

Sanctuary Care Limited

Broadmeadow Court Residential Care Home

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 ●

Summary of findings

Overall summary

About the service

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. People were asked to consent to care. Staff had received training and were knowledgeable about the principles of the Mental Capacity Act 2005.

People and their relatives told us they felt safe and they received their medicines on time. The provider had identified improvements that were required to some areas of medicines management such as topical creams.

Staff knew how to manage risks effectively and identify signs and symptoms of abuse and who to report concerns to. Accidents and incidents had been reported and medical attention sought where required. Some improvements were required to the system for monitoring people for injuries that occur after unwitnessed falls. The provider was aware of this shortfall and work was in progress to improve this area.

The registered manager had robust recruitment procedures and staffing levels delivered responsive support to people. The home was well maintained, clean and staff had access to protective equipment to protect people from the risk of infections.

Staff received training at the start and throughout their employment to ensure they had the skills to provide effective care. Staff felt very supported by the registered manager and management team." People told us food and drinks were of a good quality and plentiful. We saw the provider worked with community health professionals to ensure people received effective care.

People told us staff treated them with dignity and were respectful. Our observations supported these views. One person told us, "The place is brilliant because they're so good to me, not just carers, we've turned out to be friends and they're all very kind to me." We saw lots of positive interactions between people and staff, no one was rushed, and activities were person-centred. One person told us, "I'm quite content and happy, I love the girls to bits."

Care plans contained personalised information on people's health and communication needs plus their likes and dislikes. However, improvements were required to ensure all information was up to date and that staff demonstrated they followed people's preferences. We noted preferences to personal care were not consistently followed. We have made a recommendation about this.

There was a complaints policy that supported positive engagement and timely action. The provider had systems for supporting people towards the end of their life. This needed to be consistent to ensure all people in the home were given the opportunity to share their end of life care wishes and preferences.

The service was well led. People, staff and relatives spoke positively about the registered manager and management team. There was a positive culture throughout the service which focused on providing care that was individualised. The provider and the registered manager used a variety of methods to assess and monitor the quality of the service. They were aware of their regulatory responsibilities associated with their role and had sustained improvements and changes in the home.

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 25 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe?

The service remained good.

Details are in our safe findings below.

Good ●

Is the service effective?

The service remained good.

Details are in our effective findings below.

Good ●

Is the service caring?

The service remained good.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service remained good.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service remained good.

Details are in our well-Led findings below.

Good ●

Broadmeadow Court Residential 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

The inspection was carried out by one inspector 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.

Service and service type

Broadmeadow Court Residential 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.

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 work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who lived at the service and three relatives, we asked them about their experience of the care provided. We spoke with the deputy manager, a regional manager, the chef and the administrator. We spoke with three care staff and the maintenance officer.

We reviewed a range of records. This included four people's care records, multiple medication records and accident and incident records. We looked at a variety of records related to the management and maintenance of the service and walked around the building to make sure it was a clean and safe environment for people to live in.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional from the local authority who visited the service.

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.

Assessing risk, safety monitoring and management

- The provider assessed and managed risks to keep people safe. There were risk assessments within care plans to guide staff on safe working practices and to keep people safe from avoidable harm. For example, risks of choking, falling and malnutrition had been identified and staff had taken appropriate action to help reduce these risks.
- Staff had supported people after accidents such as falls and sought medical attention where appropriate. However, improvements were required to demonstrate how staff monitored people for injuries that may appear following unwitnessed falls. We also discussed the need to ensure risk assessments were reviewed immediately following an incident or a fall as this had been left towards the end of the month resulting in errors. We spoke to the regional manager who informed us they had identified this and were working with their managers to resolve the shortfall.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. Each person had a personal emergency evacuation plan which detailed the support they required to leave the home in an emergency.

Using medicines safely

- People received their medicines when they should. The staff were aware of good practice and the importance of ensuring medicines were safely managed. The service had systems to protect people from unsafe storage and administration of medicines.
- Medicines administration records were mostly complete and legible. We looked at records related to the administration of creams. Not all the records we looked at had signatures to indicate creams had been applied. The regional manager informed us they would review their systems to ensure records were accurate and to improve the administration and management of topical creams in the home.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. People and relatives gave examples of what made people safe. One person said, "I am slight unsteady on my feet and occasionally have dizzy spells, staff are always behind me to make me doubly safe." One relative commented, "My [relative] is active and likes to walk around constantly during the day. I feel that the staff keep a close eye on them so that [relative] does not come to any harm."
- Staff continued to receive and update their training on safeguarding adults. They were aware of the procedures to follow if they noticed any concerns about people's treatment. They knew what action to take if they suspected abuse or poor practice and felt confident to 'whistle blow' and knew which outside agencies to involve if needed. Details of how and where to reporting poor practices were clearly displayed in the home.

Staffing and recruitment

- During our visit we saw there were enough staff to ensure people received support in line with their assessed needs. When people requested support from staff, the staff responded to these requests promptly. One person said, "I need help a couple of times each night, I rarely have to wait long. They're pretty quick but they're very busy people and sometimes you have to wait."
- The provider and the registered manager continued to follow robust recruitment procedures. The registered manager carried out checks on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out including risk assessment where the employment references were not comprehensive. DBS checks are a way a provider can make safer recruitment decisions and prevent unsuitable people from working with people who may be vulnerable.

