Intacare Limited

# Broomhouse Nursing Home

## Inspection report

Broomhill Road
Old Whittington
Chesterfield
Derbyshire
S41 9EB

Tel: 01246260697

Date of inspection visit:
01 June 2017

Date of publication:
26 July 2017

## 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 was unannounced and took place on the 1 June 20172017. Broomhouse Nursing Home provides accommodation and personal care for up to 40 adults with learning disabilities or autistic spectrum disorder. Some were also living with a range of medical or chronic health conditions. At the time of our visit, there were 37 people living at the service, within an age range of 51 to 90 years old.

There was a registered manager at this service. 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.

At our last inspection in December 2015 we rated the service as 'Good' overall. At this inspection we found the service remained 'Good' overall.

People, relatives and staff were confident people received safe care. The environment was mostly clean, safe and well maintained. Related improvements in progress and emergency planning measures helped to further ensure this.

People were protected from the risk of harm or abuse. Risks to people's safety associated with their health and environment were assessed before they received care and regularly reviewed. Staff supported people in a safe, skilled and timely manner. People's medicines were safely managed. Staffing arrangements helped to ensure people's safety.

People and relatives were happy with the care provided. People were supported to maintain and improve their health and nutrition by staff who were supported, trained and knowledgeable to ensure this. Staff consulted with and supported people to access external health professionals when they needed to. Staff understood and followed related instructions for people's care when required.

Staff understood and followed the Mental Capacity Act (2005) to obtain people's consent or appropriate authorisation for their care when required; to ensure their rights and best interests.
Staff were caring, treated people with respect and promote their dignity people's dignity, independence and rights in care.

People and their families were informed and supported to understand the care they could expect to receive from staff at the service. Staff knew people well and had good relationships with them and their families. Staff understood and they followed what was important to people for their care and relationships with others.

People received personalised, timely care that met with their known wishes, lifestyle preferences and promoted their social inclusion. Exploration of ways to help further tailor people's individual arrangements

for their occupation and leisure was agreed.

Staff often supported people to engage and participate in home life and the extended community; to do things they enjoyed there that were meaningful to them. Environmental equipment, specialist aids and adjustments for vehicle access helped to promote people's independence.

Staff shared relevant information about people's care with external care providers when required; to ensure people's personalised and consistent care  if this needed to be provided outside the service.

People and relatives knew how to make a complaint about the service if they needed to. The provider regularly sought the views of people, relatives and staff; to inform and make service improvements when required.

The service was well managed and led. Staff were informed, supported and understood their role and responsibilities for people's care. The provider's governance arrangements helped to ensure the quality and safety of people's care, ongoing accountability and continuous service improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br><br>The service remains safe. | **Good** |
| **Is the service effective?**<br><br>The service remains effective. | **Good** |
| **Is the service caring?**<br><br>The service remains caring. | **Good** |
| **Is the service responsive?**<br><br>The service remains responsive. | **Good** |
| **Is the service well-led?**<br><br>The service remains well led. | **Good** |

# Broomhouse Nursing Home

**Detailed findings**

## Background to this inspection

We carried out this inspection on 1 June 2017 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.

Our visit was unannounced and the inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before this 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. We also spoke with local community professionals and care commissioners and looked at all of the key information we held about the service. This included written notifications about changes, events or incidents that providers must tell us about.

During our inspection we spoke with 13 people who lived at the home and two relatives. We spoke with five care staff, including two nurses and a senior. We also spoke with the registered manager and a cook. We observed how staff interacted with people and looked at five people's care records and other records relating to how the home was managed. For example, staffing records, meeting minutes and checks of the quality and safety of people's care and the environment.

Good

# Is the service safe?

## Our findings

Everyone we spoke with said they felt safe living at the service or 'liked' living there. Relatives felt people were safe at the service. Comments from people and relatives about people's safety at the service included, "Staff keep us safe;" "It's nice – people look after me;" "I do like it here;" and "Definitely safe." All were knew how and were confident to raise any concerns about people's safety. Staff knew how and were confident to recognise and report the witnessed or suspected abuse of any person at the service.

We observed in one of the four 'houses' at the service, two areas which were either not kept clean or in need of décor repair and renewal. This included a shower room and communal dining and lounge area. Cleaning schedules did not provide sufficient instruction for staff to follow to show how environmental and equipment cleaning was to be achieved and to monitor this.

We discussed our findings with the registered manager who told us they had employed a lead staff member for cleanliness and infection, prevention and control. Work had commenced to review and improve related systems and arrangements. The registered manager showed us their environmental redecoration and repair plan, which prioritised the area we referred to them.

Management records showed the regular servicing and maintenance of equipment used for people's care. They also showed fire safety measures at the service were regularly checked and assured. Emergency plans and related procedures were in place for staff to follow in the event of an emergency. This helped to ensure a clean, safe environment for people.

People usually received safe, timely care. Before our inspection the registered manager told us about a safety incident relating to one person's care at the service. Management records and feedback from the local authority safeguarding investigation of the incident showed the provider's subsequent actions and remedial measures. This helped to ensure people's ongoing safety at the service and prevent any reoccurrence.

