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Broxbourne House

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 27 February 2017. The home was previously inspected in October 2015. At the last inspection we found a breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan telling us about the action they would complete reach compliance. At this inspection we found improvements had been made and the registered manager and provider had worked hard to ensure compliance with the regulations.

Broxbourne House is a care home providing accommodation for 21 older people, some of which were living with dementia. It is situated in Wakefield.

The service had a registered manager in post at the time of our inspection. 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.

People who used the service, who we spoke with, told us they were happy with how care and support was provided at the home. They spoke positively about the staff and the way the home was managed.

We saw there were systems in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people and management plans to reduce the risks were in place to ensure people's safety.

At the time of the inspection there was sufficient staff on duty to meet people's needs. Relatives we spoke with confirmed when they visited there were sufficient staff on duty. There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. Staff had received a structured induction into how the home operated, and their job role, at the beginning of their employment. They had access to a varied training programme that met the needs of the people using the service.

Systems were in place to make sure people received their medications safely, which included key staff receiving medication training and regular audits of the system.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People had access to activities and stimulation and this was promoted to ensure people achieved a good sense of well-being.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a satisfactory understanding and knowledge of this, and people who used the service had been assessed to determine if a DoLS application was required. However, best interest decision processes were being improved at the time of our inspection.

People's individualised diets were being met. We received positive comments from people we spoke with about the quality of the food.

People were treated with respect. People and their relatives told us staff were kind and very caring. Staff demonstrated a good awareness of how they respected people's preferences and ensured their privacy and dignity was maintained. We saw staff took account of people's individual needs and preferences while supporting them.

There was a system in place to tell people how to make a complaint and how it would be managed. We saw the complaints policy was easily available to people using and visiting the service. The service actively sought the views of people living at the service to continuously improve the service.

There were systems in place to monitor and improve the quality of the service provided. The systems identified any areas for improvement and these were actioned by the registered manager and the provider.

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.

People told us they felt safe. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people and management plans to reduce the risks were in place.

We found recruitment processes were thorough so helped the employer make safer recruitment decisions when employing new staff. There was sufficient staff on duty to meet people's needs.

Systems were in place to make sure people received their medications safely and systems were being improved at the time of our inspection.

Is the service effective?

Good ●

The service was effective.

Staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest and this was being improved further by the registered manager.

A structured induction programme and a varied training programme was available which enabled staff meet the needs of the people they supported.

People received a well-balanced diet that offered variety and choice.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness. Staff demonstrated an awareness of how they respected people's preferences and ensured their privacy and dignity was maintained.

People made positive comments about the staff and told us they were treated with dignity and respect.

Is the service responsive?

The service was responsive.

People received personalised support that was tailored to their individual needs and preferences.

People were provided with opportunities to take part in things they enjoyed doing. People felt comfortable to raise any concerns with staff or management and were confident that they would be dealt with appropriately.

Good ●

Is the service well-led?

The service was well led

There were processes in place to monitor the quality and safety of the service.

There were system in place to ensure policies and procedures were reviewed so they reflected key legislation and guidance.

The service actively sought the views of people living at the service.

Good ●

Broxbourne House

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 was 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 21 February 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

At the time of the visit there were 19 people who used the service. Prior to the inspection visit we gathered information from a number of sources. We looked at the 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 looked at notifications sent to the Care Quality Commission by the registered manager.

As part of this inspection we spent some time with people who used the service talking with them and observing support. We looked around the service including bedrooms, bathrooms and communal areas. We looked at documents and records that related to people's care, including two people's support plans. We spoke with eight people who used the service and three relatives.

During our inspection we spoke with three care staff, the domestic, the registered manager and the provider. We also spoke with three visiting health care professionals to seek their views. We also looked at records relating to staff, medicines management and the management of the service.

Is the service safe?

Our findings

At the last inspection we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. We found sufficient numbers of suitably qualified, competent, skilled and experienced staff were not deployed to meet the needs of people who use the service. The provider sent us an action plan telling us about the action they would take to reach compliance. At this inspection we checked to see if sufficient improvements had been made.

We found the provider had made significant improvements. The provider had determined times when more staff were required and had changed the staffing to ensure levels were increased to meet people's needs. Three care staff were on duty during the day. One commenced work at 6am and two commenced at 7.15am this ensured additional staff were on duty when people wanted assistance to get up. There was also a shift from 11am until 7pm this meant four care staff were on duty in the afternoon and evening when it had been assessed people's needs increased. Staff told us this worked very well and that with these levels people's needs were met. People we spoke with told us there was always staff available when they required assistance. One person told us, "You don't usually have to wait long when you need something."

People who used the service told us they felt safe. One person told us, "Staff listen to me, they are very good, I feel safe."

