

Bondcare (Bromford) Limited

Bromford Lane Care Centre

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 29 May 2015 and 1 June 2015 and was unannounced.

We last carried out a comprehensive inspection of this service on 15 April 2014. At that inspection we found the provider required improvements in the management of medicines. At this inspection we saw that improvements had been made in respect of the management of medicines.

On 12 November 2014 we carried out a responsive inspection because we had received some concerns about staffing levels at night. At that inspection we saw that there were sufficient staff to meet people's needs.

Bromford Lane Care Centre provides accommodation and support for up to 116 people who require support with their personal or nursing care. The accommodation was split up into five units. Two units supported people with complex needs, one supported people living with dementia and another that supported people with nursing needs. The fifth unit supported people who had

Summary of findings

moved from hospital into the home for a short stay before they moved onto other permanent accommodation or were able to return home. At the time of our inspection there were 99 people living in the home.

There was 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risks of abuse because the provider had systems in place to minimise the risk of abuse and staff were trained to identify the possibility of abuse occurring. Staff understood their responsibility to take action to protect people from the risk of abuse and how to escalate any concerns they had.

People were protected from risks of injury associated with their needs because risks had been identified and management plans put in place so staff had the information they needed to minimise risks. Staff knew how to protect people in emergency situations such as illness, injury or fire.

Staff had a good understanding of how to ensure that consent was obtained and how people's rights were to be protected if they did not have the ability to make decisions for themselves.

People were provided with sufficient food and drinks throughout the day that met their needs. Support and advice was sought where people were not eating or drinking enough to remain healthy. People were supported to see health care professionals to ensure they received medicines and medical treatment as required.

Staff were caring and had an understanding of the needs of the people they were supporting. Staff received the training and supervision they needed to carry out their roles. At the time of our inspection there were sufficient staff available to meet people's needs but some people and relatives told us they sometimes had to wait for assistance.

People were supported to maintain contact with their friends and relatives. Group and individual activities were available for people to take part in if they wanted.

Systems were in place to gather the views of people so that improvements could be made based on their wishes. Regular auditing and monitoring of the service ensured that the quality of the service continued to improve.

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.

Procedures were in place so staff could report concerns and knew how to keep people safe from abuse.

Risks relating to people's needs were assessed and managed appropriately and there were sufficient staff to meet people's care needs.

People were supported to take their medication as prescribed.

Good



Is the service effective?

The service was effective

Staff were trained to support people and had the skills and knowledge to meet people's care needs. Staff ensured that consent was gained from people.

People were supported with food and drink as required. Health care needs were met and referrals were made to other healthcare professionals where required.

Good



Is the service caring?

The service was caring.

People told us they were happy with the staff that supported them and that staff were kind.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Good



Is the service responsive?

The service was responsive.

People were involved in decisions about their care. The care they received met their individual needs.

People were able to raise concerns and give feedback on the quality of the service.

Good



Is the service well-led?

The service was well led

The management of the service was stable open and receptive to continual improvement.

People told us they received a service that met their care needs and their views were sought about the service provided.

There were systems in place to monitor the quality of the service and ensured improvements were made where needed.

Good



Bromford Lane Care Centre

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 29 May 2015 and 1 June 2015. The inspection was unannounced on the first day but the manager knew we were going to visit on 1 June 2015 to complete our inspection. The first day of our inspection was undertaken by three inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. For example, for this inspection the expert had experience of services provided to older people. The second day of our inspection was carried out by three inspectors one of which was a pharmacist inspector.

Before our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. We looked at reports we had received from the local authority about services. We contacted the local authority who purchased the care on behalf of people so they could give us their views about the service provided to people.

During our inspection we spoke with 15 people that lived at the home, six relatives, three health care providers, six care staff, one senior care staff, two nurses, the clinical lead, two unit managers, the assistant and registered manager, and, the provider's representative. We observed how people were being cared for using a short observational frame work for inspectors [SOFI]. SOFI is a way of observing people's care to help us understand the experience of people who live there.

We sampled the care records of two people to check if they had received care according to their planned needs. We looked at other records associated with the management of the service.

Is the service safe?

Our findings

People who used the service told us that they felt safe with the staff that supported them. One person told us, “I feel safe when staff support me when having a shower.” Another person told us, “I feel safe and well cared for.” A third person told us, “I have never felt uncomfortable or unsafe; I would ask them for anything.” Relatives and professionals involved in the home told us that people were safe and well cared for.

