Four Seasons Health Care (England) Limited

Broadacres Care Home

Inspection report

Naylor Street
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South Yorkshire
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection was unannounced, and took place on 15th February 2017. The home was last inspected in December 2015, where concerns were identified in relation to governance, safety and a failure to make required notifications to CQC. The home was rated "requires improvement" at that inspection.

Broadacres is a 50 bed service providing residential care to older people with a range of support needs including dementia. It is divided into two separate units, Rosehill and Clifton. AT the time of the inspection there were 28 people using the service.

The home is located in the Parkgate suburb of Rotherham, South Yorkshire. It is close to the town centre and public transport links.

The service did not have 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 and associated Regulations about how the service is run. The previous registered manager had left their post and a new manager had been appointed. They were in the process of applying to register with CQC.

We found that staff went about their day to day duties treating people with respect and dignity. We observed a genuine warmth when staff spoke with people and staff told us that treating people with respect was the most important part of their job.

The home environment was designed to meet the needs of people living with dementia, and we saw that further improvements were underway. The home had an activities coordinator who devised a varied activities programme, including activities both within the home and within the local community.

Medicines were stored and handled safely, although we noted some areas for improvement, which the provider addressed immediately during the inspection.

Where people were at risk of harm, or presented a risk to others, there were appropriate risk assessments in place to ensure staff kept people safe.

Recruitment procedures were sufficiently robust to ensure people's safety.

We looked at the arrangements for complying with the Mental Capacity Act, and found that although on the whole this was adhered to, improvements were required in the way consent was obtained and recorded.

Mealtimes were observed to be comfortable and pleasant experiences for people. People told us the food available was always good.

The management team were accessible and were familiar to people using the service. The provider had a system in place for auditing the quality of the service, and for obtaining and acting on feedback from people using the service and their friends and relatives.

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. Medicines were stored and handled safely, although we noted some areas for improvement, which the provider addressed immediately.

Where people were at risk of harm, or presented a risk to others, there were appropriate risk assessments in place to ensure staff kept people safe.

Recruitment procedures were sufficiently robust to ensure people's safety.

Is the service effective?

Requires Improvement

The service was not always effective, as improvements were required in the way consent was obtained and recorded.

Mealtimes were observed to be comfortable and pleasant experiences for people. People told us the food available was always good.

Is the service caring?

Good

The service was caring. We found that staff went about their day to day duties treating people with respect and dignity. We observed a genuine warmth when staff spoke with people and staff told us that treating people with respect was the most important part of their job.

The home environment was designed to meet the needs of people living with dementia, and further improvements were underway.

Is the service responsive?

Good

The service was responsive. The home had an activities coordinator who devised a varied activities programme, including activities both within the home and within the local community.

There was a formal complaints procedure in place, and people we spoke with told us they would feel confident to complain if

they wished to.

Is the service well-led?

Good

The service was well led. The management team were accessible and were familiar to people using the service. The provider had a system in place for auditing the quality of the service, and for obtaining and acting on feedback from people using the service and their friends and relatives.

The home's manager was not yet registered with CQC, however, they had been in post for a very short time and had begun the process to register.

Broadacres 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 checked 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 was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit took place on the 15th February 2017. The inspection was carried out by an adult social care inspector.

During the inspection we checked records relating to the management of the home, team meeting minutes, training records, medication records and records of quality and monitoring audits carried out by the home's management team and senior managers. We spoke with people using the service, staff and the management team.

We observed care taking place in the home, and observed staff undertaking various activities, including supporting people to make decisions and engage in activities, dealing with medication and using specific pieces of equipment to support people's mobility. We observed a mealtime taking place in the home. In addition to this, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, we reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home. We also spoke with the local authority and gained their feedback about the home. Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was returned in a timely manner prior to the inspection

Good

Is the service safe?

Our findings

We asked people using the service whether they felt safe at the home. Everyone we spoke with responded positively in relation to safety, with one person telling us: "The girls [the staff] keep us safe, they do a good job."

