

BM Care Warwick Limited

Bromson Hill Care Home

Inspection report

Ashorne
Warwick
Warwickshire
CV35 9AD

Tel: 01926651166
Website: www.bromsonhill.co.uk

Date of inspection visit:
23 November 2022

Date of publication:
05 January 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bromson Hill is registered to provide accommodation, nursing and personal care for up to 34 older people, including people with dementia. At the time of our visit there were 18 people living at the home.

Bromson Hill is an adapted building with care and support provided across two floors. A communal lounge and dining area are located on the ground floor. Some people's bedrooms were ensuite and there were further communal bathroom facilities located on each floor. People could access both floors of the home via a lift or staircase.

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

At our last inspection, we found some improvements were required as health risks were not always updated and reviewed. We identified a breach of the regulations.

Following the last inspection, we formally requested that the provider sent us a monthly action plan telling us what they had improved and where improvements continued to be made at the service, with timescales. At this inspection, we found the action plan had driven some improvements and some risks associated with people's care were managed safely. Audits had been improved with actions taken to address areas identified as requiring improvement. This meant the provider was no longer in breach.

However, improvement and further time was still needed in some areas to ensure new audits and processes were fully embedded into everyday practice. Risks for some people who required regular repositioning needed better oversight to ensure they were repositioned regularly. People who needed topical creams did not always have these applied in line with the manufacturer's guidelines. Systems of audits although improved, had not identified some of the improvement actions we found at this visit.

Overall, people and relatives were complimentary of staff. Staff told us they knew people and we saw during our visit, staff responded to situations to help promote good care outcomes.

Reliance on agency staff was no longer paramount as the provider had recruited more staff since our last visit. We saw staff spent time with people which helped develop supportive relationships. Most people spent their time in bed or in their own rooms. Some people felt staff response times were not always as prompt as they would like.

People were safe because staff understood their responsibility to report any concerns to protect people from the risk of abuse.

Staff continued to receive training in key areas and staff said they felt supported which helped increase their knowledge and confidence.

Competency checks were completed for staff who administered medicines to ensure staff administered medicines safely.

Infection control systems ensured the home was clean. Housekeeping staff supported the home and all staff wore personal protective equipment to help minimise the risk of cross infection. Maintenance and regular environmental checks on health and safety helped ensure the home remained safe for people.

Families and external health visitors were welcomed. Relatives told us they had to continue to book appointments to visit family members. We referred the registered manager to the latest government guidance about family visits.

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

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 July 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement or inadequate for the last four consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to check the provider had improved certain areas identified at our last visit.

This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

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

Follow up

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Bromson Hill Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection visit was carried out by 3 inspectors and 1 Expert by Experience. An Expert by Experience is someone who has experience of using this type of service.

Service and service type

Bromson Hill 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. Bromson Hill is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. The registered manager was leaving at the end of November 2022. The provider had recruited a new manager who would make an application to be registered with us once they joined the service in December 2022.

Notice of inspection

This inspection visit was unannounced.

What we did before inspection

We reviewed the information we held, such as people and relatives' feedback and notifications that the provider is legally required to submit to us for notifiable events. We reviewed information shared with us by the local authority and clinical commissioning group. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who received a service to get their experiences about the quality of care received. We also spoke with 2 relatives whose family members received a service. We spoke with 3 members of care staff, plus a deputy manager, a cook, a housekeeper and the registered manager. We spent time observing people and staff practice.

We reviewed a range of records. This included examples of 8 people's care records and samples of medicine records and associated records of their care. We looked at records that related to the management and quality assurance of the service, fire safety and environmental risks and records for infection control and risk management. We reviewed 2 staff recruitment files.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At our last inspection we found risk management plans had not always been reviewed following significant incidents. At this inspection we found some improvements had been made, but some risks were still not managed safely.
- Risks in monitoring people's skin integrity needed improvement. For example, one person had a skin care plan dated May 2022, which did not show the person had wounds to their skin. However, additional wound care plans had been put in place to manage the treatment and care of their wounds which were improving.
- Where some improvements had been made to care plans and risk assessments, we found staff did not always follow those instructions. For example, one person needed to be re-positioned every two hours to aid the healing of their skin and prevent further skin damage. According to daily records, staff were not consistently re-positioning the person at the required frequency. We saw another person who required regular repositioning to maintain their skin integrity. From our observations and timings, we found the person had not been repositioned from 09:30am to 4.30pm, yet staff had completed records retrospectively, to record they had repositioned this person. We shared our concerns with the registered manager on the day so they could address this.
- Some people identified at high risk of developing skin damage had pressure relieving mattresses on their beds. There was a system of checks to ensure they were on the correct setting and working effectively to support people's body weight.
- People identified at risk of falling were better managed. We checked the care records of one person who had fallen in September 2022. Their falls risk assessment had been reviewed and updated following their fall.
- We saw improvements in the fluid input and output records of people with a catheter.
- Staff told us they would not hesitate to report any changes in people's wellbeing or health to mitigate any developing risks. One staff member told us, "If I see anything, I will go and speak to one of the senior care workers or the manager and they will get straight on it."
- Regular maintenance work and health and safety checks were completed to ensure the environment was safe, for example fire safety checks.