People were protected from the risk of abuse because staff had received training that enabled them to identify the possibility of abuse and take the appropriate actions. Staff were aware of how to escalate any concerns if they felt that action had not been taken. All staff spoken with were able to describe different types of abuse. Staff told us that they knew who to report to if they had any concerns that people were at risk of abuse. One staff member told us, “I have raised an issue and it was dealt with straight away.” Staff were aware of the whistleblowing procedures. Whistleblowing is a process by which staff can raise issues of poor practice without being worried about the consequences of raising the concerns. One member of staff told us, “I would raise the issue with the registered manager or Care Quality Commission if needed.” Records we held and seen during our visit showed that the provider had reported concerns appropriately to the relevant people and had taken the appropriate actions to ensure people were kept safe.

People were protected from the risks of injury because systems were in place to ensure that equipment was checked for safety. Risk assessments were in place to ensure that people’s needs were safely met. One person told us, “They [staff] give me confidence to use my frame so I am safe. “We saw that pressure relieving equipment was in use and plans put in place to manage people who were prone to falls. People using the service and staff were aware of the risks associated with meeting people’s needs and how they were to be managed. One person told us, “When I get agitated they [staff] will sit and talk to me calming me down. Sometimes they will call my wife and then I can chat to her on the phone that makes me very happy.” A member of staff told us, “We keep people safe. We make sure there are no obstacles for them to trip over and that people have their mobility aids within easy reach.”

People were kept safe in emergencies. All staff spoken with knew what to do in the event of an emergency and how to report accident or incidents so these could be managed effectively. During our inspection we saw that staff responded quickly and appropriately when there was a fall. The registered manager told us practice sessions were organised to ensure staff reacted correctly and quickly.

People were kept safe because the provider had assessed staffing levels to identify how many staff were required to meet people’s needs. People told us that there were always staff around to help if needed. One person told us, “There is always someone around when you need them.” However, some people and their relatives told us that there were staff shortages on occasions. One person told us, “Sometimes they are short staffed, but the staff here are good. There is no impact for me as I am independent, but others have to wait.” Another person told us, “Sometimes I have to wait up to ten minutes for staff to answer my call button.” A relative told us, “The care is very good but I do have concerns that at times there are not enough staff on duty, they have to borrow them from other floors. The carers are always rushing around with so much to do.” During our inspection we saw that people were happy with the care provided but sometimes people had to wait about five minutes to get the help they wanted. A member of staff told us that sometimes they did go to help on other floors but only if there were extra staff on their unit. The registered manager told us, and staff confirmed that she, the deputy manager and unit manager’s helped to provide care rather than use agency staff where possible as this provided continuity of care for people. On the first day of our inspection we saw that the registered manager had been unable to cover a shift at short notice and this meant that some people had to wait for assistance.

All the people we spoke with told us that they were supported to take their medication and we observed that people were given their medication with appropriate drinks. One person told us, “The nurses give me my medication every day at about the same time; they have told me what the tablets are for and how it helps me.

We looked at what arrangements the provider had in place for safe management of medicines. We found that the management of medicines had improved since the last inspection. We looked at eight medicine administration records and found that people were receiving their medicines at the frequency prescribed by their doctor. We

Is the service safe?

looked at the records for people who were having analgesic skin patches applied to their bodies. We found that these records were able to demonstrate that the skin patches were being applied safely.

People who had been prescribed medicines on a “when required” basis had these medicines given in a consistent way. We found that people’s records had sufficient information to show the nursing and care staff how and

when to administer these when required medicines. People who had to have their medicines administered by disguising them in food or drink had all of the necessary safeguards in place to ensure that these medicines were administered safely.

Medicines were being stored securely and at the correct temperatures so they would be effective in treating the condition they had been prescribed for.

Is the service effective?

Our findings

People told us they were involved in planning their care and deciding on how they received support. One person told us, “Staff talk to me about my care and what I would like to happen.” One relative told us, “We talk about my relative’s care needs and I feel listened to and they respect what I’m saying.”

People received the support they needed and wanted from staff that were trained and supported to carry out their roles. One person told us, “If I ask staff to help me they do it as soon as they can.” Another person told us, “They (staff) are helping me get back on my feet; they know what they are doing.” Staff spoken with told us they received the training and support they needed to carry out their roles. One member of staff told us, “I feel supported, have supervision, we talk about problems and performance. We have staff meetings and talk about the unit and how to do things.” A professional involved in the home told us, “Staff follow your instructions, they are proactive and raise concerns with us about people’s needs.”

During our inspection we saw a member of staff use a wheelchair with the person’s feet placed on one foot rest because only one foot rest was on the wheelchair. Whilst we were asking the staff why this was the case a senior member of staff intervened and told the staff that it was not an acceptable practice and supported staff to ensure the person was moved safely. This showed that staff practices were monitored to ensure that the support provided was appropriate, safe and effective.

