

HC-One Oval Limited

Broadoak Manor Care Home

Inspection report

Mulcrow Close
Parr
St Helens
Merseyside
WA9 1HB

Tel: 01744615626

Date of inspection visit:
11 June 2019

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13 August 2019

Ratings

Overall rating for this service

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Broadoak Manor Care Home is a care home providing personal and nursing care to 110 people aged 65 and over at the time of the inspection. The service can support up to 120 people.

The care home accommodates people across four separate houses, each of which has separate adapted facilities all on ground floor level. Three of the houses support people with personal care and nursing needs.

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

Systems in place to monitor the quality of people's care records were not always effective as they did not always identify or address areas of improvement needed. We have made a recommendation in the Well-led section of this report.

People's needs were planned for and regularly reviewed. Improvements had been made to the prevention and monitoring of people pressure ulcers and wounds. Activities were planned and available for people to join in with. A complaints procedure was in place and accessible to all.

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 good (published 8 December 2018). The Responsive outcome area was rated as requires improvement as we identified a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection improvements had been made however, we have made a recommendation in relation to the monitoring of people's care records.

Why we inspected

We carried out an unannounced focused inspection of this service on 11 June 2019. A breach/ breaches of legal requirements was/ were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve <state the breach header such as safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Responsive and Well-led which contain those requirements.

The overall rating for the service remains good. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the Well-led section of this report.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Broadoak Manor Care Home 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 re-inspection 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 responsive?

The service was responsive.

Details are in our responsive 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 ●

Broadoak Manor 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.

Inspection team

This inspection was carried out by one inspector.

Broadoak Manor Care 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 that 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 considered the information the provider had sent us since the previous inspection.

During the inspection

We reviewed a range of records. This included five people's care plans and a variety of records relating to the management of the service. We spoke with six members of staff and a representative of the registered provider.

After the inspection

We sought clarification from the registered manager in relation to actions taken following our visit.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to ensure that detailed effective records were always maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17 in relation to records. However, we did identify further improvements needed in relation to the daily records maintained by staff.

- For a small number of people, daily records relating to people's care and support were not always written in a timely manner and failed to show all of the information required. We found no evidence that people had been harmed due to this and once brought to the attention of senior staff these issues were addressed.
- Systems were in place to identify, plan and record the care and support people needed for the management of pressure ulcers. A new system for wound management had been introduced which enabled detailed records and monitoring of wounds to be recorded. This was an improvement since the last inspection.
- People's specific care needs were planned for and staff demonstrated a good awareness of people's needs and preferences.
- People had access to a programme of activities facilitated by an activities co-ordinator across the different houses.

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.

- People's sensory support needs were recorded in their care plans.
- The provider had facilities to provide written documentation in different formats to meet people's needs and wishes.

Improving care quality in response to complaints or concerns

- A complaints procedure and was in place and made accessible to all. A record was maintained detailing complaints, how they were investigated, the outcome and any lessons learnt.

End of life care and support

- People were given the opportunity to record their specific wishes about how they wanted to be cared for

at the end of their life. Where appropriate family members were involved in this planning.

- Specific care planning took place for people who were on an end of life care pathway. This included anticipatory medicines being available for use when needed.
- The service worked with local health care professionals to ensure that people's needs, and wishes were maintained in their end of life care.

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 now deteriorated to Requires Improvement.

This meant the service management was not always effective at identifying areas of improvement.

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

- Systems in place for the monitoring and ensuring quality and safety were not always effective. The systems in place had failed to identify and act on areas of improvement needed to the timeliness and content of care records. We discussed with a representative of the provider during the inspection. Following the inspection, we were informed that action was being taken to make improvements in the monitoring of care records.

We recommend that the provider continually reviews their monitoring processes in place to ensure they are effective at all times.

- The service people received was regularly assessed by the provider. These included the regular assessment of health and safety; medicines and staff training. Electronic monitoring systems gave the provider oversight of the service people received. Identified areas of improvement formed part of the continual home improvement plan that was regularly updated by the registered manager.

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

- Staff had a clear understanding of their role and responsibilities.
- The registered manager was clear about their responsibilities and had a good understanding of regulatory requirements.
- Policies and procedures to promote safe, effective care for people were available to guide staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others.

- People's views were sought on the quality of the service they received.
- A 'residents' committee had been formed since the last inspection to help people express their views.
- Staff continued to be engaged and involved through regular team meetings, daily and flash briefings.
- The service engaged with the local authority to drive improvement. For example, the service received a platinum award following a falls initiative within the area. Staff engaged with local care home forums; infection control link meetings and tissue viability link nurses to learn and improve the service.

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 provider and registered manager had a clear understanding of their responsibilities in responding to people who use the service under the duty of candour following incidents and when things have gone wrong.

Continuous learning and improving care

- Staff received regular training and support for their role to ensure their practice was up to date and safe.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.