

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

This inspection took place on 4 January 2017 and was unannounced.

Broadmeadow care home is a service which provides care and accommodation for a maximum of 32 people who are older and/or live with dementia. At the time of our visit, 30 people lived in the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 service is run.

People at the home were supported by staff who were kind, caring and who understood people's needs, wants and preferences. People's privacy and dignity were upheld by staff.

Enough staff were on duty to meet people's needs. The provider's recruitment practice provided assurance that all measures had been taken to recruit staff who were safe to work with people. Staff received training and management support to help them effectively meet people's needs and to keep people safe.

People were supported in line with the principles of the Mental Capacity Act. The manager understood the importance of applying for Deprivation of Liberty Safeguards (DoLS) when there was a need for restrictions to be placed on people's care to keep them safe.

People enjoyed the food provided and the choice of meals available to them. Timely referrals to the relevant healthcare professional were made when staff had concerns about people's health. People were also supported to see their GP, dentist and optician when required. People received their medicines as prescribed.

Group and individual activities were provided for people's enjoyment. People were consulted on the activities provided.

People and relatives knew how to make a complaint if they needed to, although no formal complaints had been made since our last visit. The manager encouraged open communication with people, relatives and staff.

Quality assurance systems were used effectively to keep people safe and to drive improvements in the home. The premises and equipment used were well maintained and safe to use.

## 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.

There were enough staff on duty to keep people safe. Staff understood the risks related to people's care and ensured risks were minimised. Staff recruitment procedures reduced the risks of employing unsuitable staff and medicines were managed safely. The premises and equipment were safe for people to use.

### Is the service effective?

Good ●

The service was effective.

Staff had received training and support to provide effective care to people and to understand the needs of people they supported. Staff worked to the principles of the Mental Capacity Act, and ensured people who had capacity consented to any care and support provided. People received a choice of meals which they enjoyed. People's health care needs were met in a timely way.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and friendly and engaged well with people. Staff supported people with respect, and maintained people's dignity and privacy. Visitors were welcomed at any time.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs. They had good opportunities to follow their interests and take part in social activities. People decided how they wanted to live their lives. No formal complaints had been made, but informal concerns had been dealt with quickly by the registered manager.

### Is the service well-led?

Good ●

The service was well-led.

Management promoted an open and fair culture. People, relatives and staff were encouraged to share their views and opinions about the service. The registered manager and provider understood their responsibilities and worked hard to provide good care to the people who lived at the home.

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# Broadmeadow Court Residential Care 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.

The inspection took place on 4 January 2017 and was unannounced. One inspector and an expert by experience conducted this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at information received from statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law. We spoke with five people who lived at the home, five relatives, and seven staff members including care workers, the maintenance co-ordinator, the chef and the activities co-ordinator. We also spoke with the registered manager and two regional managers who visited the home during our visit.

A number of people who lived at the home lived with dementia and were unable to share their experiences of the care and support provided. We therefore spent time observing care in the lounge and other communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We reviewed two people's care plans to see how their care and support was planned and delivered and looked at a sample of medicine administration records. We looked at two staff recruitment records and other supplementary records related to people's care and how the service operated. This included checks completed by managers to be assured that people received a good quality service.

# Is the service safe?

## Our findings

People who lived at Broadmeadow Court told us they felt safe. They told us, "We have good staff and they reassure me". A relative told us "I have great peace of mind." A survey undertaken in June 2016, by the provider, Sanctuary Care, showed that 100% of people who lived at the home thought they were safe and secure.

There were enough staff on duty to care for people safely. People told us there were enough staff on duty but they were always very busy. One person told us they felt staffing was a bit low at the moment and staff looked tired. Relatives mostly felt that staffing levels were sufficient to meet people's needs however one told us they thought their relation did not always get to the toilet on time because there was not always enough staff to support them.