Using medicines safely

- People received their medicines from trained and competent staff. Competency assessments were completed to ensure staff administered medicines safely.
- Where people needed to have medicines on an 'as required' (PRN) basis, some protocols provided guidance to staff on administering these types of medicines. PRN medicines are given to people

occasionally such as when they experience pain or agitation. However, we found some PRN protocols did not explain clearly when people should be given their medicine, or were not always in place, to help ensure nursing staff always knew when people needed to receive their medicines. We found no people were harmed at this visit and the clinical lead agreed to ensure protocols were put in place.

- Each person had a medicine administration record (MAR) which documented which medicines they should be given each day.
- Where people had prescribed topical medicines such as creams for their skin, care staff used a topical medicine administration chart (TMAR) to record which medicines people received each day.
- We found not all creams were consistently administered safely. One person had received a topical medicine, after the period it had been prescribed for. Whilst the cream was still safe to use, it should have been discontinued in accordance with the prescribers' instructions. We brought this to the attention of the clinical lead nurse during our inspection and the medicine was removed.
- Topical medicines were not always stored in accordance with manufacturer's guidance. One person had topical medicines applied which required refrigeration. The person had not been harmed and the cream was refrigerated following our recommendation to follow the manufacturers instructions.
- With the exception of a topical cream, other medicines were stored at the correct temperatures.

Staffing and recruitment

- During our visit, staff were on hand to support people in a timely way. People told us staff supported them, however, we received mixed feedback from people and relatives about staff's response times when help was needed. Comments included, "Staff seem lovely. There's always enough staff when I come, weekdays or weekends are the same" and "Staffing can be a problem at times." The registered manager was confident staffing levels had improved.
- Staff told us people benefited from having permanent staff who had time to learn their routines and preferences for how their care needs were met. One staff member explained, "People are now seeing regular staff and not different faces every day like they were. Now you can build a rapport with the residents." Another said, "Agency cannot work like permanent staff and the new permanent staff are getting better now."
- The provider had systems to ensure the safe recruitment of staff. This included reference requests and Disclosure and Barring Service Checks (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person said, "I'm happy and have the best room in the house...it makes me feel safe." One relative said, "Every time we come (Person) seems happy, I think they are safe."
- Staff received safeguarding training to keep people protected. Their competency and understanding of potential safeguarding incidents and what to report was checked using safeguarding audits.
- The registered manager understood their responsibilities for reporting potential safeguarding concerns to the local authority and us, CQC.

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 registered manager kept updated with government guidance. Visiting was allowed and facilitated by booking appointments. We referred the registered manager to government guidance re visiting arrangements and the use of bookings. When visiting restrictions were in place, telephone calls and calls over the internet were encouraged and supported so families could maintain contact.

Learning lessons when things go wrong

- The registered manager reviewed all accidents and incidents to ensure action had been taken to keep people safe and identify any areas requiring improvement in staff practices.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has 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 before they moved to Bromson Hill Nursing Home. The registered manager told us where people had complex clinical care needs, a face to face assessment would take place to ensure staff had the skills and experience to effectively meet those needs.
- The registered manager and clinical lead told us the environment and the needs of the people already living in the home were considered during the assessment process.
- The provider used assessment tools to identify people's individual risks and when people needed the input from other healthcare professionals to mitigate those risks.

Staff support: induction, training, skills and experience

- Staff training was reviewed and updated, and staff told us they had enough training to do their jobs effectively. One staff member told us, "We are always getting training online. We get emails through, so we have to complete it."
- New staff received an induction which included training to support them to understand their specific role and responsibilities within the home.
- The registered manager had introduced a supervision process which provided staff with an opportunity to discuss any training and developmental needs.