During the the inspection we observed that there were staff on duty in sufficient numbers in order to keep people safe. Staff we spoke with told us that although they would always wish for more staff, generally they felt there were sufficient staff on duty to meet people's needs. We did observe one occasion where a person asked for assistance and no staff were available, however, this was not a regular occurrence.

We found that staff received training in the safeguarding of vulnerable adults. There was information available throughout the service to inform staff, people using the service and their relatives about safeguarding procedures and what action to take if they suspected abuse.

We checked six people's care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained up to date risk assessments which were detailed, and set out all the steps staff should take to ensure people's safety. For example, where people required specific equipment to assist them to move around safely, their records had a good level of detail about the equipment required.

We checked the systems the provider had for monitoring and reviewing safeguarding concerns, accidents, incidents and injuries. We saw that the manager audited accidents and incidents, and the provider had an electronic system which recorded and analysed all such incidents so that any trends or concerns could be identified. We cross checked this with information held by CQC and found that the majority of incidents had been notified to the Commission as required, although did identify a small number of incidents that had not been notified. We raised this with the home's manager who told us that they would take immediate steps to rectify this.

Recruitment procedures at the home had been designed to ensure that people were kept safe. Policy records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduse the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided a checkable work history and two referees.

We checked the arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were predominantly appropriate although we identified a small number of shortfalls. Medication was securely stored, and records were kept of the temperature medication was stored at. We checked records of medication administration and saw that these were appropriately kept, although we noted that the provided did not hold a central record of all staff's signatures in order to easily identify which staff member had administered medicines.

There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. We noted that where medication was in liquid or cream form, staff did not always record the date on which each bottle or tube was opened. During the inspection a senior manager rectified this.

Requires Improvement

Is the service effective?

Our findings

We asked two people using the service about the food available. They were both positive about their experience of food and mealtimes. One person said: "I like everything I get to eat, there's always lots of it." People we spoke with told us that there were choices available at mealtimes, and our observations reflected this.

We observed a mealtime taking place in the home, and saw that it was a relaxed and pleasant experience. Tables were well laid out, and people had a choice of eating in the dining room, in the lounge or in their own rooms. We saw that staff supported people to ensure their preference was upheld. Where people needed assistance during the mealtime staff provided it in a discreet and gentle manner. There was a pictoral menu available to help people understand the choices available, and staff took time to ensure that people understood the options available to them. We observed that staff ate lunch with people using the service, sitting at tables with them. One staff member told us that this was helpful where people had a low appetite, as eating with staff encouraged them to eat more.

We checked six people's care records to look at information about their dietary needs and food preferences. Each file contained up to date details, including screening and monitoring records to prevent or manage the risk of poor diets or malnutrition.

We looked at the arrangements in place for complying with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS.) We checked records in the home and saw that the provider had taken appropriate steps in relation to DoLS, and the manager had a good understanding of the process. All staff at the home had received training in relation to the MCA.

Some of the care plans we looked at showed that the person concerned lacked the mental capacity to consent to their care and support. Where people lack capacity, decisions that are made on their behalf should be made in the person's best interests, and people who know the person well should be consulted for their views about the decision. We found that the provider had not always done this, and instead had obtained "consent" from people's relatives. In these circumstances it is not lawful for another adult to give consent on behalf of a person who lacks capacity. Where people had the capacity to consent to their care, there was not always evidence that the provider had sought their informed consent. We discussed this with the management team on the day of the inspection and they told us what steps they would be taking to address this.

Good

Is the service caring?

Our findings

We carried out observations of staff interactions with people using the service over the course of the inspection. We saw that staff consistently showed kindness towards people both when they were providing support, and in day to day conversations and activities. Staff we spoke with told us that treating people with respect and dignity underpinned all of their work. One staff member said: "That's the most important thing…it's their home and we all have to remember that. If we can't treat them with kindness we shouldn't be here." The atmosphere within the home was friendly and relaxed, and at times fun, and the approach adopted by staff contributed to this. Staff we spoke with knew people's needs very well, and could describe their individual preferences and the way they wished to be cared for. When staff were supporting people with care tasks, they did so in a calm and unhurried way, ensuring that tasks were carried out at the person's own pace.

