

Peterborough Care Limited

# Broadleigh Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Broadleigh Nursing Home is a nursing and residential care home providing personal and nursing care for up to 37 older people, some whom may be living with dementia. At the time of the inspection there were 34 people living at the service.

The provider is also registered for the regulated activity of Diagnostic & Screening although this was not being provided at the time of this inspection.

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

Quality assurance systems were in place to monitor how well the service was running and identify any improvements that were required. For example, relating to people's skin integrity.

The provider engaged people, their relatives and staff in giving their views about how the service could improve.

Relatives all told us their family members felt safe and well supported. Risks were identified, assessed and regularly reviewed.

We found that there was enough staff available to meet people's needs. Staff felt well supported and received training appropriate for their roles. People were given their medicines safely and staff followed infection prevention and control procedures with the exception that not all staff were wearing their mask appropriately.

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.

We have made a recommendation to undertake further fire safety drills to ensure that their protocols work in the event of an emergency.

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

### Rating at last inspection and update

The last rating for this service was good (published 13 August 2022)

### Why we inspected

We received concerns in relation to staffing levels, records and safety. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Good** ●

The service was not always well-led.

Details are in our well-led findings below.

# Broadleigh 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 Health and Social Care Act 2008.

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

This inspection was undertaken by one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 people who used the service and 5 relatives about their experience of the care given. We spoke with 8 members of staff including the registered manager, a registered manager from another of the provider's services (they were providing support), compliance manager, activity coordinator, a nurse and 3 care staff.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- Risks to people had been identified. Although staff we spoke with knew people well, information in care plans did not provide detailed guidance on how the risks could be minimised. We did not identify any concerns with people's skin integrity. However, for those people at risk of pressure sores, we found that recording of repositioning people was not consistently completed. This was discussed with the compliance manager and they assured us that this was a recording error within the new electronic system. They were working with staff to address this.

- Fire Safety included the testing of the alarm system, fire doors and lighting, which had all been regularly checked.

The Fire Safety Officer had noted that fire drills had not been undertaken at times when there were a minimum number of staff, especially during the night.

We have recommended that as part of fire safety a drill is undertaken to ensure that it is effective as detailed in their risk assessment especially if an incident occurred during the night.

- Safety checks and servicing had been undertaken in relation to hoist and mattresses.

### Preventing and controlling infection

- We were not assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. PPE was available around the home. However, we saw instances where staff's masks were under their nose or slipping down. This did not promote effective infection control measures.

- 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 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 provider was facilitating visits for people living at the home to maintain contact with family and friends.

#### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure people were safeguarded from the risk of abuse. One person told us, "I feel safe." One relative said, "[Family member] is much safer here than at home. Staff encourage [Family member] to do what they can for themselves which is a good thing as long as they can keep them safe."
- Care staff had received training in safeguarding people and knew how to report concerns. They told us they felt confident to raise concerns about poor standards of care.
- The service was aware of their responsibility to report safeguarding concerns to the local authority and CQC.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The provider had systems in place to assess, review and report on people's mental capacity and decision-making abilities.
- Staff had received training in the MCA, and had an understanding of the Act. They could tell us who had a DoLS authorisation in place.
- People told us staff sought their permission before providing personal care. One person said, "[Staff] always talk to me about what they need to do."

#### Staffing and recruitment

- There were enough staff to meet people's care and support needs. Most people and their relatives confirmed that there were enough suitably trained staff to respond quickly and meet their, or their family member's, needs.
- Staff told us they felt there were usually enough staff on duty to meet people's needs.
- The provider told us that there is a member of staff allocated to the first floor to ensure that those who are cared for in bed or choose to remain in their room are supported.
- A recruitment drive was ongoing at the service for various positions including, a deputy manager and care staff. Gaps in the rota were covered by staff undertaking overtime to ensure people's needs were met.
- A process was in place to ensure the safe recruitment of staff. This included completion of identification checks and Disclosure and Barring Service (DBS) checks. 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.

#### Using medicines safely

- Staff managed people's medicines safely. A person confirmed, "We get our tablets on time."
- The records were well kept for both administration and the return of medicines.
- Protocols for 'as and when required' medicines were in place.
- Staff had undertaken training and had their competence checked on an annual basis.



- Where an error had been identified this was dealt with following the providers processes and staff received additional training and a competency assessment before they were able to return to administering medication.

#### Learning lessons when things go wrong

- There were systems in place to record any incidents and accidents and what action had been taken.
- Staff spoke positively about working as part of a team where they felt comfortable to ask questions and seek guidance.

# Is the service well-led?

## Our findings

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

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

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

- The provider's quality assurance system had identified issues prior to our inspection, which included gaps in recording especially around people's care and comfort.
- Management oversight was not effective to ensure staff wore PPE correctly. The registered manager assured us this would be addressed through handovers and staff meetings going forward.
- The registered manager and compliance manager responded immediately to our feedback and put action plans in place to make the necessary improvements. We will follow up that this action has been effective and sustained at the next inspection.

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

- Family members spoke positively about the culture within the home. Comments included, "I see [registered manager] about the place, they are very good at listening and acting on the concerns." "[registered manager] is visible and responsive to requests. I would say they run a tight ship" and, "[Registered manager] is very approachable, and I am sure if I wasn't happy, they would sort it."
- Staff had opportunities to provide feedback via staff meetings, as well as anonymously.
- Staff spoke positively about their roles and said they felt valued for the work they did. One member of staff said, "(Registered) Manager and seniors are supportive, and they provide us with advice us. They are always on the floor helping with the care."
- We observed positive interactions between care staff. A member of staff told us, "We all work well together, and I love my job."

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 understood their responsibility to keep people informed when incidents happened, in line with the duty of candour. Relatives we spoke with said they felt well informed if incidents or accidents had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People had regular opportunities to feedback their experience of the service and suggest improvements. We reviewed the feedback received and found this to be complimentary. When people had made suggestions, these had been actioned. For example, additional activities had been introduced and the cook

had made changes to the menu following discussions with people.

- Staff meetings regularly took place. We reviewed the minutes of these meetings and found key information was shared in relation to training compliance and upcoming events at the service.
- Relatives told us they felt updated and informed about their family member and any changes in the service. One relative told us, "There is a meeting due to take place in the next week and I hope to be able to attend.". Another relative told us, "They ring me if there are any changes or concerns. The staff, they are very good, they keep me well informed."
- The registered manager reviewed events and shared any learning with the staff team as necessary to help improve the service to people.
- The registered manager worked with other professionals to ensure support and the right care for people. For example, liaising with relevant health care professionals involved where people's needs changed.