Risks to people's safety from their health conditions, environment and equipment used for their care were assessed before they received care and regularly reviewed. Staff understood and followed the care actions required to reduce any identified risks to people's safety. For example, risks from falls from reduced mobility.

Staffing measures helped to ensure people's safety and protect them from the risk of harm or abuse. Staff were safely deployed and recruited to give people's care, which we observed was provided in a skilled, safe and timely manner when required. For example, we saw staff followed one person's care plan, which reflected nationally recognised practice; to provide positive behavioural support to the person when required. This helped to prevent or diffuse the person's known behaviour that could sometimes be challenging for others; and kept the person and others safe.

People's medicines were safely managed. This included arrangements for their receipt, storage, administration and disposal. Staff responsible supported people to receive and take their medicines safely

when required; and received relevant training and practical competency assessment to ensure this.

Good

# Is the service effective?

## Our findings

People were supported to maintain and improve their health and nutrition. People and relatives were happy with the care provided. One person said, "Staff know what they're doing." Relatives said they were kept informed about people's health and any changes. One relative told us, "They pretty good – [person] has a complicated condition." External health professionals and care commissioners we spoke with were complimentary about the quality of care provided at the service in relation to people's health needs. One of them said, "Many people living at the service have complex health needs; care is thorough and well informed." Another told us, "There is always a strong focus from staff to ensure people's health maintenance and improvement."

People were supported to access external health professionals when they needed to. Staff had a thorough understanding of people's health conditions and related care requirements, which they followed. This information was detailed in people's written care plans and regularly reviewed in consultation with relevant health professionals when required.

Staff understood and followed the Mental Capacity Act 2005 (MCA) when required for people's care. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed this was followed when required. This meant people's rights were being upheld, and restrictions in people's care were lawful.

Staff were trained and supported to provide people's care. We received many positive comments from staff about this. One staff member said, "Training and support is really good here; ongoing; relevant to people's individualised care and safety needs – equips us with what we need to know." Staff described effective care results from staff training for people's consistent positive behaviour support. Staff advised this resulted in a reduction of safety incidents relating to people's behaviours that could sometimes be challenging for others, which individual care plan and management records also showed.

People were supported to eat and drink sufficient amounts. Recent improvement had been made to meal and food menus; to provide a balanced, varied and healthy diet. Food menus and meals we observed being served at lunchtime showed this. People were provided with a choice of hot and cold meals and plentiful drinks. At lunchtime we observed a few people's meals were not kept hot or covered, which meant they were almost cold when they received them. We discussed our findings with registered manager who agreed to take the action required to address this to ensure people's meals were given to them at the right temperature.

Staff knew people's dietary needs and preferences and followed instructions from relevant health

professionals concerned with people's nutrition, where required.  For example, to ensure people received the correct type and consistency of food or drink required for people's health conditions.

Good

# Is the service caring?

## Our findings

People received care from staff who were kind, caring, respectful. A relative said, "Staff - especially key workers, are amazing; respectful and caring; I have total peace of mind about that." During our inspection we often saw cheerful, open and sociable interactions between staff and people living at the service. Staff called people by their preferred name and regularly engaged them in conversations relevant to home life in a way that people appreciated and also understood. For example, when staff chatted with people who were seated, we saw staff positioned themselves at the person's eye level; and did not stand over people.

Staff understood the provider's stated aims and values for people's care. This included ensuring people's dignity, rights, choice and independence, which we observed throughout our inspection. For example, during the afternoon, one person spilled their drink. A care staff member quickly responded, without any hesitation, and said quietly to the person, "Come on [person's name], let's go and we'll get changed." The staff member was supportive and reassured the person it was, "No bother." When staff supported people with their personal care, they made sure relevant doors and curtains were closed. During our discussions with one care staff member about ensuring people's dignity they said, "I always think about if it was me, or one of my relatives; why should it be any different." They went on and said, "I think about dignity and how it is important we respect that."

Staff knew people well and understood what was important to them for their care. Staff knew and followed people's preferred daily living routines and lifestyle choices. For example, one person's relative told us how staff supported the person's preferred morning routine once they were awake. The relative said, "The staff follow this routine every day because that's what [person receiving care] wants to do." Another person liked to have hot drinks provided in a flask and a cold drink in a bottle kept near them, so they could help themselves as they wished. Staff made sure this was replenished throughout the day, which promoted the person's choice and independence. We saw some people shared a bedroom with another at the service; we asked a staff member about this. They told us, "We have to remember, some people have shared their bedroom with the same person for years; they like having someone there for company." The staff member showed us people's shared bedrooms had a 'dignity' curtain which could be drawn to provide people with private space as they choose.

People's care plans showed their known choices and preferences for their care and daily living routines. They also showed arrangements for people's contact with family, friends and others who were important to them or their care. People were supported to spend private time with their family members or visit them outside the home if they wished. Relatives told us they were able to visit at any time to suit the person they were coming to see at the service and there were no restrictions on visiting hours. This showed people's right to private and family life were respected and upheld.