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were very knowledgeable on procedures to follow. Staff were also aware of the whistle blowing procedures and explained how they would do this if necessary.

Interactions we observed between staff and people were inclusive. We saw staff used appropriate methods to ensure people were safe when they were supporting them. For example, making sure people used correct equipment when they were mobilising around the home.

People's health was monitored and reviewed if any changes had occurred. People identified as being at risk had up to date risk assessments. For example, if people were at risk of falls a full assessment had been completed to ensure the risk was managed.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for people who used the service.

Medicines were stored safely and at the right temperatures. However, the room thermometer used was not a minimum and maximum thermometer so it did not record the temperatures it reached throughout the day. The deputy manager agreed to purchase a suitable thermometer to ensure the room temperature was monitored sufficiently to ensure medicines were kept at the correct temperatures.

We saw records were kept for medicines received, administered and disposal of medicines. We found people

were receiving medication as prescribed.

We saw people were prescribed medicines to be given as and when required (PRN). For example pain relief. Staff were able to explain how they supported people appropriately to take this medication that they were aware of signs when people were in pain, discomfort or in a low mood to ensure they received their medication when required. However, there was not always a protocol in place that gave details of the PRN medication to determine what medication was prescribed for and signs and symptoms the person could present with when the medication was required. The deputy manager showed us that information was kept in people's plans of care and assured us these would be developed further and placed with the MAR for easy reference. Following our inspection the registered manager sent us the documentation that had been devised this gave clear details to ensure staff were aware of when the medication would be required.

The recruitment procedures ensured the required employment checks were undertaken for new staff. The registered manager told us that staff did not commence work with people who used the service until references had been received. They also had obtained clearance to work from the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at the recruitment files of two staff and spoke with staff that were on duty on the day of this inspection. Information within the recruitment files, and staff comments, confirmed that the required checks had been carried out prior to commencement of employment at the service.

Is the service effective?

Our findings

At the last inspection we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent. We found care and treatment of people who used the service was not always provided with the consent of the relevant person. The provider sent us an action plan telling us about the action they would take to reach compliance. At this inspection we checked to see if sufficient improvements had been made.

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

We found people's mental capacity had been assessed and staff were aware of how this impacted on people who used the service. Staff were also knowledgeable on Deprivation of Liberty Safeguards (DoLS) and decisions being made in people's best interest if they lack capacity to make a specific decision or choice. However, best interest decisions were not always clearly documented in people's plans of care. Following our inspection the registered manager sent us an example of a best interest decision that had been completed for one person and ensured us these would be developed for every person they supported. This meant decisions being made would show they were in the person's best interest.

People we spoke with told us staff respected people's choices and decisions. One person said, "Staff are lovely they listen, I am very happy here." Another person said, "I was somewhere else before this is much better, staff respect my choices here."

People had good access to healthcare services. We saw evidence of involvement of health care professionals in people's care plans. We spoke with a visiting health care professional who told us the service was very good at seeking advice and guidance in order to be able to meet people's needs. One health worker said, "The staff are very good at identifying any changes and seeking advice." Another health care worker we spoke with said, "We get calls from staff for advice and guidance to ensure they are meeting people's needs."

Records we saw showed staff were up to date with the mandatory training required by the provider. Staff we spoke with told us the training was good. Staff also told us they did additional training to further understand how to meet the needs of people they supported.

Staff told us they felt supported by the management team and confirmed they received regular supervision sessions. Supervision sessions were individual meetings with their line manager. Staff felt they were able to contribute to their supervision session and felt valued.

People's nutritional needs had been assessed and people's needs in relation to nutrition were documented

in their plans of care. We saw people's likes, dislikes and any allergies had also been recorded. We saw there were snacks and fresh fruit available throughout the day for people if required. People told us they enjoyed the food. People also choose where they wanted to eat and who they wanted to sit with during a meal. One person said, "The food is very good the, cook will always cook you something else if you don't like what is on the menu." The registered manger told us picture menus were being developed to ensure easier choices for people of what they wanted to eat.

During our inspection we looked around the home. We found it to be maintained to a good standard of cleanliness. Some areas were being redecorated during our inspection and new floor covering had been provided in corridors. We identified one room, which had a foul odour, when we spoke with the provider they told us they would order a new floor covering as this had been identified by the registered manager. The registered manager also told us they were looking at further improving the environment to ensure it was more dementia friendly as many people they supported were living with dementia. They were aware of good practice guidance and were deciding with the provider what work was required.

Is the service caring?

Our findings

People we spoke with, spoke highly of the service provided. One person told us, "The staff are lovely, they look after me very well." Another person said, "I am very happy, I choose the home and I made a good choice."

Our observations and people's comments indicated that staff respected people's decisions and confirmed they, or their relatives if required, had been involved in planning the care and support staff provided.

