

Eminence Care Service (Broomfield) Limited

Broomfield Residential Care

Inspection report

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18 August 2020
19 August 2020
27 August 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Broomfield Residential Care provides accommodation and personal care for up to 40 individuals aged 65 and over including those requiring specialist dementia care. At the time of our inspection there were 23 people using the service.

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

Improvements had been made to the management of people's medicines so that they received their medication safely.

Cleanliness, hygiene and infection control practices had been enhanced to ensure a good standard of cleanliness to protect people from the risk of the spread of infection.

Care plans had been reviewed and were being continually updated to include more personalised information with regards to people's hobbies, daily routines and the gender of staff to support them. Care plans contained information about people's likes and dislikes and daily routines.

People's privacy, dignity and independence was fully respected and promoted by staff. We observed staff interactions at lunch time which were positive, kind and caring.

There was a registered manager who had been in post for four months. They demonstrated a good knowledge of dementia care and had made numerous improvements at the service. Relatives and staff were positive about the registered manager who they described as visible, approachable and had an open-door policy.

The provider's quality assurance systems and processes had been reviewed and improved to ensure they were effective and gave the registered manager and the provider a good oversight of the service. Audits and daily visual checks were carried out by the registered manager. The provider also undertook a weekly walk around the service with the maintenance person so any areas that required improvement could be swiftly addressed.

The provider had made significant improvements to the environment. Dementia friendly signage had been put in place around the premises to help people with their daily orientation and help reduce confusion. Handrails both inside and outside had been installed with contrasting colours used to distinguish the handrails from the wall.

Extensive refurbishment of the service had taken place and was on-going in the older part of the building. This area of the service was closed and there was no one living in this part of the building at the time of our inspection.

Processes were in place to protect people from avoidable harm and abuse. Staff were aware of their responsibilities in relation to this and were clear about the way to escalate any concerns they identified.

Risks to people's safety were assessed and strategies were put in place to reduce the risks. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again.

Sufficient staff were available to provide a timely response to people and provide safe care. Staff had been employed following robust recruitment checks.

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 requires improvement (published 26 March 2020) and there were two breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out a comprehensive inspection of this service on 14 January 2020. Two breaches of legal requirements were found. We issued one warning notice and one requirement notice. We asked the provider to complete an action plan after the last inspection to show what they would do and by when, to improve safe care and treatment, and good governance.

We undertook this focused inspection to check that the provider 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 of Safe and Well-led which contain those requirements.

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 requires improvement.

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Broomfield Residential Care

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Broomfield Residential Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave a short period of notice for the inspection because we wanted to be sure the provider had an infection control procedure and Covid 19 risk assessment in place. We did this so we could adhere to their policies and follow government guidelines in relation to social distancing.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person during the site visit on 18 August 2020. We also contacted five family members by telephone on the 19 August and 27 August 2020. We had discussions with six staff during the site visit that included the provider, the registered manager, the maintenance person and three care and support.

We reviewed a range of records. These included four people's care records and risk assessments. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service including quality assurance checks, staff rotas, safeguarding information and accident and incident information.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvements had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Systems were in place to protect people from avoidable harm. Staff completed risk assessments to identify and manage risks to people's health and safety, such as the risk of developing pressure ulcers, risk of falling and nutritional risks.
- Significant improvements had been made to the premises to ensure they were safe for people living at the service. Regular safety checks were carried out on the environment and equipment needed to support people.
- Plans were in place to ensure people were supported in the event of a fire or other emergency. The providers fire risk assessment had been reviewed and updated.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt that Broomfield Residential Care was a safe place to live. One relative told us, "It's as safe as houses. I have no concerns about [family members] safety."
- Staff received training about safeguarding people from avoidable harm and understood their responsibilities to keep people safe. Staff had confidence that the registered manager would deal with any concerns raised.
- The provider had policies and procedures in place in relation to whistleblowing and safeguarding which staff could access if they needed to. Staff received training on safeguarding vulnerable adults at risk of abuse and were aware of the signs of abuse and the procedure for raising concerns.
- The registered manager was aware of their responsibility for making safeguarding referrals and reporting concerns to the Care Quality Commission (CQC). Records showed these were completed.

Staffing and recruitment

- The provider had ensured staff were recruited safely by undertaking robust pre-employment and identity checks. These included a Disclosure and Barring Service check which helped to support safer recruitment decisions.
- Staffing levels were suitable to keep people safe. We observed, and staff told us there were sufficient numbers of staff to meet people's needs. A staff member said, "I think the staffing here is okay. We have

enough staff to make sure people get the care they need."