Preventing and controlling infection

- People were protected against the risk of infection. The home was visibly clean and people said they thought the home was kept clean. There was a dedicated team of domestic staff who were responsible for maintaining hygiene standards at the home every day.
- The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency' in April 2018. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.
- We observed staff used personal protective equipment (PPE), when providing care and support to people. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.

Learning lessons when things go wrong

- The provider had systems to record and review accidents and incidents. The provider had a quality monitoring platform which involved regular meeting between with the registered manager the regional manager and other registered managers from the organisation to review all incidents and look for themes and patterns. Any necessary actions to prevent occurrences would be implemented and shared across the other services in the region owned by the provider.

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 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

- The registered manager assessed people before they moved into the home. This was to check their needs were understood and could be met effectively. When people's care needs changed a review was completed to see if their care plan needed changes to reflect their current needs. Staff told us care plans had all the information they needed to meet people's needs.
- The provider continued to support staff to ensure they delivered effective outcomes to people using current legislation and best practice guidance. We saw up-to-date information related to hydration, skin care and oral health were included within care plans.

Staff support: induction, training, skills and experience

- People were supported by trained staff who had a good understanding of their needs. The provider had supported staff to update their skills and learn new skills. All new staff had received a thorough induction on their appointment to ensure they had the appropriate skills to support people with their care.
- Staff told us support in their role continued through their employment. They told us they received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development.
- Staff had been provided with additional training, supervision and competence checks where performance had fallen below expected standards, this included in the event of medicine errors or accidents during care delivery.

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

- Staff ensured people were supported effectively with their meals and drinks. Staff monitored people's dietary intake and made referrals to specialists where required. There were menus which offered people a choice of hot or cold meals. People told us they could choose meals that were not on the menu and staff would respond to their choice. Comments from people included, "The lunches are excellent, you can have as much as you like and there is excellent choice." And, "I always have my favourite evening drink of Horlicks before I go to bed."
- The registered manager and their staff supported people to maintain a well-balanced diet and remain as independent as possible with their meals. Some of the bedrooms had facilities for small fridges and to make drinks. In the main lounge we saw there was a bowl of fruit and bottles of water which people could help themselves to.

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

- Staff arranged health professional visits to the home. This allowed people to have access to regular medical support. Comments from people included, "I have good access to doctors and nurses and I am due to have a hearing test and if I needed the doctor the carers would arrange."
- Staff referred people to healthcare professionals. We saw advice given by healthcare professionals was acted upon and included in people's care records. Kitchen staff we spoke with were aware of guidance from dieticians and speech and language therapists including swallowing guidance and food modifications to assist people in their food intake.

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

- People's individual needs were met by the adaptation, design and decoration of premises. The home was designed and decorated to a high standard both internally and externally. There were adequate spaces for people to spend their time on their own or to share with others. While efforts had been made to make the home dementia friendly, we noted further improvements were required to the signage and other aspects of the décor to ensure they effectively reflected a dementia friendly environment. The regional manager informed us this would be considered as part of the ongoing refurbishment plans.
- There was an ongoing refurbishment programme and plans to further improve the accommodation. Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available for people with limited mobility to make the whole building accessible. There were fire doors linked to automatic closers. This meant the doors closed if there was a fire.
- The home was tidy, well-lit and free from trip hazards. People's rooms had been personalised and they were able to bring their belongings when they moved to the service. People had access to call bells to request staff support, should it be required.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA. They had sought authorisations to deprive people of their liberty for their own safety and conditions set for the restrictions were being met.
- The provider had procedures to seek people's consent in various areas of their care. Staff had assessed people's ability to make decisions regarding their care and treatment. They had received training in the MCA and showed a good understanding of the of the MCA principles.
- We saw evidence where people lacked capacity to make decisions and were at risk of being deprived of their liberty, the registered manager had made an application to the relevant authorising body. A record was kept of when these were due to expire and when the home had chased updates from the local authority. People's care plans identified if they had a legal representative and the extent of the authority these representatives had, for example for decisions around property and finance and/or health and welfare.

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.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and promoted their dignity. People said staff always knocked before entering bedrooms and always made sure doors and curtains were closed during personal care.
- The registered manager ensured there was familiar staff on each shift. This allowed staff to know people and people to have confidence in the staff. One person told us, "I prefer to stay in my own room all day and staff respect my wishes." One relative commented, "They treat [family member] very well."

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well and respected each person's individuality. People told us they valued the support they received. One person commented, "I'm very happy with the care. The staff are so friendly." A relative told us, "There's no unpleasantness, we had a 100th birthday and everyone joined in."
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. Staff addressed people by their preferred name and seemed to know them very well. They were polite, very friendly and cheerful when supporting people. We observed people were comfortable in the company of staff and actively engaged in conversations.