People’s ability to make decisions for themselves was assessed and consent to care and support obtained from people where they were able to give consent. One person told us, “Staff ask you before they do anything, they ask what you want.” Where people were not always able to give consent relatives and other people involved in their care were asked about the care that should be provided and how it should be provided. A relative told us, “I think my relative gets all the care that we agreed on.” We saw that people received support that was appropriate to their needs. For example, we saw staff show an individual two cartons of juice to show them what was available and helped them decide what they wanted. For another person

we saw that they were supported to dress and wear makeup as they used to before they moved into the home. This showed staff ensured personal preferences were continued.

The Mental Capacity Act (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The DoLS provide a legal framework around the deprivation of liberty so people’s rights are protected. Most staff spoken with had received training in the MCA and DoLS. Even staff that hadn’t were able to tell us how they provided person centred care and encouraged choices showing that their practices were in line with what was required by this legislation. Staff were able to explain what restrictions were in place and why and indicated that DoLS authorisations had been requested for people that needed them.

People told us they had a choice of meals each day and the meals were good. One person told us, “The meals are good. You get a cooked breakfast- beautiful...” Another person said, “The food’s okay with several choices, there are drinks and snacks around during the day if I need anything.” A relative told us, “The food is very good and my relative eats mostly everything that’s on offer from the choices on the day.”

We observed how people were supported at lunch time. Staff knew about the specific support each person needed to eat and drink and we saw that people were supported in line with their care plan. This included preparing soft foods and where people were reluctant to sit to eat staff provided encouragement and support in a friendly manner. We saw that people supported to eat were spoken with and given choices of what to eat and offered further helpings. The registered manager told us that food was fortified unless people were on a reducing diet. Staff told us and records confirmed that people were referred to other healthcare professionals such as a dietician or GP if there were concerns about a person’s diet so people were supported to stay healthy. During our observations we saw that plastic beakers were used to provide drinks to everyone, which may not be to everyone’s liking, and there was a lack of salt in the salt cellars and sauces were not offered to people. These issues were addressed by the second day of our inspection.

Is the service effective?

People who used the service told us they were supported to see their GP, attend hospital appointments, or other healthcare professionals such as the dentist or chiropodist. One person told us, “I see the Dr, they call him if needed. If I am not feeling well the nurse comes. They are good.” On the first day of our inspection one person had been supported to attend a clinic for blood tests to ensure that their medicines were adjusted when needed in response to the blood results. Most relatives told us that staff always let

them know if they had any concerns about their family member and felt that the staff were prompt in making referrals if needed. One relative felt that they were not always informed about health appointments attended, for example, they were unaware if a dentist had seen their family member over several years. We discussed this with a member of staff who told us that this was because the individual had indicated they did not want to see the dentist through their body language.

Is the service caring?

Our findings

People told us that the staff were caring. One person told us, “I say one thing, the care staff are very good, they care.” Another person told us, “They [staff] have been very good to me, no complaints at all. Whatever I ask them, they do. Nothing is too much trouble.” A healthcare professional involved in the home told us, “They (staff) are lovely. Some people are challenging and try your patience but staff are calm and patient.” We observed interactions between staff and people were caring and showed that people were responded to patiently. One person told us, “We have a laugh and a joke with staff.” Staff spoke with people at a pace and tone that was kind and that was suitable for the individual’s needs. A relative told us, “It was very hard for me to let my relative come here, but what a difference this has made, I cannot thank the staff enough, [The person name] is so much calmer.”

People’s privacy and dignity was promoted. One person told us, “Staff are polite and kind to me, they are dignified when helping with my personal care.” Another person told us, “Staff are respectful, they talk to you nicely. They close doors and cover you up.” We saw that any personal care was provided behind closed doors and people had been supported to dress in individual styles with attention paid to their hair and makeup. People were supported to shave as they requested. This showed that staff understood that

privacy and dignity was important to how people felt about themselves. We saw that staff had received training about how to maintain people’s dignity and there was information displayed in corridors for people to see what was expected of staff.

People were supported to maintain their independence where possible. One person told us, “When I’m having a shower, staff will only do the bits that I can’t do so that helps keeps my own independence.” We saw that people were able to use the balcony areas independently when they wanted to smoke a cigarette. We saw one person was given a small supply of cigarettes for the day so that they knew how many they had and could choose when to smoke them. We saw that people had equipment such as walking frames accessible so that they could get up and move around when they wanted if it was safe to do so. Staff spoken with told us that people’s independence was promoted when they assisted with personal care and gave us examples how they did this. For example, staff told us if people were able to wash themselves or get dressed themselves this was encouraged.

Relatives told us they and their family members were happy with the care provided at Bromford Lane Care Centre and some people were unhappy that they had to move on to other placements as there were no long term beds available. They would have preferred to stay at Bromford Lane Care Centre.

