Peterborough Care Limited

Broadleigh Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Broadleigh Nursing Home is registered to provide accommodation for up to 37 people who require nursing or personal care. At the time of our inspection there were 32 people living in the home. The home is located on the edge of Peterborough. Shops and other amenities are a short walk away. The home has wheelchair access for those who may require this.

This unannounced inspection took place on 5 April 2016.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the scheme is run.

People had their needs assessed and reviewed so that staff knew how to meet their care needs. Information in people's care plans had not always been updated where there had been changes in a person's needs.

The risk of harm for people was reduced because staff knew how to recognise and report abuse. There was a sufficient number of staff to meet the care needs of people living in the home. Satisfactory pre-employment checks were completed before staff were employed to care for people in the home.

Risks to people had not always been kept up to date. This meant that staff did not always have the information they needed to reduce risks.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Staff were trained in the principles of the MCA and DoLS and could describe how people were supported to make best interest decisions. The registered manager had made applications so that people were only deprived of their liberty in a lawful way.

People were supported to take their medicines as prescribed and medicines were safely managed.
An effective induction process was in place to support new staff and further training was provided to ensure all staff had the necessary expertise to meet people's needs.

People did not always have sufficient food and drink of their choice throughout the day. Although staff knew people's likes and dislikes they were not always taken into account. People were supported by kind, caring and happy staff. People's privacy and dignity was respected by staff.

A range of audit and quality assurance procedures were in place. These were used as a means of identifying areas for improvement and also where good practice had been established. However, these had not always been effective in identifying the omissions we found. Information to assess the quality of the service was gained through telephone surveys, quality questionnaires and staff meetings.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Risks to people's safety and welfare were assessed and managed but risk documentation was not always updated.

People received their prescribed medicines correctly.

There were enough staff to provide the necessary care and support for people.

Is the service effective?

Requires Improvement

The service was not always effective.

People did not have sufficient menu choices, which meant their health and nutritional needs were not always effectively met.

People received care from staff who were trained and supported to provide safe and appropriate care. Staff knew the people they cared for well and understood, and met their needs.

People's rights to make decisions about their care were respected.

Is the service caring?

Good

The service was caring

People were treated kindly and were respected.

Friends and family of people living in the home were encouraged to visit at any time.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were in place and outlined people's care and support needs but were not always updated as necessary.

Staff were knowledgeable about people's support needs, their

interests and preferences.

A complaints policy and procedure was in place and people told us that they knew how to complain.

Is the service well-led?

Good

The service was well led.

People and staff were involved in the making improvements to the quality of the care provided. Arrangements were in place to listen to what people and their relatives had to say.

Procedures were in place to monitor and review the safety and quality of people's care.

Broadleigh Nursing Home

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 unannounced inspection took place on 5 April 2016 and was undertaken by one inspector.

Before the inspection we looked at all the information we held about the service. This included the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also looked at information from notifications received by us. A notification is information about important events which the provider is required to tell us about by law.

We saw other external reports such as those from Healthwatch in February 2016.

During the inspection we spoke with three people living in Broadleigh Nursing Home and observed people's care to assist us in understanding the quality of care people received. We spoke with three relatives, the service manager, two registered nurses, two senior carers and two care workers and two activities personnel.

We looked at three people's health and care records, the minutes of residents' and staff meetings. We also looked at medicine administration records and records in relation to the management of the service such as health and safety checks. We also looked at staff recruitment, supervision and appraisal process records, training records, complaints and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe. One person said, "I do feel safe." Another person said, "I feel safe as there are people [staff] here and around [the home]." A relative said, "I believe my [family member] is as safe as they can possibly be. They are safely cared for." People were aware of their call bell and they were accessible for them. Where people were unable to call for help we saw that staff 'looked in' each time they passed people's rooms. One person said, "I've got my buzzer to call for help if I need it. They [staff] make sure I have it."

Risks to people, including those at an increased risk in relation to areas such as moving and transferring people or falls, were not managed as effectively as they could have been. We found that the risks had not always been reviewed when, for example, a person had fallen more than once. We saw that there was no assessment in relation to the risks regarding any support needs to enable one person to eat and drink safely. There was also out of date information from the speech and language therapist (SALT) in the person's bedroom. We asked the nurses about the risk assessments for those people whose files we checked. They were unable to explain why the risk assessments had not been updated or, in some cases, written. This put people at risk of harm.