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

- People had timely access to healthcare services when needed. The registered manager had developed strong links with a GP service, pharmacist and frailty nurse to ensure a multi-disciplinary approach to meeting people's needs.
- Regular checks of people's vital signs helped to identify any changes in people's health.
- Staff handovers and daily clinical records ensured key information about people's care was shared within the staff team.
- A transfer form was sent with people when they were admitted to hospital so healthcare professionals had key information about people's medical and physical care needs.
- Following our last inspection, some improvements had been made to ensure the service was following the best practice guidance set out in the CQC "Smiling Matters" document of June 2019. There was some information in people's care plans about the support they needed to maintain their oral health.

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, and whether any conditions relating to those authorisations were being met.

- Staff and managers understood their responsibilities for ensuring people could make decisions about their care and support. For example, where people had declined routine clinical observations, this had been respected. Where people lacked capacity, staff acted in their best interests to minimise risks to their health.
- Covert medicines were managed effectively. Capacity assessments and best interest meetings had taken place and a pharmacist was consulted to ensure safe administration to keep people well.
- DoLS applications and authorisations for people were effectively monitored.

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

- The provider had appointed a new maintenance person who was carrying out improvements and redecoration within the home.
- One staff member described the improvements to people's rooms and commented, "We can dress the rooms now, so it looks inviting."

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

- People gave us mixed feedback about the quality of food. Senior staff told us the quality of the meals was dependant on who was cooking the meals. The registered manager said changes were being made to catering staff to improve people's experiences.
- Some people were offered softer textures of food to what was recorded in their care plans. The registered manager told us when people ate less, they changed people's foods to softer foods to encourage people to eat. In those examples, people had eaten some foods and their weight was maintained. The registered manager assured us this information would be included in people's plans of care around diet and preferences.
- Staff monitored people's weights and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition. The registered manager was confident snacks and high calorific foods were offered but told us they would ensure staff accurately recorded whenever this had happened.
- At our last inspection we found people in bed did not always have their drinks within reach. At this inspection we saw, and people told us, their drinks were accessible to them.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

At our last inspection, the provider did not demonstrate effective governance, including assurance and auditing systems or processes. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- At our last visit we found systems to monitor improvements were not always effective. There was a lack of oversight of people's individual care and support needs and risks within the environment had not always been rectified.
- At this visit, we found some improvements had been made but further work was needed to sustain improvements through consistent and effective oversight and scrutiny.
- The provider had submitted a monthly action plan to us, but this needed more specific detail, so the provider had a clearer picture of what had been improved and what was still required.
- Systems to monitor the overall quality of recording, medicines management, oral health risks and ensuring staff always followed health professional advice needed improving because audits and checks had not identified the issues and gaps we found.
- Improvements were needed to ensure staff practice at mealtimes was more focussed on the person and the atmosphere.
- However, some positive improvements were noted. We saw up to date records relating to staff recruitment, training and supervision. Accidents and incidents were clearly recorded and reviewed. Documents we requested were immediately accessible during our inspection and maintained in good order.
- Longstanding staff spoke positively of the new registered manager and the improvements within the service over the last few months. One staff member explained, "I think everything has improved, the communication, the management. Since we have had the permanent staff, everything is getting better."
- Completed audits and records of what had been checked had improved. There was a clearer picture of increased clinical checks which helped ensure people had positive outcomes. For example, referrals to dietician and speech and language therapists.

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

characteristics

- People told us they were not asked to provide any formal feedback. However, people and relatives felt able and confident to share any feedback to staff and management when needed.
- Overall, people told us they thought the home was well managed. No one could tell us how the provider could improve the home.

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

- At our last inspection we found the contents of our previous report had not been shared with staff. At this inspection staff told us our last report had been made available to them and actions to address the shortfalls in service discussed with them. One staff member told us, "We had a copy of it so we could read through it. A lot of the things (in the report) were obviously right."
- Staff said the team worked well together and recent recruitment helped them to form a consistent staff team to support those people in their care. Staff said the registered manager was approachable and supportive.

Working with in partnership with others

- The registered manager told us they had good links with health professionals such as GP and district nurses.
- The provider and registered manager worked with the local authority and commissioners to support new admissions and to improve standards in the home.
- The provider and registered manager had not yet formed any links with any external support groups or networks to increase learning, knowledge and opportunities to help look at their own ways of working through a critical eye.

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 understood their responsibility to be open and honest when things had gone wrong. We requested the provider submit regular action plans to us detailing their improvements. This was being followed.
- The provider had met the legal requirements to display the services latest CQC ratings in the home and on their website.
- The registered manager and provider responded positively to our visit and took steps to address the issues we raised at the time of our visit.