During our visit staff were very busy in the morning. Staff told us breakfast was not always provided on time because of the time it took them to get people out of bed and ready for the day. The registered manager told us this had become a challenging time of day because people's dependency levels had increased. They had already begun to take action to address this. We saw staff had been consulted on changing their shift pattern to start the morning shift one hour earlier when people were getting up and wanting to get dressed; and they had requested from the provider an additional four hours of care support each day between 7am and 11am to help support staff during the busy period. After our visit, the provider confirmed they had started to trial the additional hours to see whether they met people's needs.

People were protected by the provider's recruitment practices. Staff told us the registered manager checked they were of good character before they started working at the home. Records confirmed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) held any information about them. The DBS is a national agency that keeps records of criminal convictions. It was previously known as the Criminal Records Bureau (CRB).

The administration of medicines was managed safely and people received the medicines prescribed to them. People told us that staff stayed with them and made sure they took their medicine. They also told us that staff ensured they received medicines when they needed them to relieve their pain. We saw a senior member of staff administer people's medicines at lunch time. We saw them check to ensure they were administering the right medicines to the right person and documented the administration on the medicine record sheet. We also saw them check whether people wanted their 'as required' medicines for pain.

We looked at the storage of medicines. Medicines were stored in accordance with the legislation. Only senior care staff administered medicines to people who lived at the home. They had received training to support them to administer medicines safely, and the registered manager regularly checked to make sure they were administering medicines correctly.

We spoke with a pharmacy health care professional. They told us they were satisfied with the way the service managed medicines in the home, and medicines were well organised.

People were safe and protected from the risks of abuse. Staff had undertaken training to support them in knowing how to safeguard people who lived in the home from abuse. We gave staff different scenarios where people might be placed at harm. Staff knew the importance of reporting any abusive practice they had witnessed or been told about. The registered manager was aware of their responsibilities to report any safeguarding concerns to the local authority. They were also aware of their responsibility to report to the CQC any incidents which had occurred and the action the service had taken to reduce the risks of further harm.

Accidents and incidents were recorded and appropriate action was taken at the time to support the individual and to reduce the risks of incidents occurring again.

The registered manager had assessed risks to people's individual health and wellbeing. The risk assessments explained to staff what the risks were to each person and the action they should take to minimise the risks. People's ability to undertake tasks such as eating, drinking, using the toilet, moving by themselves, understanding others and their surroundings had been assessed and care plans put in place to inform staff how to reduce the risks. For example, if someone was at risk of choking on food, their diet had been changed on advice from healthcare professionals to a soft food or pureed diet to reduce the risks of choking. Records showed risk assessments were reviewed once a month or sooner if the person's needs changed to ensure staff continued to support them safely.

People and visitors told us they felt safe in the premises. They told us the doors were locked and there was always someone around. For example, one person said there was "Good staff and security". A relative told us they felt their relation was safe. They explained their relation had pressure pads on their bed which alerted staff when they moved, and this helped with the person's safety.

The provider employed a maintenance co-ordinator who maintained the building and ensured checks were carried out on fire, electric and water systems to ensure people's safety. They also checked other equipment such as hoists and wheelchairs were safe to use, and call bells were working. The provider had recently installed new fire doors to people's bedrooms. These automatically closed when the fire alarm rang and meant that people were protected from the risk of fire if they chose to leave their bedroom doors open at night as doors would automatically shut and protect people for up to an hour before the fire service arrived.

The provider had systems in place to manage emergencies. Each person had a personal emergency evacuation plan (PEEP) which informed the emergency services of what their needs were to support them with safe evacuation. There was also an evacuation kit available to staff. This included torches, whistles and blankets in the event that people had to leave the building.

## Is the service effective?

### Our findings

People and relatives told us they thought staff had the knowledge and skills to care for them effectively. One person said the staff were, "A marvellous lot of girls." A relative told us the staff always knew about their relation's current needs.

The registered manager and senior staff had undertaken training to enable them to provide in house training to other staff in moving people safely, falls prevention, safeguarding people and the Mental Capacity Act. Staff told us they had received training considered essential to meet people's health and social care needs. This also included training in food safety, fire safety, nutrition and infection control.

