

H U Investments Limited

# Broomfield Lodge

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Broomfield Lodge is a residential care home providing personal care to 20 older people who may be living with dementia, at the time of the inspection. The service can support up to 21 people in one large adapted building.

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

People told us they felt safe living at the service. However, medicines were not always managed safely, people had not always received their medicines as prescribed.

Checks and audits had been completed on all aspects of the service and action had been taken when shortfalls had been identified. However, the weekly medicines audits had not identified the shortfalls found at this inspection.

Potential risks to people's health, welfare and safety had been assessed. There was guidance in place for staff to mitigate the risks. Accidents and incidents had been recorded, analysed and action taken to reduce the risk of them happening again.

Staff had been recruited safely and there were enough staff to meet people's needs. Staff received appropriate training for their role and to support people effectively. People's health was monitored, and staff referred people to healthcare professionals when people's needs changed. Staff followed the guidance given to keep people as healthy as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were encouraged to eat a balanced diet. People had access to activities they enjoyed and were supported to be as active as possible. People were treated with kindness and compassion, people's privacy and dignity was respected.

Each person had a care plan. People had been involved, where possible, in developing their care plans. The care plans contained details people's choices and preferences and people told us they were supported in the way they preferred. People met with the management team before they moved into the service. People were given information in a way they could understand. People and relatives told us they knew how to complain, and issues had been dealt with quickly.

The management team attended local forums to keep up to date with developments in adult social care.

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 Good (published 30 June 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified breaches in relation to medicines management at this inspection. Please see the action we have told the provider to take at the end of this 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 effective?

The service was effective.  
Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Broomfield Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Broomfield Lodge 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 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

This inspection was unannounced.

#### What we did before the 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. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, senior

care workers and care workers.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at one staff file in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We received information from the registered manager of the immediate action taken following the inspection.

# 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 limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely. Staff dispensed medicines from boxes. We checked there were correct number of tablets left in the boxes, the amounts were not correct. Some people had not received their medicines as prescribed. Medicines had not been given and other medicines had been given more than prescribed. The medicines administration charts were not accurate, staff had signed the charts when medicines had not been given. The errors had not been identified before the inspection. The deputy manager told us they would discuss the errors with people's GP to see what action needed to be taken.
- Some medicines require their administration to be witnessed by two staff and a book to be signed to confirm this. This had not been done consistently, there were three occasions when there was only one signature in the book.

The registered persons had failed to manage medicines safely. This is a breach of Regulation 12 (Safe Care and Treatment) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the registered manager sent us a plan of the action they had taken to reduce the risk of this happening again.
- Some people were prescribed medicines on an 'as and when' basis such as pain relief. There were guidelines in place for staff about when to give medicines and how much. There were systems in place to order, record and store medicines safely.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Potential risks to people's health, welfare and safety had been assessed. There was guidance in place for staff to mitigate the risks. Some people had a catheter a tube to help them pass urine. There was a clear guidance about how to reduce the risk and recognise an infection. Staff understood how to maintain the catheter and followed the guidance.
- Some people were living with diabetes. There was guidance in place about the signs and symptoms to look for when people were unwell. There were instructions about the action to take if these were seen. When people required equipment to help them move around the service, there were instructions in place to move people safely. Staff were informed what equipment to use and how use slings to position people as they wanted in their chair or bed. We observed staff moving people safely.
- Checks had been completed on the environment and equipment to make sure they were safe. Regular checks had been completed on the fire equipment and fire drills had taken place. Each person had a personal evacuation plan, with information about how to support them in an emergency. Water temperatures had been checked to make sure they remained at a safe temperature to reduce the risk of

scalding.

- Accidents and incidents had been recorded and analysed to identify patterns and trends. Action had been taken to reduce the risk of these happening again. A pattern of falls had been identified for one person. They had been moved to more accessible room and there had been no more falls.

Preventing and controlling infection

- The service was clean and odour free. There were sufficient domestic staff to maintain the cleanliness of the service. Staff had a cleaning schedule and people's rooms were deep cleaned regularly.
- Staff received infection control training. Gloves and aprons were available for staff to use when appropriate. Staff were wearing these during the inspection.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from abuse and discrimination. Staff were able to describe what signs and symptoms they would look for to identify abuse. Staff described their responsibility to report any concerns they may have to the registered manager. Staff were confident the registered manager would take appropriate action. They understood the whistle blowing policy and when to report concerns to the local safeguarding authority.
- The registered manager had reported any concerns to the local safeguarding authority when required. They had taken appropriate action to keep people safe.