Is the service responsive?

Our findings

People who used the service told us they were involved in planning how they wanted their care to be provided so it was personalised to their needs. One person told us, “Staff know about you and what you like.” Another person told us, “You can have a shower every day if you want one.” Staff spoken with knew about the people they supported and were able to provide a personalised approach to care based on people’s needs but also responded to factors such as the weather. For example, one person told us that sunscreen was applied when they sat in the sun and that the buzzers were responded to quickly.

People’s changing needs were kept under review. Relatives told us that they were involved in reviewing people’s needs and records showed that when people’s care needs changed staff quickly recognised and responded to them. We saw that when staff heard people saying things that were unusual and could suggest a low mood this was recorded so that it could be monitored and addressed by, for example, referral to a doctor to help address the change in the person’s mood if possible. One relative told us, “We talk about my relatives care needs and I feel listened to and they respect what I’m saying.” Another relative told us, “I attend residents meetings where I can be ‘a voice’ for my relative and share any concerns that I have.” A relative told us, “They have monitored my relative’s medicine and my relative’s health and well-being is so much better. My relative is much calmer and not so aggressive and agitated.”

People were supported to maintain contact with friends and family. One person told us, “Tomorrows a good day as my friend comes and gets me and we then spend the day doing nice things so that’s good for me.” Relatives we spoke with said they were able to visit at any time and were always made welcome.

People who used the service told us they were able to join in group activities that the home had organised or follow individual hobbies if possible. For example, one person and their family were to be involved in managing a section of the garden because that was what they used to do before they moved into the home. We saw that the activities staff gave people throughout the home the opportunity to join in in a cake making session during our inspection. Some people chose not to be involved and this was accepted as their choice. One person confirmed, “I don’t do any activities as I stay in my own room, that’s my personal choice. Another person told us, “There are not many activities that happen here that would keep me occupied. I used to do a lot of bike riding I wish I could do that now. I do spend time on my own in the bedroom it’s a bit quieter at times. The registered manager told us that day trips were organised so that people who wanted to go out could do so.

People knew how to raise complaints and concerns. We saw information was available in public areas for visitors and the people who lived there. People confirmed they told staff if something was not right and they would address them. One person told us, “The staff will listen if you are worried about anything at all, even little things, they are all very good.” A relative told us, “If I had reasons to complain, which I have and it was resolved to my satisfaction, I would speak to the manager who is very good at her job.” We saw that concerns and complaints were logged and investigated and people responded to in a timely manner. We saw that meetings with people who used the service, relatives and staff were held to gain their views about the service provided and make suggestions for improvement. This enabled people to express concerns about the service and gave the provider the opportunity to learn from people’s experiences.

Is the service well-led?

Our findings

All the people, relatives and staff spoken with told us they were happy with the care provided, and we saw that the atmosphere in the home was open, friendly and welcoming. One person told us, “The nurses on the unit are very good.” All the staff spoken with said there was an open door policy and the manager listened to concerns or suggestions about improvements and addressed them.

There was a registered manager in post who had provided continuity and leadership in the home resulting in improvements in the quality of the service provided and who was explicit with staff about the standards of care required. People told us and we saw that the manager and all staff were approachable. One person told us, “I know who the manager is, she is a nice person.” We saw that the registered manager, clinical lead and unit manager were available to provide supervision and advice to staff so that practices were monitored and improved. A healthcare professional involved in the home told us, “The assistant manager is very visible on the unit. She is hands on. She knows everyone.” The report of another regulator commented positively about the commitment, dedication and organisation of the registered manager. The registered manager notified us of accidents, incidents and safeguarding concerns as required by law meaning that the registered manager was fulfilling her legal responsibilities.

People told us that there were regular meetings for them and their relatives where they could raise issues. One person told us, “[It’s] great here, my husband was here years ago. It’s better now.”

Staff told us and records confirmed that regular staff meetings were held and staff spoken with told us that they had an opportunity to express their views in these meetings and they felt listened to. We saw that satisfaction surveys were given to people living there, relatives and external professionals for their views about the service provided. This showed that the views of other people were taken into consideration to improve the service.

The quality assurance system was well established. The registered manager monitored different aspects of the service provided through audit and analysis. Topics assessed included safeguarding concerns, accidents and complaints. The analysis could be further improved for example, in respect of safeguarding concerns, analysis should be developed to identify the types of incidents occurring to help identify any further training needs or trends. and there was an analysis of the number of accidents. The registered manager submitted weekly reports to the provider based on performance targets identified by the provider. An audit was carried out monthly by the provider’s representative to check on performance targets and to monitor the service. Action plans were put in place and monitored to ensure that the service improved.