Accidents and incidents were investigated and actions to minimise a recurrence had been put in place. However information about the actions, in relation to one person who had fallen three times, had not been recorded. Risk assessments and care plans had not been updated. This was confirmed by the nurses on duty. However, there was evidence that referrals were made to the appropriate health care professionals. One staff member said, "I would report [the accident] to the nurse and write it in the daily notes. If I need to I would do a body map."

Staff confirmed that they had undertaken training in safeguarding people from harm and were able to explain the process to be followed when incidents, or suspicions, of harm occurred. One staff member said, "I have done the training [in protecting people from harm] recently. I would go straight to the nurse in charge and put [the details] on a body chart [if necessary]." Another member of staff told us they could report to external organisations such as the CQC or the local authority safeguarding team. Both staff members said there was information in the home and in the staff room, which included telephone numbers to report any incidents of harm. We saw evidence that the registered manager had followed the provider's procedure in protecting people from harm through the investigations and outcomes that had been recorded.

Staff told us that the home had a policy in place in relation to 'whistleblowing' which was where staff reported any poor practice. One staff member said, "I know about whistleblowing and what to do. I have never had to."

People living in the home confirmed that there were sufficient numbers of staff on duty to ensure that people remained safe. There was evidence that the provider had a system in place to assess people's needs and determine the number of staff needed to meet those needs. We saw and heard that where people

requested assistance or attention from staff, they were responded to quickly. A relative said, "I come at all different times and I think there are enough staff. When the [call] bells go there are no long waits. The staff have always got time to speak to you." One member of staff said, "We have enough staff on duty." Another said, "If someone calls in sick the shift is covered by other staff [from the home, not agency staff]." We looked at the staff rota and this showed that the staff planned to be in place was a minimum of six care staff in the home in the morning, four or five in the afternoon and evening and two at night, together with one trained nurse at all times. There were no agency staff being employed and no vacancies in the home. We found that the rostered staff matched those on duty. The most recent vacant posts, a qualified nurse and a person to provide activities and interests, had been filled.

Staff explained about the recruitment system undertaken by the provider and that they had not been employed until appropriate checks had been returned and were acceptable. This included a valid certificate from the Disclosure and Barring Service (DBS), (which carries out a criminal record and barring checks on individuals). This demonstrated that people in the home were cared for by staff who had undergone rigorous checks before they were deemed suitable to work with them.

People were administered medicines by trained nurses only, as per the providers' policy. One member of staff said, "No I don't give any medication. It's only the nurses who do that." One nurse told us that they had received training in the administration of medicines in the past but not recently. They said that new nurses employed in the home had undergone training and that their competency had been assessed by the registered manager.

People were asked if they wanted to administer their own medicines and one person said, "No, the staff do it. They stay while I take it." Another person told us, "I've been given paracetamol when I have been in pain." One relative told us, "[Family member] is always offered her pain killers. She has them a.m. and before bed." We checked medication administration records (MAR) charts of people and they showed that five out of six people had been administered with their prescribed medicines. There was one medicine that had been out of stock over the bank holiday weekend. Protocols had not been followed to ensure people had all their prescribed medicines available.

We noted that the arrangements for the storage, handling, management and disposal of medication were satisfactory. One nurse said that there were monthly medication audits completed by the registered nurse on duty.

Requires Improvement

Is the service effective?

Our findings

People's choices, preferences and assessed needs were not always met. One person said, "The food is lousy and there's no choice." One member of staff told us they would "love to give people a choice, but we can't".

Clear information about the lunch menu was not provided for people. This meant they were unable to tell staff if they would have preferred a different meal. Staff were unable to say what the soup was, which meant people were not given any choice and we saw the soup just put in front of them. We saw that some people did not like the soup because they left it. We heard them tell staff that they did not like the soup but were offered no alternative. We saw that the main course was plated in the corridor and staff took the food and put it in front of people. There was no other option if people did not like meat pie.