We saw staff put their training into practice. For example, where people required staff support to help them move, we saw staff use safe moving and handling techniques. We saw staff minimised the risks of cross infection or contamination by using gloves and aprons appropriately. We also saw staff being observant when people were walking to ensure they did not fall over. For example, one person looked unsteady on their feet. They were asked if they would like a wheelchair to help them. The person declined this, but staff made sure they were close to the person so they were not at risk of falling.

The provider supported staff with training to better understand and work with people who lived with dementia. The Provider Information Return told us that three staff were dementia specialists having undertaken specialised training run by the University of Worcester. Staff were encouraged to be dementia friends, and all staff had undertaken e-learning to support their knowledge of dementia.

Staff were encouraged to undertake further training such as National Vocational Qualifications in health and social care to further develop their practice as social care workers.

There had not been any staff new to care who had started work at the home since the Care Certificate had been in operation. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. The registered manager demonstrated they had the required paperwork ready to start the Care Certificate if staff new to care were recruited.

Staff new to the service had an induction to the home to ensure they knew the policies and procedures of the service and the needs of people they supported. We were told by the registered manager that new members of staff worked alongside experienced or senior staff (shadowed) until they said they were confident in working on their own. They would not be included in the staff numbers for the shift until this decision had been taken.

Staff received on going guidance and support from their seniors and manager. This included formal individual meetings and informal discussions about their work performance. They also received a yearly appraisal to reflect on how they had undertaken their responsibilities during the year.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

The registered manager understood their responsibilities under the Act. People who lived at the home had their capacity assessed to ensure they had the capacity to make specific decisions. For example, one person wanted to eat toast despite the recommendations given by the SALT team to have a soft food diet. The person was assessed as having capacity to make this decision and was informed of the risks to them in eating toast but still decided to go ahead. Where people had been assessed as not having the capacity to make decisions, they were made on their behalf with people and professionals who had their best interests at heart.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to the local authority which is the supervisory body for making decisions relating to DoLS.

People received food and drink which met their needs. The recent survey undertaken by the provider showed that 93% of people were happy with the food they ate. People and their visitors told us they were satisfied with the food provided and received support to eat if required. They also told us they could have food and drinks whenever they wanted. One person said, "Sometimes I have a jam sandwich outside of meal times." Another told us they had a, "Whole drawer full of goodies."

During our visit we saw people provided with a choice of meals which most appeared to enjoy. The cook told us they worked to a four week rolling programme of meals determined by the provider. This was to ensure meals provided suitable nutrition to people who lived at the home. However, we found that not everyone liked some of the meals as they did not incorporate regional variations or preferences. The provider told us they were in the process of introducing a system where regional meal variations could be developed by the company's hospitality team to ensure people received meals they wanted with the right nutritional content.

We saw dining tables were nicely set with tablecloths and napkins. The meal time experience appeared to provide people with sufficient time to eat their meals and people we saw were able to eat their meals without assistance. Drinks were not offered to people until they were halfway through their meal. We discussed this with the registered manager who said this should have been provided at the start of the meal.

People were assessed to check whether they were at risk of dehydration or malnutrition. Food and fluid monitoring was in place where assessments had determined people were at risk; and weight checks were undertaken regularly to see whether people were at risk from losing or gaining weight. One relative told us their relation had lost a lot of weight but this was now increasing. People were referred to the GP, or speech and language therapist for further advice.

People received support to maintain their health and wellbeing. People saw other health and social care professionals when necessary to meet their physical and mental health needs. People and relatives told us they either used the GP who was linked to the home, or they continued to use the GP they had prior to

coming to Broadmeadow Court. One relative told us their relation had fallen, and subsequent to the incident the district nurse and GP came to see them on a regular basis. They also told us they had seen the optician and chiropodist when required. On the day of our inspection visit we saw district nurses visiting the home.

# Is the service caring?

## Our findings

We asked people what they thought of the way staff cared for them. They all responded positively. One person said the care was, "Absolutely fine" and the others told us it was, "Very good." Relatives were also positive. All relatives told us they thought the care was either good or very good. One said, "I trust them entirely" and another told us, "The care is person centred."

The provider survey carried out in June 2016 showed that 100% of people (29) who responded to the survey thought they were treated with kindness. Care workers told us they felt they and their colleagues treated people well.