A range of key service information was provided to help inform people's care. For example, this included arrangements for people's care, occupation and leisure, meals and laundry at the service. It also included how to access independent advocacy services if people needed someone to speak up on their behalf. Key service information was provided in suitable formats to aid people's understanding. For example, large print

or easy read pictorial formats. We saw some key service information was displayed in prominent places where people could see it easily. Such as pictorial information for people about social and recreational activities they could join.

Good

# Is the service responsive?

## Our findings

People received timely, personalised care that met their known daily living routines and lifestyle preferences. People told us about their lives at the service; how staff supported them to engage and participate in home life and the extended community to do things they enjoyed. Some people had recently enjoyed holidays away. Another person regularly enjoyed shopping with key staff who knew them well.' Another, who told us they were an artist regularly used paints, related art materials and attended art classes at an outside service. Another person had recently enjoyed a popular theatre show in London with staff to support their their 70th birthday celebrations. People were happy, liked living at the service and enjoyed their lives there.

Staff told us about some of the ways they supported people's preferred daily living routines and lifestyle choices. One person had very particular rising and retiring preferences, which staff followed. Another used to enjoy regular ten pin bowling; but had more recently changed their routine to start English classes in the local community, which staff supported. Staff also supported the person to regularly visit friends and family in the local community and to go shopping, which they enjoyed. People's care records showed they were consulted about their preferences for their personal care to help agree their daily living arrangements. For example, where and how to spend their day, food and drink likes and dislikes; preferred name of address; daily rising and retiring times.

People's care and daily living routines were organised in a way that was meaningful to them by staff who knew how to communicate with people. Staff gathered information from people, their relatives or others who knew them well; to help inform people's care, daily living routines and lifestyle arrangements, which they recorded in people's written care plans. Related care information was also documented for use in the event of the person moving to another care provider; such as in the event of their hospital admission. This helped to ensure staff at the receiving service knew how to care for the person in a way they understood.

During our inspection people were supported in various areas of the home to engage in a range of social, recreational or occupational activities to suit their taste. For example, some people spent time doing word searches, jigsaws, art, watching TV or listening to music. A dedicated staff member was employed to support one to one activities with two people living with complex health conditions. Our expert by experience spoke with the registered manager about the provision of individually tailored activities for people and how this might be developed to their further benefit. The registered manager agreed to consider this.

We saw a range of equipment was provided to enable people's independence when required. For example, adapted eating and drinking utensils to help people eat and drink independently, or dedicated wheel chair accessible transport facilities; to support people's timely access to their local community when required.

People and relatives were informed and supported to make a complaint if they needed to. The provider regularly sought people's, relatives' and staffs' views about the service, which they used to make service improvements when required. For example, through regular meetings, care and staff surveys. Examples of recent improvements made from this included, improvements concerned with people's daily living routines,

health promotion and nutrition. Results from the provider's recent care survey with people and relatives showed their overall satisfaction with people's care at the service.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post who understood their role and responsibilities. People at the service knew the registered manager by name and sight. One person told us, "[Name], he's the boss man." Another person said, "[Name] in charge; he's the gaffer. He comes and sees how we are."

Staff were motivated to provide the right standard of care to people and they understood their role and responsibilities for people's care. For example, they understood and followed the provider's communication and reporting procedures for people's care. For example, in the event of any concerns, safety incidents or changes in people's health condition. Staff said the registered manager was approachable and accessible to them. Staff also felt the managed took time, listened to their views about people's care and acted on this when required. One member of staff said, "[Registered manager] is approachable; he treats everyone well; He's a really nice guy and he knows all the residents really well." They went on to say, "When [registered manager] is here, he makes a point of being available for assistance and help."

Staff told us management or senior staff held regular meetings with them, such as individual, care handover or group meetings. Staff said this helped to inform them about any service developments and improvements and the reason for this; which staff meeting minutes reflected. This showed that staff were appropriately supported, motivated and informed to deliver people's care.

Staff understood and followed the provider's aims and values for people's care to promote people's involvement, rights, equality and safety. Related staff training and regular checks of care practice helped to promote this. People, relatives and staff were involved in developing and improving the service though regular consultation with them. For example, through meetings and questionnaire type surveys.

The registered manager carried out regular checks of the quality and safety of people's care. This included checks of people's health, nutritional status and related care; checks of medicines and staffing arrangements and checks of the environmental safety and equipment used for people's care. Accidents, incidents and complaints were monitored and analysed to help to identify any trends or patterns. This helped to inform people's care and any improvements needed. Examples of recent care improvements made from this included, safety procedures relating to people's vehicle and wheelchair use; care arrangements for people's positive behavioural support and meal and menu improvements. Other improvements were planned for environmental cleanliness, renewal and repair; management and leadership measures and in relation to staff recruitment and selection procedures.

Management carried out periodic checks of nurses' individual registration status with their relevant professional regulator to make sure they were validated to provide nursing care. Records also showed a regular provider presence at the service with formal oversight of the management of the home and people's care. Records relating to people's care were accurately maintained and securely stored. The provider sent us written notifications about important events that happened in the service when required. For example, to tell us about a person's expected death or an outbreak of infection. This helped to ensure the quality and safety of people's care; accountability and continuous service improvement.