We saw one person who had pureed food. They were being assisted to eat but the large plate was full. The staff member said, and we saw, that the person was very slow to eat each spoonful. We touched the bottom of the plate and found it to be cool. The staff member agreed that the food would be cold and that they would not like to eat it. A different person said, "Yes [there is enough to eat and drink], I'm given far too much to eat. I have a small appetite and am very slow."

Although staff were aware of people's likes and dislikes they did not always provide or offer alternatives when foods people did not like were on the menu. For example, one relative told us their family member was vegetarian and liked fish but this was not provided as an alternative where meat was on the menu. This meant the person only ate the vegetables and potatoes when any meat was part of the meal. We saw that this was the case on the day of inspection and also confirmed by staff. The relative also said that their family member was often given a ham sandwich as the alternative evening meal. Staff said they were aware the person did not like meat but did not provide any alternatives or provide a vegetarian option. Staff said there was one person who required an alternative diet and that was supplied. However, staff said they did not provide other special diets and were not proactive in ensuring people's choices and preferences were met. This meant people's nutritional needs were not always met because specific diets had not been addressed to provide people with appropriate food.

We looked at three care files and were unable to find any information about the foods people liked or disliked. Although staff knew of people's likes and dislikes they did not always ensure people were able to make their own choices when providing food or drinks. For example, we saw that some people were asked what they wanted to drink, but other's had drinks put in front of them. The nurses and care staff were unable to find any information about people's food and drink preferences, and confirmed there was no information documented. This meant that people were not effectively supported with their hydration and nutritional needs.

This was a breach of Regulation 14 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and DoLS.

There was evidence that people were involved in decision making. People said that they were able to get up and go to bed when they wanted, and we saw that one person had chosen to remain in bed all day. One member of staff said, "If people don't have capacity then we act in their best interests." This meant staff were aware of, and ensured, people's needs were lawfully met. The staff confirmed they had undertaken training in the MCA and DoLS and that they had a good understanding of the respective codes of practice. Staff were able to tell us what the MCA and DoLS meant in relation to their work with people. CQC had received notifications and we saw information that showed people had been referred to the local authority in relation to DoLS. There was information on people's files that showed that DoLS had been authorised by the appropriate authorities.

Staff told us about the induction training programme, which provided all the mandatory training expected by the provider. One new member of staff said, "I have completed my induction and all the training." Information about staff training was seen, and discussions with staff, showed that their mandatory training was up to date or planned for a later date. Where updates for staff were necessary there were dates recorded so that all staff were aware of the dates.

People were supported by staff who had the knowledge and training necessary to meet their needs. Staff told us they received a range of training that supported them with their roles. These included safeguarding people from the risk of harm, dementia awareness, equality and diversity and moving and transferring. One staff member told us they had completed a national vocational qualification (NVQ) Level 3 in care.

Staff told us that they were supported by face to face supervision meetings and staff meetings. One staff member told us, "You get supervision each month after probation. You talk about all sorts. Whether you are doing well or not, how to improve [the service], being part of and working in a team." A nurse said they received regular supervision with the registered manager, which included any information in updating their practice. The nurse said they were expected to maintain their professional practice through reading appropriate health journals and guidance from the Department of Health.

People were supported by staff who ensured that they could see a range of healthcare professionals when it was required. These included GP's, dieticians, tissue viability nurses, dentists, opticians, SALT, psychiatric nurses and emergency services. One health professional said, "They [staff] watch what I do so that they can ensure [name of the person] maintains their continued mobility and to prevent any injuries." Staff told us they arranged people's dentist or optician appointments, but family members were encouraged to transport people where possible. Staff would take people to their appointments and there was evidence that extra staff were provided to do that. One relative said, "If [family member's name] is unwell they call the GP. They let me know." Staff were clear and understood their responsibilities and there were procedures in place to support people's healthcare needs.

Good

Is the service caring?

Our findings

People were positive about the way that staff treated them. One person said, "The staff are good and staff treat me well." One relative said, "I come at all different of the times and I'm always listening. Staff are so nice and such caring people [staff]." One member of staff said, "I love my job. I love people. Some are not [people who like to be touched] touchy or like a hug but I smile and listen to them. It is enough [for people] and it makes the day brighter [for them]."