During our visit we saw staff made sure people felt they mattered. For example, one person was worried they would not be able to go to a funeral of a person they considered a 'dear friend'. Staff reassured the person that they knew the date and time of the funeral and had planned to support the person to go. Another member of staff said to a person, "Are you alright gorgeous." This made the person smile. The member of staff went on to compliment the person's cardigan and how nice it looked on them.

Staff understood people's individual needs. They told us they got to know people's needs through reading care plans, and talking to people and their relatives. One care worker told us, "You have a care plan but you get to know the person, their body language and their facial expressions." We saw staff talk to people about their families and their history. For example, we saw the activity co-ordinator talk with a person about the place the person had once lived and told them about the changes to the place including the closure of the post office. The person was interested in hearing this information.

During a shift handover meeting we heard staff speak about the people at the home. A member of staff had noticed a person was not behaving like they would usually do and thought they seemed 'a bit down'. The senior on duty suggested that staff on the next shift spend half an hour with the person talking with them to check on their mental well-being and to offer support. Afterwards when we spoke with a member of staff they said, "I know there is something wrong, I will speak to the person after they have had their tea." They showed genuine concern about the person.

Staff responded quickly to people's needs. One person showed anxiety when moving from their wheelchair to a more comfortable chair. Staff reassured them they were safe, and when they sat down, they said to the person, "Well done [person's name]" and this made them smile.

Where people had capacity they were involved in decisions about their care. During our visit some people chose not to get out of bed until much later in the morning, and some chose to sit quietly in the smaller lounge rather than join in with activities in the larger lounge. People and relatives told us they chose how to live their lives at the home. One person said, "Everything I do is my choice." Another said, "I make all my choices."

People were supported and encouraged to maintain relationships important to them, and visitors were

welcomed at the home. We saw visitors at the home throughout the day. The service operated an open visiting policy with no restriction on visiting times.

During our visit, staff were respectful towards people in the way they spoke and behaved towards them. The provider's own survey told us that 96.6% of the 29 people who completed the survey felt they were treated with dignity and respect, and 100% felt they were listened to and had privacy.

## Is the service responsive?

### Our findings

The registered manager assessed people's needs prior to their admission to the home. The Provider Information Return informed us that the person, their family and their lasting power of attorney (if one was in place) were encouraged to help the manager complete the assessment. This was to ensure the service understood people's physical, social and emotional care needs.

We asked people and their relatives if they had been involved in care planning. People told us they had not been involved but the relatives we spoke with told us they had. A person told us they left the discussions with the manager about their care to their daughter. One relative told us, "My husband and sister deal with the care plan and they keep me in the loop".

A healthcare professional who had undertaken reviews of people's dementia care needs at the home told us that families were often in attendance at these reviews, and any actions required to further support people with their care had been implemented by staff.

The registered manager reviewed people's care plans each month. They had recently introduced a 'resident of the day' system. This meant the monthly reviews were more comprehensive and inclusive with greater involvement from the person who lived at the home and their family, and all the staff who supported them with their care and well-being. This included activity staff, the chef and domestic staff.

Staff understood people's personal histories, their likes, dislikes and preferences. The care records demonstrated that staff had requested information about people's history and divided these into three parts, their younger, middle age and later years. The records also provided staff with information about people's likes and dislikes. We heard from conversations between staff and people that staff had a good knowledge of people and were responsive to their needs.

People were supported, where possible, to follow their interests and hobbies and take part in social activities that were meaningful to them. The Sanctuary Care survey showed that 100% of people who undertook the survey felt there were enough activities on offer.

We asked people what interests they had before coming to live at Broadmeadow Court. One person told us they used to enjoy playing bingo, and still enjoyed this at the home. They also told us they now did exercises. Another person told us they enjoyed reading before coming to the home and they continued to do this. Some people did activities prior to living at Broadmeadow Court which they were unable to continue, but told us they were involved in other activities such as participating in quizzes, exercises, bingo and baking. On the day of our visit we saw people undertaking exercise activities to the 'Can Can' music which made people laugh and smile, and later in the day they were involved in a quiz.

