

Hill Care 3 Limited

# Broadacres Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

About the service:

Broadacres care home is a residential care home providing personal care and support to older people and people living with dementia. There were 25 people using the service at the time of the inspection. The service can support up to 50 people.

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

Management oversight at the service was not always effective. We found audits were irregular and did not always identify issues at the service which required attention. People living at the service and staff had confidence in the manager and the service worked well with other professionals to improve people's care.

Appropriate measures and risk assessments were not always in place to support infection prevention and control to keep people safe. The home environment was predominantly clean and well maintained although some areas required attention.

Risks associated with people's mobility and health conditions had been assessed. People received their medicines safely and there were safeguarding procedures in place to protect people from abuse. People were supported to maintain good health and to eat and drink well. Staff involved other professionals when people became unwell or required additional services

Staff were recruited safely, and pre-employment checks were carried out prior to them commencing work at the service. There were enough staff, day and night, to support people's needs.

Incidents and accidents had been monitored for future learning.

Staff felt supported by the manager. Staff had received supervision to help them in their roles and training had been completed or in the process of being arranged for them.

The manager understood their regulatory responsibilities.

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

The last rating for this service was requires improvement (report published 25 December 2018)

Why we inspected

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.

Concerns were identified. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach in relation to good governance. You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Broadacres 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.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

The inspection was carried out by two inspectors.

#### Service and service type:

Broadacres is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided. A peripatetic manager had been appointed whilst the provider recruited a registered manager. Throughout the report we refer to this person as the manager.

#### Notice of inspection:

This inspection was announced. We gave the service 24 hours' notice of the inspection.

#### What we did before inspection

We looked at information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse and serious accidents and incidents. We also reviewed all other

information sent to us from other stakeholders, for example the local authority and members of the public.

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 two people who used the service about their experience of the care provided. We spoke with two members of care staff and the manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found including training data and quality assurance records.



# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks were not always managed safely. A COVID-19 risk assessment for one person had not been undertaken on admission to consider a person's individual risks and how they needed to be supported with these during the COVID-19 pandemic.
- Checks on the home environment were completed. However, these were not with the frequency determined by the provider. For example, the last infection control audit on file was completed in October 2021 and the last mattress audit was completed in August 2021. We have addressed this within the well led section of the report.
- Risks to people were identified with assessments and care plans in place. For example, specific risks associated with falls had been considered and guidance was available for staff to follow to mitigate those risks.
- Staff knew people's individual risks and understood how to maintain people's safety and independence. This included risks in relation to people's underlying health conditions.
- People told us they felt safe. One person said, "Oh yes, I feel very safe here."

### Preventing and controlling infection

- On the first day of inspection we highlighted infection control concerns to the manager, for example personal protective equipment (PPE), clinical waste bins and hand sanitiser were not available throughout the home. The manager assured us these areas would be addressed.
- Some minor improvements were made on the second day of inspection, however most areas still needed addressing, these concerns have been addressed in the well led section of the report.
- Some areas of the home were not clean and hygienic. Cleaning schedules were in place; however, the quality assurance checks were not effective in identifying the issues we found.
- Staff received training on infection prevention and control (IPC). However, staff were not following good IPC practices to prevent the spread of infection. For example, one staff was wearing excessive jewellery. We found issues had not been picked up by the quality monitoring process.

### Using medicines safely

- Most medicines were managed safely. Care staff were trained in the administration of medicines. Staff were knowledgeable and knew what medicine people needed and how they liked to take them.
- The medicines people took were recorded in Medication Administration Records (MAR). The MARs we looked at were completed, however it was not always clear which staff member had recorded this information.

- Medicines were stored appropriately and securely and in line with legal requirements although temperature records were not always completed.
- We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.
- People we spoke with did not express any concerns around medicines. One person told us, "I always get my tablets on time."

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

- The service had safeguarding procedures in place to report concerns to the relevant professionals including the local authority and the CQC.
- Staff told us they had received training in safeguarding and would report any concerns to the manager or external agencies.

Staffing and recruitment

- Pre-employment checks such as criminal record checks, references and ID checks were carried out before employing staff.
- There were appropriate numbers of staff to support people safely. Staff had a positive approach to supporting people and we observed staff responded to people's needs in a timely manner when required.
- We checked the staff rota and found that there were appropriate numbers of staff on duty to support people. We observed call bells were answered promptly. A staff member told us, "I have no concerns, there is enough care staff here too look after people safely." However, another staff member said, "We used to have a lot more staff, I don't think there's enough."

Learning lessons when things go wrong

- Lessons were not always learnt, for example action had not been taken to address shortfalls we identified on the first day of inspection.
- Accidents and incidents that occurred in the home were reported to the relevant authorities.
- The management team investigated, analysed and reviewed incidents. Trends and patterns were identified to learn lessons and minimise the risk of re-occurrence.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The manager had recently been appointed by the provider to manage the service and drive improvements whilst a new manager was recruited. The manager had been at the service for a month prior to the inspection.
- There was a system of programmed audits to assess the quality of the service delivered in various aspects of the service such as, infection control care plans, mattresses and medicines. However, these quality assurance systems were not always carried out with the frequency determined by the provider, nor were they effective in identifying the shortfalls highlighted at this inspection.
- This meant there was a risk people may not receive high quality care to ensure they were safe at all times.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider promoted a positive and inclusive culture in the home. People told us they felt comfortable in their surroundings and enjoyed the company of other people and staff. One person said, "I like it here a lot, it's a lovely place." Another person told us, "I can't fault it. I get everything I need and the staff are nice."
- Staff expressed confidence in the management team A staff member told us, "The manager hasn't been here very long but seems to be very supportive."
- People were treated as individuals and their personal choices and decisions were respected. Some people did not wish to spend time with others in the home and this was understood and respected.

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 manager was fully aware of their responsibility under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

- The service was open and honest if things went wrong and proactive about putting things right. They investigated accidents and incidents that happened and made sure people and relatives were kept involved and informed of the outcome.

#### Continuous learning and improving care

- The management team had identified records needed to be improved and had started to plan for this. The directors we spoke with acknowledged our findings and told us there would be an internal review of the service, identifying where other improvements were needed and the creation an action plan to address the issues.

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

- Staff were engaged in the running of the service. Staff received supervision and had their competencies assessed. Feedback was provided through team meetings and daily handovers.
- Some systems were in place to gather feedback from people using the service and staff, though they were not always frequent. For example, annual surveys had not been sent out in 2021.

#### Working in partnership with others

- The service worked in partnership with professionals to ensure people were in good health.
- The manager told us they would work in partnership with other agencies, such as health professionals and local authorities, if people were not well, to ensure people were in the best possible health. Records confirmed this.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not assured appropriate systems and processes were in place to fully assess, monitor and improve the quality and safety of the service provided.</p>