- The registered manager used a dependency tool to assess people's needs and determine staffing numbers. We saw that this was reviewed monthly and the staff rotas reflected the agreed staffing numbers.

Using medicines safely

- Medicines were stored and administered safely. An electronic medication administration system was in place which supported staff to administer medicines at the prescribed time and prompted them to make a record. We saw that records were fully completed.
- Processes were in place for the timely ordering and supply of people's medicines and they were stored in accordance with requirements.
- Medicines to be administered on an 'as needed' basis were administered safely following clear protocols. There was a medicines policy which gave guidance to staff on the safe management of medicines.
- We saw evidence that regular auditing of medicines was carried out to ensure that any errors could be rectified and dealt with in a timely manner.

Preventing and controlling infection

- We observed that the premises was clean, tidy and hygienic. Touch points such as door handles and handrails were regularly cleaned to reduce the risk of infection. Housekeeping staff followed cleaning schedules to ensure all areas of the service were cleaned regularly.
- The provider was managing the spread of infection adequately during the Covid 19 pandemic. Appropriate procedures were in place to manage infection control, including staff using PPE appropriately. Staff knew how to support people who may be isolating with the virus, and told us they had all the PPE, support and guidance to do so effectively if and when required.
- Outdoor areas were used to enable relatives to visit people whilst observing infection control guidelines correctly.

Learning lessons when things go wrong

- The provider regularly reviewed information when things did not work well or when there were shortfalls in the service and shared the learning with staff.
- Audits and team meetings were used effectively to document and communicate learning within the service.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good.

At our last inspection the provider had failed to implement effective quality assurance systems to monitor the quality and safety of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- There was a registered manager who had been in post for four months. People and family members were aware of who the registered manager was and said communication with them was very good. One relative told us how they received regular letters and calls from the registered manager to update them on their family member's wellbeing.
- There was clear managerial and provider oversight of the service to ensure systems in place were being followed and used to drive improvement at the service. It was clear they both worked well together and had the same vision for the service.
- Significant improvements had been made to the provider's quality assurance system which was used effectively to identify any shortfalls. When areas for improvement had been found we saw that swift action had been taken to address them.
- Care plans had been updated and staff could access information on the electronic devices which were in place around the home. Care plans had been reviewed and were presented in a more person-centred way taking into account people's likes, dislikes and preferences to ensure they received the care they wanted.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.

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

- The service had a positive, welcoming and open atmosphere. A relative told us, "The current manager is very good. I'm very impressed so far. Very approachable." Another relative said, "Communication has improved a lot. I feel more involved and know what's going on."
- Staff told us they received the training they needed and were well supported by the registered manager and the provider. Staff we spoke with demonstrated a commitment to the care and development of people who used the service and felt that the registered manager worked with them to ensure people received the care they needed. Staff were positive about the improvements made by the registered manager.

- Staff told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. They were confident that concerns raised would be addressed and investigated in line with the provider's procedures. One staff member told us, "I would be more than comfortable raising any concerns. I know that any concerns I raise would be taken seriously and dealt with properly."

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 had reported concerns in relation to COVID 19 to families and the local authority in a timely manner to enable appropriate, additional support to be provided if needed.
- The registered manager told us they understood, and would act on, their duty of candour responsibility. We saw that incidents had been shared with family members.

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

- The provider had systems in place to obtain feedback from people using the service, relatives, visiting healthcare professionals and staff. One relative told us, "I have filled in a questionnaire about the home. It asked for my views." The registered manager said they had just sent out satisfaction surveys to people using the service. They would be supported to complete these by the activity's coordinator.
- The registered manager told us they had commenced a 'resident of the day' scheme. Staff told us this was still new to them, but it helped them to understand what people needed to improve their life and what could make a positive difference to them. For example, the different heads of departments visited the person on their allocated day and discussed what they liked and didn't like about their care. The 'resident of the day' ensured caring and housekeeping staff were involved in creating an environment to promote each person's wellbeing and quality of life.
- People were encouraged to voice their views about their care and the running of the service through regular themed residents' meetings. These were organised by the activity's coordinator. They used a microphone so people could hear what everyone else was saying. We saw that suggestions were acted upon. For example, people wanted a suggestion box so one had been installed.
- Staff told us that communication throughout the service was very good. They felt well supported and said they had opportunities to contribute their views to the running of the service through staff supervisions and staff meetings. There were daily handover meetings where staff discussed anything of note and made sure they always had up to date information.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals sharing information and assessments where appropriate.
- The registered manager had worked closely with the local authority during the pandemic to ensure all guidance about Covid 19 was up to date and in line with best practice. They had also liaised with Public Health England to ensure they were following current Government guidelines.