their relatives gave positive reviews on the care provided. Comments included, "Staff are absolutely brilliant, my [family member] has blossomed since being here", and "Staff work very hard to make my [family members] life is as good as it can be."
- Equality was promoted within the service and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds. The lifestyle facilitator told us that religious services took place at regular intervals. One person said, "I like to go to church three times a week. I like to join in with the singing."

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

- Some people and their families were able to contribute to their care planning. A relative said, "Yes I am invited to attend my [family member's] review, we still feel part of their life. They [staff] bring my [family member] to visit us every two weeks. There are not many places that would do that."
- People told us they felt confident to express their views and make decisions about their care. Care plans contained details of people's preferences. We spoke with an advocate who supported several people living at the service. They said, "Staff are very good, and they supported people with kindness and empathy."
- We observed people being involved in making choices about what they wanted to eat and drink. People also expressed their views on Christmas festivities by holding up cards of smiley or unhappy faces.
- An advocate told us they supported several people living at Broomhouse to make decisions and choices about their care and their life. They said, "I am working with one person who has expressed wishes to go back into the community. I am continuing to work with staff at the home to talk through this process."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff knocking on people's bedroom doors before entering and speaking to people in a quiet voice, so others could not hear their conversations.
- People told us staff respected their privacy and dignity, for example, for example, wiping people's mouths after they had finished eating and changing their clothing if it was soiled.
- People's and relatives views about the staff were extremely positive. Comments included, "They treat [family member] with dignity and respect" and "They [staff] have helped my [family member] to settle into the home. The staff are very respectful."
- The service ensured they maintained their responsibilities in line with the General Data Protection

Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support plans were personalised and detailed how people should be supported with each task. Staff said, "I know the people I care for very well, we treat people as we would like to be treated, as individuals."
- Care plans were reviewed by nurses regularly to ensure records were up to date and in line with people's preferences, choice and current needs. Daily handovers inform staff of any changes to people's care and support.
- Relatives felt their [family member] received care which was centred on their individual needs and preferences. One relative said, "We could not wish for better support for my [family member]. Staff are always looking to improve."
- Staff were attentive and responded to people's requests for help and recognised the importance of giving people time and attention. For example, one person wanted to go to the service next door to take part in an activity. The staff facilitated this for the person.

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.

- We spoke with the deputy manager and staff about AIS during the inspection. We were reassured that people were supported to receive information in a format which was easy for them to understand. The senior care worker told us, "We know people very well and understand their body language, facial expressions when they are happy, in pain or sad."
- We saw information around the home used pictures and easy read to inform people about events and activities. For example, a poster about the Christmas party which was taking place at the weekend.
- People's communication needs were identified, recorded and highlighted in care plans. Needs were shared appropriately with others. Care plans described support people needed to enable staff to understand their wishes and when people were unable to communicate verbally.

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

- The registered manager, nurses and care staff were committed to supporting people to be as independent as possible.

- People's preferences and choices were recorded, including their interests, hobbies and work life history.
- People attended a 'residents meeting' where people were asked their views on ideas for Christmas. The lifestyle facilitator told us about some of the activities people could join in. For example, themed coffee mornings, arts and crafts, meals outside the home and holidays. A relative said, "Since my [family member] has lived at Broomhouse they have had more opportunities to go to shows and take breaks away from the home."
- Care records provided information about their life history, cultural and spiritual needs and activities they enjoyed. We were told people could access religious services held both in the home and the community.

Improving care quality in response to complaints or concerns

- There were no open or unresolved complaints and we saw positive feedback for the service. The registered manager regularly communicated with the staff, people and their relatives and other healthcare professionals. By having this approach concerns could be dealt with quickly. A relative said, "We have had one or two little issues, but they always put things right and in a timely manner. This home is second to none."
- The complaints procedure was displayed and was available to people in different formats. For example, easy read using pictures to explain how to make a complaint.

End of life care and support

- At the time of the inspection no-one was being supported with end of life care needs.
- People's preferences in relation to end of life support was explored during the care planning process. Care plans included what was important to them and their final wishes such as burial or cremation who they wanted to be involved, and their wishes when they were approaching the end of their life. .
- Nursing staff ensured medicines were obtained to manage any future symptoms such as pain for people approaching the end of their life, so they were available when needed.

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 good. At this inspection this key question has remained the same. 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

- There was a very positive culture of learning and support across the home. At the time of the inspection the deputy manager showed an open and transparent approach and was passionate about promoting a person centred, inclusive and empowering culture.
- People, relatives and staff told us the service was very well-led. Relatives confirmed they knew the registered manager well. A relative said, "The manager is approachable and understands my [family members] needs. I trust him to do his best."
- The registered manager and staff recognised the importance of the views of people and their relatives. Nursing staff held regular reviews of people's care, which gave opportunities to relatives to express any concerns they may have about the care provided.

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 registered manager had met the regulatory obligations for their registration and in relation to their duty of candour responsibility. The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong.
- The registered manager had sent us written notifications about any important events when they happened at the service to help us check the safety of people's care when needed.

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

- The registered manager, nurses and care staff were clear about their roles. There were clear support and reporting structures for staff. Care staff were aware of who they should go to with concerns.
- Robust governance arrangements were in place. A quality monitoring manager undertook regular visits and received reports about the service from the registered manager. A health and safety manager carried out regular checks which ensured the building was well maintained.
- The registered manager had good oversight of the home and undertook regular checks, which were then analysed to consider risks and trends.
- The ratings from the last inspection were clearly displayed.

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

- People and staff were observed seeking guidance and reassurance from the nurses and team leaders throughout the inspection. The atmosphere was relaxed, with staff engaging with people. People continued to be treated equally and had their differences respected.
- Regular meetings took place for people, relatives and staff. Minutes from meetings with people showed how people had been involved in discussions about menus and activities. Where people were unable to communicate verbally people had been given a smiley face sign to agree suggestions and a sad face sign if they did not agree.

Continuous learning and improving care

- The registered manager had systems in place to learn from events. For example, when a medicine error occurred, the deputy manager introduced new guidelines to minimise the risk of further errors taking place.
- Staff meetings were used to discuss incidents and accidents. This meant staff were involved in the developments and progress of the service.

Working in partnership with others

- The provider group had regular manager support groups and internal management meetings which considered best practice and care legislation.
- The manager told us they worked closely with outside agencies to ensure people received appropriate care and support.
- We received positive feedback from the clinical quality manager for Derbyshire CCG and from local advocacy services.