Staffing and recruitment

- Staff had been recruited safely. The provider had a recruitment policy and this had been followed. Checks had been completed including a full employment history and references from previous social care employment. Disclosure and Barring Service (DBS) criminal records check had been completed before staff began work at the service.
- There were enough staff on duty to meet people's needs. The number of staff required were calculated to reflect people's needs. Sickness and annual leave was covered by permanent staff, so people were supported by staff who knew them well. During the inspection, call bells were answered quickly. There were staff available to support people when they were in the lounge and at meal times.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People met with staff before they moved into the service. An assessment was completed to make sure that staff were able to meet their needs. The assessments covered all aspects of a person's life including protected characteristics under the Equalities Act 2010. These included people's religious needs and sexual orientation.
- People's needs were assessed using recognised tools such as Waterlow, to assess skin integrity, following best practice guidance. The guidance in the assessment was followed, such as people having specialist equipment to reduce risks. These assessments were used to develop people's care plans.

Staff support: induction, training, skills and experience

- Staff received training appropriate for their role. Training was delivered either online or face to face for topics such as moving and handling. During the inspection, staff attended a moving and handling training session. Staff received training on essential topics such as safeguarding and mental capacity. They had training on health conditions such as epilepsy and diabetes to be able to support people's health needs. We observed staff moving people safely around the service.
- New staff completed an induction including shadowing more experienced staff to learn about people's choices and preferences. Staff told us they felt supported during their induction and had received supervision to discuss their progress. Staff worked with other staff until they had been assessed as competent.
- Staff received regular supervision and appraisal to discuss their practice and identify any areas of development that may be needed.

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

- People were supported to eat a balanced diet. People had a choice of meals, people had been involved in developing the menus. We observed breakfast and the lunch time meal. Both were social occasions, people appeared to enjoy sitting together and chatting. Staff ensured people had enough to eat and drink, getting them extra helpings when requested. There were snacks and drinks available throughout the day.
- When people required specific meals such as puree, these looked appetising. People told us they enjoyed their meals and were able to make requests. One person told us, "I am not fancying food, but the girls would make me what I wanted." Staff knew people's likes and dislikes and offered these to them.

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

- Staff monitored people's health and people were referred to health care professionals when required.

People had been referred to the dietician when they had lost weight. Staff followed the guidance given. People were supported to have their nutritional drinks as prescribed. People told us staff contacted the GP and district nurse when they needed them.

- People had access to health professionals such as dentists and opticians. Staff had received training in oral health care. People were supported to maintain their oral health.
- People were encouraged to be as active as possible. During the inspection, people took part in a chair exercise class. This involved lots of laughter and the use of 'pom poms'. People told us they enjoyed the exercise and helped them to feel better.

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

- The service consisted of one large adapted building. There was a passenger lift to all floors. People had access to the garden and we observed people spending time in the garden independently.
- There was pictorial signage around the building showing where communal lounges were. The bathrooms had hoists in them to enable people easy access to the bath.
- People had personalised their rooms with photos and pictures. People told us they liked their rooms and they felt at home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood how to support people to make their own decisions such as showing them objects to choose from. Staff understood how people liked to communicate and how they needed information to be given to them. We observed people making choices. This included when they wanted to get up and how they wanted to spend their time.
- When people were unable to make decision, best interest discussions were held including staff and people who know the person well. People's previous choices and preferences were considered when making decisions.
- Some people had DoLS authorisations in place. There were no conditions placed on the authorisations.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us staff were kind and caring. One relative told us, "The staff could not be kinder, they always take care of Mum." Staff and management knew people well and people were supported in the way they preferred.
- Staff spoke to people in a discreet and compassionate way when they were supporting people. Staff talked people through the options of where they could sit. Staff were patient while people thought about the options however long it took.
- People's different beliefs were supported. People were supported to attend services of their choice. The registered manager told us they would arrange for different faiths to attend the service as requested.