Where people did not want to get involved in group activities the activity co-ordinator supported them with individual activities. We also saw people having individual discussions with the activity co-ordinator and with other staff. During our visit we saw one person helped the activity co-ordinator to lay the tables for

lunch. They helped to put the knives and forks and cups and saucers on the table and enjoyed helping with this task.

The service had links with the local church groups and school. These visited the home regularly.

The regional director told us the company was in the process of updating the activities available to people who lived with dementia. They hoped to provide activities which linked to the season the activity was being provided, and the activity would involve the use of the person's different senses such as smell, touch and taste. For example, making gingerbread.

People and relatives were provided with opportunities to share their views about the service. There were regular resident and relatives meetings. A relative told us, "They have regular meetings for visitors and residents, which I attend. We talk about things in general and some of our individual problems." We saw by looking at the notes of the October meeting that the home had planned many events for people to enjoy the Christmas period. This included people going to the theatre to see a production of Cinderella, and a touring company visiting the home to perform 'Oliver'. We also saw that people and their relations had felt able to identify issues where they thought the home could improve, and the manager had responded to these concerns.

People and their relatives understood how to complain about the service. Two relatives we spoke with told us they had raised informal concerns with the manager and they were responded to. We also saw concerns were brought up in the 'resident and relatives' meeting. For example, there had been concerns raised about lack of seating in the lounge area. In response to this the manager had moved out of their office and turned it into a smaller lounge space. They had also removed the fire place to make more seating available. They acknowledged this still did not mean as many people and relatives who wanted to sit in the lounge could, but they had done all they could to try and meet people's concerns.

## Is the service well-led?

### Our findings

The home had a registered manager. The registered manager had been in post for over three years and was experienced. The registered manager was supported by the regional manager who regularly visited the home to assess the quality of the service provided and to provide support and guidance to the registered manager.

People and relatives told us they thought the home was managed well. When asked what they thought about the registered manager, people used expressions such as "Outstanding," and "Very good" and told us the home was, "Run well". Relatives shared this view. They told us the registered manager, "Runs a tight ship," and was, "So involved." The registered manager told us they walked around the home each day to make sure people's needs were being met and to provide them with an overview of how care was being provided.

The provider's survey showed that 100% of respondents thought the home was well run and that the home manager was approachable and helpful.

The registered manager also held daily ten minute 'flash meetings' to find out from staff if there were any issues they needed to address. Staff communication books were used to ensure any required information was transferred to the right people, and staff 'handover' meetings took place at shift handover so those staff leaving their shift could update people's needs to staff arriving on shift. Staff were supported in their roles through regular individual meetings and team meetings.

People and staff were actively involved in developing the service through resident and relatives meetings, and through staff meetings. The Provider Information Return informed us the registered manager was hoping to involve people in the staff recruitment process so they would have more of a say in who was recruited to the home.

Staff told us they found the manager supportive of them. One staff member told us, "[The registered manager] is so knowledgeable, if there is anything you need to know, you ask her." Another told us the registered manager was, "Always there if you need to talk to her. You can trust her – she's a really nice manager." We found that most staff had worked at the home for a long time and were happy working at the home.

The registered manager understood most of their legal responsibilities. They sent us notifications about important events at the service, however we noted we had a lower than expected notification rate for deaths at this service. We found that the registered manager thought they had not needed to notify us of deaths which occurred in hospital, and had only notified us of deaths which had happened on the premises. This mean the registered manager had not informed us of the death of two people in hospital. They assured us we would be notified of these deaths and subsequent ones in the future.

They also sent us a Provider Information Return (PIR). This is a document the Care Quality Commission

requests the provider completes to inform us how they are delivering a quality service. We found the information provided in the PIR matched the service we saw during our inspection visit.

The provider, Sanctuary Care, supported the manager to check the quality of the service by requiring them to complete a series of checks to make sure people were being cared for well. These checks included medicine checks, infection control checks, care plan checks, and health and safety checks. Outcomes from any of these checks were shared at team meetings to discuss any lessons learned and to look at how the service could improve.