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

- The service supported people with decision making. Care records contained evidence the person who received care or a family member had consented to the care and were at the centre of developing their care plans.
- The registered manager involved all relevant people in decisions about the care provided. Families were supported to act as advocates for their relatives and the registered manager had sought copies of authorisation to ensure all appropriate views were considered.

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'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

- People's care records were written and designed in a person-centred manner. They reflected a person-centred approach. In the majority of the cases, care records had been reviewed and were accurate to reflect people's needs. However, we found improvements were required to ensure people's preferences in relation to personal care were followed. We found while people had expressed their preference, for example, to have a 'nice soaking bath', records of personal care showed this had not been offered. Before the inspection we had received concerns regarding the lack of consistent approach to bathing support. We discussed this with the regional manager who informed us they would be meeting with all their managers to improve this practice. This would ensure care people are supported to meet their individual needs, preferences and routines and maintain their personal hygiene.

We recommend the provider considers current guidance on person-centred care and takes action to update their practice accordingly.

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 communication needs were identified and recorded in their care plans. These were shared appropriately with others, including professionals. We saw arrangements had been made for people to receive hearing assessments. We also observed staff taking time to check people's hearing aids and changing batteries.
- The majority of the notices and posters in the home were designed to ensure people with sight impairment could read them and other documents could be adopted to make it easy for people to read them.

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.

- People told us they were supported with meaningful day-time activities. One person told us, "I like watching television and going on the trips." A second person said, "We have exercise and arts and crafts classes."
- Relatives told us they could visit whenever they wanted. One relative told us they could visit at any time and made a point of visiting at different times to see whether there were any differences in care levels.

- We noted important events were celebrated in the home and singers and entertainers were booked on a regular basis. We also observed staff offering people meaningful activities throughout the inspection visit. We spoke to the activities co-ordinator who told us they met with people weekly to canvass ideas. Some of the activities were aimed at increasing people's fitness, keeping them active and to prevent social isolation.
- People were supported to meet their spiritual needs. People told us there was a regular monthly church service which all were welcome to attend, and local clergy would visit those who wanted more frequent visits.

Improving care quality in response to complaints or concerns

- The provider had systems to analyse complaints and concerns to make improvements to the service. Information relating to how to make a complaint was readily available throughout the service. At the time of our inspection the registered manager had one ongoing complaint that they were dealing with. Historic complaints showed the registered manager took appropriate action to address the issues raised.
- Everyone we spoke with said they were very confident if they ever had any concerns these would be dealt with professionally. One person told us, "If I have a problem I speak to one of the seniors."

End of life care and support

- People were supported to plan for their end of life care. Relatives told us people received compassionate support at the end of their lives. People's care plans held their end of life wishes to meet their cultural and spiritual needs. Where people wanted to be when they died was recorded in their care plan. Staff had received end of life care training and there were links with local health professionals. We discussed the need to ensure that all people were given the opportunity to discuss their preferences and to ensure they are recorded in their care records.

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

- People and relatives said there was a friendly and relaxed atmosphere at the home. Our observations and written compliments at the home confirmed this. People told us the registered manager and management team promoted a positive culture in the home. One person told us, "The manager is lovely." A relative commented, "The manager and deputy manager are both approachable."
- Some of the staff had worked at the home for more than 10 years. This allowed them to have good knowledge of people's needs. One staff member told us, "It's fantastic here, it fits with my family life and management are approachable."

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

- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. The management team continued to share information with relevant parties, when appropriate.
- People and their relatives told us the management team shared information with them when changes occurred, or incidents happened.

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

- The provider and registered manager had sustained a robust governance system which effectively monitored the quality of the care delivered at the home and ensured compliance with regulations. Audits had been used to assess standards and drive up improvements. There was an effective system to monitor and provide oversight on the service with regular visits and from senior managers and an electronic reporting system to share information on compliance.
- The provider and their staff had a clear vision in how the service could continue to improve. This included a business plan and a contingency plan.

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

- The provider maintained an open culture and encouraged people to provide their views about how the service was run. People and their relatives told us the registered manager was visible throughout the home. The service had sought the views of people they support and family members through care plans reviews and comment cards. Feedback from people and from written compliments was overwhelmingly positive.

For example, we saw one person had shared feedback stating that 'staff had gone over and above' in their caring approach.

- Staff told us they could contribute to the way the service was run. Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions. The provider invited staff to review policies and or discuss possible developments and changes to their work.

Continuous learning and improving care

- The provider was committed to ensuring continuous improvement. The registered manager and regional manager met regularly to review incidents, accidents and to look for themes. Any learning points were shared within the home and with the other homes owned by the provider. Members of the senior management team attended health and social care forums to keep up with developments in the sector.
- The provider had identified staff who were nominated as champions in various areas including dementia care. These staff had attended training with a local university and shared best practice with other staff.
- The provider sought best practice guidance and ways to meet people's needs in a better way through investment in technology and linking with specialist professionals. The provider had ongoing plans to introduce innovative technology in the home to monitor people's safety and to improve care recording.

Working in partnership with others

- People received safe and coordinated care. The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs, district nurses and other health professionals. This helped to ensure a multi-disciplinary approach had been taken to support care provision for people they provided a service for.