We saw staff supporting people in a caring and responsive manner while assisting them to go about their daily lives. We observed staff treating each person as an individual and involving them in making decisions. We saw people were always asked what they wanted to do or what assistance they needed in an inclusive sensitive way. One person told us, "Staff always ask me what I want before they do anything, they are very respectful."

People's needs and preferences were recorded in their care records. Staff were able to describe the ways in which they got to know people such as talking to them and reading their care files, which included information about people's likes, dislikes and history. From speaking with staff it was very clear they knew people very well, what their needs were and how to ensure they were met.

People were well-presented and cared for. We saw staff treat them with dignity and the people we spoke with confirmed their dignity and privacy was respected. We saw one staff member discretely and sensitively ensure one person's clothing was pulled down to ensure their dignity. We also observed staff knock on doors before entering.

Staff described to us how they preserved people's privacy and dignity by knocking on bedroom doors before entering, closing doors and curtains while providing personal care and speaking to people about things quietly, so they could not be overheard.

We spoke with a health care professional who told us the staff were very good, understood people's needs and improved people's quality of life by ensuring care needs were met.

In particular one health care professional told us the end of life care was excellent. We also spoke with a visitor, whose relative had recently passed away in the home. They couldn't praise staff enough for the care their relative received. They said, "Staff went the extra mile to ensure they were comfortable, pain free and not left alone when I was not there. They are fantastic staff."

Is the service responsive?

Our findings

At the last inspection we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care. We found the care and treatment of people who used the service was not always designed to meet their needs and preferences. The provider sent us an action plan telling us about the action they would take to reach compliance. At this inspection we checked to see if sufficient improvements had been made.

At this inspection we found care plans identified people's individual needs. We observed staff delivering care in a person centred way. People we spoke with told us they were very happy with the care and support provided. People we saw who were using the service looked happy and interacted with staff in a very positive way. Relative we spoke with told us staff knew people's needs and treated them as individuals.

We checked care records belonging to two people who used the service at the time of the inspection. We found that care plans identified people's needs, setting out how to support each person so that their individual needs were met. They were regularly assessed to ensure that they were up to date and captured any changing needs.

We spoke with health care professionals as part of our inspection they told us they were very pleased with the care and support provided to people who used the service. One health care professional said, "Staff are very responsive to people's changing needs, they will call and discuss the concerns and we will either give advice on the phone or arrange a visit." They also added, "Any advice or guidance given is always followed by staff and if the concerns to not improve will also contact us again."

There was no dedicated activities coordinator employed but a care worker was identified as the activity lead and either provided activities or organised activity for other staff to deliver. We observed an activity during our inspection and eleven people were joining in a game of armchair exercises using a balloon. People really enjoyed the activity they were talking and laughing to each other and was improving their well-being.

The home was involved in a research project lead by Bradford Institute for Health Research and Leeds University called 'Move More' this is looking at how people moving more in care homes in all aspects of their daily life. They are looking at the benefits this brings, for example social interactions and feeling valued by introducing meaningful activities that achieve a goal. The home had successfully completed the initial project research in enhancing physical activity in care homes (REACH). The 'Move More' was following on from this to further look at the benefits of movement.

The provider had a complaints procedure which was available to people who used the service and people who visited the home. The procedure was on display in the service where everyone was able to access it. The registered manager told us the procedure was given to all people who used the service when they were assessed. People we spoke with told us they had not concerns. However they all said if they had any they would not hesitate to raise them with the registered manager.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The people we spoke with said they were happy with the overall care provided and how the home was run.

The provider gained their opinions from staff and health care professionals using questionnaires and regular meetings. We also saw the provider gained feedback from people who used the service and their relatives. A questionnaire was sent to people who used the service, the findings were shared with people and any actions followed up to further improve the service.

We found there was an open, fair and transparent culture within the home. Staff told us they felt that they worked well as a team and they all helped each other. They told us they felt the management team were approachable and listened to their concerns and ideas for improvement. One member of staff said, "We work well as a team, we are well supported." Another staff member said, "We all ensure the people come first and I can't think of anything that could be improved."

Staff had told us that they were well supported and received regular supervision. They also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner.

We found there were systems in place to monitor and improve the quality of the service provided. These had been improved since our last inspection. For example, the monitoring of incident and accidents had been reviewed and changed to ensure any themes or triggers were identified to reduce incidents. The registered manager and provider were passionate about ensuring improvements were identified to provide a good quality service that met people's needs. Relative's we spoke with spoke highly of the registered manager and provider they told us they were always available if you wanted to discuss anything and actioned any issues. One relative said, "The provider is hands on and I like that, he knows what is happening and is very approachable."

Systems were in place for recording and managing complaints, safeguarding concerns and any notifiable incidents. Documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.