We undertook a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. By using SOFI we saw that people experienced care and support delivered in a kind and patient way, and saw that when staff spoke with people it was with warmth. People experienced staff chatting to them in passing as well as in a focussed support environment.

We observed that many people were wearing watches, jewellery and in some cases cosmetics. Everyone was well dressed, indicating that when staff had supported people to get ready for the day they had taken time to ensure each person's preferences were upheld and reflected in the way they presented themselves. Staff we observed preserved people's dignity in their day to day work, for example, ensuring that if they needed to discuss someone's care it was done discreetly and away from the risk of being overheard. When people requested assistance it was provided in a friendly and respectful manner.

Bedrooms we looked at were personalised, with people furnishing them with photographs, ornaments and other personal belongings, enabling them to reflect their personal tastes in their rooms.

We looked at six people's care plans to check whether care was delivered in a person centred way. The care plans we checked set out how people should be cared for in accordance with their own personal preferences and needs. They reflected each person's individual choices.

Good

Is the service responsive?

Our findings

The home had an activities coordinator who devised a programme of activities within the home. During the inspection there was a visit from the RSPB who assisted people using the service to put bird boxes in the garden. The day before people had been visited by a company who brought pets for people to meet. People we spoke with said that they could get involved in activities if they wished to, and told us there were varied things to do. We looked at the activities information on display in the home and saw that visits outside the home had taken place as well as activities within the home.

We checked care records belonging to six people who were using the service at the time of the inspection. We found that care plans were detailed, setting out exactly how to support each person so that their individual needs were met. They told staff how to support and care for people to ensure that they received care in the way they had been assessed as requiring.

The six care plans were regularly reviewed to ensure that they continued to describe the way people should be supported, and reflect their changing needs. Where changes were required these had been implemented, so that staff provided care to people in a way that met their needs.

We looked at evidence within some of the care records we checked which showed that people had required the input of external healthcare professionals. Where this was needed the provider made prompt referrals, and where guidance had been provided people's notes and care plans showed that this guidance was being adhered to.

Each person's care records included a range of screening tools, such as charts where staff were required to monitor the person's risk of poor skin integrity or malnutrition. We saw that these were completed accurately and assessed regularly, so that the provider had an up to date and accurate record of people's health, and could monitor any changes and take appropriate action where required.

There was information about how to make complaints available in the communal areas of the home. We checked records but found that there had been no formal complaints received by the home in the period since the previous inspection. People we spoke with told us they would feel confident to make a complaint if they needed to.

Good

Is the service well-led?

Our findings

The home's registered manager had recently left their post. There was a new manager in place who was undergoing the process to become registered with CQC. Staff we spoke with told us they found the manager to be accessible and supportive. The home's manager was supported by a senior manager who attended for part of the inspection. The home's manager was undergoing a comprehensive induction programme to ensure that they understood their role and felt supported within the organisation. This included a nominated "buddy" manager from one of the provider's other services.

Team meetings were used by members of the management team to inform staff about developments and changes in the home, as well as to discuss standards and any required targets for improvement. There were plans in place to increase the frequency of team meetings, and additionally to commence meetings for people using the service and their relatives.

In addition to team meetings, staff had supervision sessions with line managers, both individually and in groups. These sessions were used to update staff on developments and changes within the home, as well as to check on staff wellbeing and development needs. Again there were plans in place to increase the frequency of these meetings.

There was a system in place to audit the quality of the service. This included individual audits looking at specific aspects of the service as well as an overarching audit. The audits we checked were thorough but did not always include an action plan showing that actions had been completed where required. The home's manager and senior manager told us about a new audit system which was being introduced, which would enable them to gain a better picture of the home's performance and quality.

We checked the security of records within the home, but found that on more than one occasion during the inspection people's personal information was not securely stored. This was due to staff not ensuring storage areas were locked. We discussed this with the home's manager and a senior manager who told us what action they would be taking to address this.

The provider regularly surveyed people using the service and their relatives to obtain feedback about the service. We looked at the results of recent surveys and found that the vast majority of respondents were positive about the home, praising the food, the activities and the standard of care. The results of the most recent survey showed that almost all respondents were likely or extremely likely to recommend the home to others.