People said that staff treated them with dignity and respect. When asked, people said that staff knocked on their door and kept them covered when they received personal care. One person said, "Staff treat me with respect. They always knock on my door and wait for me to ask them in. They shut my bedroom door [when person received assistance with personal care]. I like to keep the bathroom door open as I'm claustrophobic." One relative said, "I have never heard anyone [staff] shouting at the clients [people who live in the home]. I see that when [assisting people to eat] they [staff] are talking to people, even though they don't get replies. But it makes people feel important."

There was evidence that people were supported in being independent. One person said, "I can choose if I want to go downstairs but I don't like mixing with other people." Other people were encouraged at mealtimes and supported where necessary to eat as independently as possible.

Each person had a key worker. This is a member of staff with specific responsibilities for the individual aspects of people's care. Staff told us about their role as keyworkers and one said, "Each member of staff is a key worker. We check the inventory; make sure they[people] have what they need. We talk to people and communicate and ask about them [about their lives and histories], and talk to the [person's] family."

People were able to speak up on their own behalf or were supported by a relative who would speak up for them if it was necessary. One nurse said that people had relatives who spoke on their behalf if the person was unable to do so. Although staff were not aware of information in relation to advocacy services, we saw that there was information in the reception area of the home. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

One relative said that end of life care had been discussed as their family members health was deteriorating. We saw that information had been recorded in people's files so that the care provided at the end of a person's life was what they wished.

Requires Improvement

Is the service responsive?

Our findings

Records showed that the registered manager assessed people before they came to live in the home to ensure their care needs could be met. The information in the assessments formed the basis of people's initial care plans so that staff could work with people's needs. This ensured that staff were able to respond to people in a way that provided the care they needed. Records we viewed confirmed this.

Some people and their relatives said they were aware of the folder or care plan, but not everyone had looked at or had been involved in the completion of the plan. One person said, "There is a care plan that they [staff] use." One relative, who was not their family member's main contact, said, "I know there is one [care plan], but [person's] son deals with it. I do discuss [name of family member] and the care she receives with staff."

People's care needs were reviewed regularly. However, we found that where there were changes required to people's needs, the individual care plans had not always been updated. For example, we saw that one person had fallen twice in one day and again two weeks later. The nurse confirmed there was no information in the care plan to show how the person's care needs had been changed as a result of the initial falls, or the strategies put in place to minimise a recurrence of further falls. Another person's ability to eat independently had deteriorated and the nurse said there was no care plan to indicate this. This meant that people's changing care needs had not been updated to ensure that staff knew how to provide them with the care that they required. However, staff were able to tell us how they provided and met those people's needs.

People told us about the activities they enjoyed, such as 'singing bingo' and visits out in the community. People also told us they sometimes liked to spend time in their own bedrooms to watch TV or read books or magazines. One person said, "I get a bit lonely [in their bedroom] but I get asked and invited for anything [going on in the home]. I have visitors who take me out for lunch and the staff give me a wheelchair as I can't walk [very well] now." The person said they chose not to go and join the activities. One relative said their family member now had a bedroom that looked onto the garden. They said, "She loved her garden and they [the home] have lovely flowers here. They also go out into the garden as well [weather permitting]." We spoke with the new member of staff who provided activities and interests. They told us they were arranging a trip to Peterborough train station so that train enthusiast could go when the 'Flying Scotsman' travelled through the area. They had also started a monthly newsletter called Broadleigh News, which showed people's birthdays, forthcoming attractions and other interesting articles. One article was about Peterborough Cathedral. There was also a weekly activities sheet that people could read and decide if they wanted to attend. Activities also took place seven days a week. Lounge based activities included games such as bean bag toss, reminiscence [face to face time], arts and crafts, hand massages and giant crossword completion. This showed us that people were supported with social inclusion as much as practicable.