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

- When people were able to, they were encouraged to express their views about their care and support. Life histories had been completed, these were used by staff to inform them of people's previous choices and preferences.
- People were given the opportunity to discuss their needs with the GP and other health professionals. People's decisions were respected when developing people's care and support. Relatives told us, they had been involved in developing their loved one's care when they were not able to.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. Staff knocked on people's doors and waited to be asked in. Staff asked people how much support they wanted. We observed staff coming out of people's bedrooms while they used the bathroom, only going back when requested.
- People were supported to be as independent as possible. Staff supported people to walk with aids, making sure the route they were taking was clear. During breakfast, people were supported to put their own jam on their toast.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan that contained detailed information on how to support people. This had been developed with people and where appropriate their relatives.
- Care plans detailed information about people's choices and preferences. These included how people liked to be supported with washing and dressing, when they liked to get up and go to bed. Staff knew people well and understood their routines. During the inspection, one person got up late. Staff knew this was their preference and did not bother them. The person told us, they were able to get up when they wanted.
- People told us they were supported in the way they preferred. We observed staff encouraging people to spend their time in the way they preferred. People were supported to settle in their room with the activities they enjoyed such as reading.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a way they could understand. There was information displayed around the service in pictorial form.
- There were signs around the service in pictorial format to assist people to find their way around the service independently. Details of how people should be given information was documented in their care plan.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities they enjoyed. The activities organiser had completed NAPA (National Activity Provider Association) training. NAPA specialises in developing activities for people living with dementia. They had developed an activity programme following these principles.
- People were supported to continue their hobbies. We observed people with their books and puzzles. People told us they were occupied and enjoyed the activities. Staff spent time with people, chatting about the film they were watching or singing along with the music playing.
- People were encouraged to maintain relationships with family and friends. One relative told us they were going to have Christmas dinner with their loved one. This was being organised by the staff. Relatives and friends visited whenever they wanted and were made welcome. Staff described how relatives were an extension of the person. Relatives were offered support as well as people during difficult times such as bereavement.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure. Complaints had been recorded, investigated and resolved following the policy. Actions were agreed to reduce the risk of them happening again.
- People and relatives told us they knew how to complain. They would speak to the registered or deputy manager if they had a complaint. They were confident the registered manager would act to resolve any complaint.

#### End of life care and support

- The service supported people at the end of their lives. When people became frail, they were reviewed by the GP. Staff worked with the GP and district nurse to put plans in place for their future care. Medicines to support people to be comfortable were available to be used when required.
- When people were happy to discuss their end of life wishes these were recorded in the person's care plan.

# 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

- Checks and audits had been completed on all areas of the service. Medicines audits were completed weekly and monthly covering different aspects of medicines management. However, the balance of tablets was only reviewed monthly. The weekly audits had not identified the shortfalls found at this inspection. This is an area for improvement. Following the inspection, the registered manager sent us an action plan, to improve the medicines audit.
- The audits had been effective in identifying shortfalls in all other areas of the service. When shortfalls were identified an action was put in place and signed off when completed. The provider had completed audits, any shortfalls had been incorporated into the registered manager's action plan.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about a service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall and on their website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an open and transparent culture within the service. People were supported to be as involved as much as possible in developing their care. Staff told us the service revolved around people. Staff told, "We tell them do not ask for permission, just ask for assistance when you need it to do what you want. The service revolves round each person."
- People and relatives told us they thought the service was well led. One relative told us, "They will always help us and sort anything out." People were encouraged to be part of deciding what happened within the service. This was discussed at regular meetings, where people were supported to express their views. People had been involved in developing activities and the menus.
- People and relatives had been asked for their opinions on the service. The results had been analysed, any negative comments had been recorded and an action plan had been put in place. Action had been taken to

improve the cleaning of carpets and there were now fruit platters available for people.

- Staff attended regular meetings to discuss people's needs and staff practice. Staff were given the opportunity to raise any safety concerns they may have or ideas to improve the service.

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 registered manager had an 'open door' policy, their office was part of the main communal area. People and relatives spoke to the registered manager throughout the inspection. Relatives told us the management team was approachable.
- When incidents happened, the registered manager had been open and honest with people, relatives and staff. They had worked with all appropriate people to reduce the risk of them happening again.

Continuous learning and improving care; Working in partnership with others

- The registered manager attended local forums and updates from national organisations to keep up to date. The registered manager had attended workshops about fire risk assessment and had used the knowledge to make improvements within the service.
- The service worked with other agencies such as the local commissioning group to improve staff skills and provide the support people need.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered persons had failed to manage medicines safely.  Regulation 12 (2)(g)