Although people and their relatives were not necessarily aware of a complaints procedure, some were able to identify a way to make a complaint. One relative said, "If something was wrong we would say it [to the person in charge]." The relative said they had made a request for staff to put the TV on in their family member's bedroom each morning and this had been done. Another relative said they would speak to the

nurse in charge but had never needed to. Staff confirmed how they would support people to make a complaint if that was necessary. We saw that there was a policy and procedure in place from the provider on how to deal with complaints. We saw that complaints had been recorded, investigated and concluded to the satisfaction of the person.

Good

Is the service well-led?

Our findings

Audits had been completed in relation to areas such as care plans, accident reports and hazards and untoward incidents. Other audits such as falls, pressure ulcers, people's weights and fire records were completed as required. There was evidence that the registered manager monitored the audits to check any trends to see if there were improvements that could be made in the service. However, audits in relation to risk assessments, nutritional support, food choices and a lack of meetings for people had not always been as effective as they could have been.

There was a registered manager in post at the time of the inspection and they were supported by the provider, deputy manager, qualified nurses, senior carers, care staff and ancillary staff. One staff member said, "[Name of registered manager] is very good. She listens. I [also] love our nurses, they are lovely. [Name of nurse] is very strict, but it's everything concerning the residents [people living in the home]. She is a good example." Staff said they worked well together and one relative said, "They [staff] work so beautifully well [as a team]." People told us they knew who the registered manager was. One relative said, "I speak to [name of registered manager] a lot."

People living in the home and their relatives were positive about the culture of the home and that the registered manager and nurses were always pleased to talk and discuss a person's care needs. One visitor told us, "You hear such bad reports [in the media] but we're more than happy with this one [Broadleigh Nursing Home]." They went on to say that staff discussed their relatives care and listened to any comments and acted on them. One person, who was in the home for a short stay, said that staff understood them and were helping them so that they could return home.

People's views about improving the service provided in the home were sought in different ways. There were residents' and relatives' meetings. However, we saw the minutes of the last residents' and relatives' meeting had been held in 2014. One person said, "There are meetings but I haven't been." One relative could not recall being invited to any meetings. Although people and their relatives could not remember a questionnaire having been received, there was information that the provider had sent out quality assurance survey questionnaires. For the 2015 survey 15 people had completed questionnaires about the service. Overall the outcome showed people felt the service was satisfactory or above. Fourteen people said the home met their needs and they felt safe. There had been three telephone surveys in March and one in April 2016 where comments such as "the care is really good"; (staff) always ready to listen" and "the nurses are fantastic" had been made.

We saw that the registered manager had listened to one person's relatives who requested their family member be moved to a room that enabled them to see the garden. The family said this was done as soon as possible and in a way that had ensured the person was not upset. All their belongings had been moved and put in the same places as in the previous room so that they felt comfortable. This showed people and their relatives were listened to and their requests were met.

An internal staff survey had been completed in August 2015 and 15 surveys had been returned. Fourteen

showed staff felt communication in the home was good, they felt supported and supervision from the registered manager was good. Nine members of staff felt the training was good or above but staff we spoke with said there had been more training provided as a result. We saw that there were regular staff, managers and senior carers meetings. One staff member said, "There is one on 12 April [2016]. We are always able to feel free to speak." We saw minutes that showed issues raised and information provided to staff so that they were kept up to date with good practice guidance such as dignity and respect.

Staff told us, and documents showed, that there were handover meetings at the beginning of each shift as well as daily notes about each person. Where issues affected people's care staff were alerted to any changes and staff confirmed they were kept up to date by other staff as well as checking people's care plans and risk assessments to ensure continuity of care.

Records we held about the service showed that notifications had been sent to the CQC as required. A notification is information about important events that the provider is required by law to notify us about. This showed that the registered manager had an understanding of their role and responsibilities.

We saw the fire emergency plan had been completed, so that staff knew what to do in the event of a fire. Staff were aware of people's emergency evacuation plans, which had been updated in March 2016.

There had been a Healthwatch Peterborough 'Enter and View of Care Homes Programme' visit in February 2016 and the report was available for people to read. Overall, the outcomes were good and people felt the home was 'well run by a committed manager and staff'.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People were not offered an appropriate variety of food that was available to meet their needs. Regulation 14 (4)(a)