

Wellbeing Residential Ltd

The Broughtons

Inspection report

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Date of inspection visit:
13 December 2018
17 December 2018

Date of publication:
18 February 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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:

The Broughtons provides residential care for up to 42 elderly people. The home is a detached building, situated in a residential area of Salford and is close to local shops and public transport. Parking facilities are available to the front and side of the building.

Rating at last inspection:

Our last inspection of The Broughtons was in October 2017. The overall rating was Requires Improvement and this report was published on 25 November 2017.

People's experience of using this service at this inspection:

During this inspection of The Broughtons on 13 and 17 December 2018, we found improvements were required to the safe handling of people's medication and obtaining consent from people regarding potential restrictive practices. Quality assurance systems also needed to be improved to ensure the concerns from this inspection were identified and acted upon in a timely manner. The principles of the mental capacity act (MCA) were not always being adhered to.

Staff were recruited safely and there were sufficient numbers of staff to care for people safely.

The building and the premises were well maintained, with all relevant safety checks being undertaken.

Appropriate systems were in place to monitor accidents and incidents.

Staff received the necessary induction, training, supervision and appraisal to support them in their roles.

People received enough to eat and drink and received appropriate support at meal times.

People living at the home and visiting relatives made positive comments about the care provided at the home.

People said they felt treated with dignity and respect and that staff promoted their independence as required.

Appropriate systems were in place regarding end of life care

Complaints were handled appropriately. Compliments were also maintained about the quality of service provided.

There were a range of activities available for people to participate in.

We received positive feedback from everybody we spoke with about management and leadership within the home.

More information is in detailed findings below. We identified three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to medication, consent and governance. Details of action we have asked the provider to take can be found at the end of this report.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Inspection timescales are based on the rating awarded at the last inspection and any information and intelligence received since we inspected. As we rated the service Requires Improvement at the last inspection, this meant we needed to re-inspect within approximately 12 months of this date.

Follow up:

We will continue to monitor information and intelligence we receive about the home to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services, however if any information of concern is received, 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?

Not all aspects of the service were safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

Not all aspects of the service were effective.

Details are in our Effective findings below.

Requires Improvement ●

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?

Not all aspects of the service were well-led

Details are in our well-led findings below.

Requires Improvement ●

The Broughtons

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of two adult social care inspectors on the first day. A dental inspector was also part of the inspection team on the first day, however their findings are not detailed within this report and will form part of a national report regarding oral care/hygiene. On the second day, the inspection team consisted of one adult social care inspector and a CQC pharmacist inspector who looked at how medication was handled.

Service and service type:

The Broughtons is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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:

The first day of the inspection was unannounced, however we informed the registered manager we would be returning for a second day to complete the inspection and announced this in advance.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the home.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people living at the home and five visiting relatives about their experiences of the care provided.

We spoke with the registered manager, the provider and seven care staff (from both the day and night shift).

We reviewed eight electronic care files, four staff personnel files, medicine administration records (MAR) and other records about the management of the home.

We asked the registered manager to send us additional information after our inspection which was used as evidence for our ratings. These were electronic documents such as training and staff supervision records.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were not always safe and protected from avoidable harm. Legal requirements were not always met.

- We looked at the systems in place for management of medicines and found they did not always keep people safe. Medicines prescribed to be given "when required" were not managed safely. Manufacturers' guidance was not followed for medicines that must be given at specific times. The management of creams was not safe and the application records creams were not accurate. Information on the electronic system did not match the label on the box for one person placing them at risk of being given the wrong dose.
- People did not receive their medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Safe Care and Treatment.

Systems and processes

- People and relatives we spoke with, told us they received safe care. Comments included, "I definitely feel safe her and it is safe at night." A relative also added, "I have never had cause for concern about anything at the home."
- Staff spoken with confirmed they had received training in safeguarding which was updated regularly. Staff were able to describe the different types of abuse, how to identify these and report any concerns.
- A log of all safeguarding concerns was maintained, along with any meetings minutes from case conferences and strategy meetings.
- At the time of the inspection, there was no information displayed within the home about who people could contact (such as the police, safeguarding team, or CQC) if they had concerns about their safety. The registered manager said they would ensure this was displayed in the reception area for people to see.

Assessing risk, safety monitoring and management

- Staff knew the support people needed to remain safe and how to reduce the risk of avoidable harm.
- The home completed ongoing monitoring to maintain people's wellbeing and safety. Accidents, incidents and falls had been logged consistently, with action points generated to reduce the risk of reoccurrence. Where necessary people had been referred to external professionals such as the local authority's falls team, speech and language therapy (SALT) and district nurses.
- Safe recruitment procedures were in place, to ensure staff employed were suitable for the role and people were kept safe. Personnel files contained references, proof of identification, full work histories and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.
- The home had effective systems in place to ensure the premises and equipment were safe and fit for purpose. Safety certificates were in place and up to date for gas and electricity, hoists, the lift and fire equipment, which had all been serviced as per guidance with records evidencing this.

- Each person living at the home had their own risk assessments in place covering areas such as mobility, falls and nutrition. Where risks were identified, there were details about how risk needed to be mitigated.

Staffing levels

- Enough staff had been deployed to safely meet people's needs. Staffing levels consisted of five staff in the morning, four in the afternoon and three at night. The feedback we received was that this was sufficient.
- We observed people's needs were attended to in a timely manner, with waiting times acceptable. People and relatives, we spoke with confirmed there was always a staff member available when they needed one. We observed staff responding to people's requests and answering calls bells (used for people to summon assistance) in a timely manner.
- Many of the staff had worked at the home for a number of years. Staff told us this meant people had familiar staff caring for them who knew their needs and ensured consistency. A relative said to us, "There is good stability within the staff team. Some have been here since mum's admission in 2013."
- People's dependency levels had been calculated and this determined how many staff were required to assist them with their care.

Preventing and controlling infection

- The home was clean and free from odours with robust infection control and cleaning processes in place. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection.

Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity. Action plans to reduce the likelihood of a recurrence had been introduced and completed. For example, the registered manager told us about how a previous choking incident had prompted an improvement review within the home to ensure people received their food and drink safely.

Is the service effective?

Our findings

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

People did not always receive effective care. Legal requirements were not always met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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). 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 were being met.

- Staff confirmed training had been provided in MCA and DoLS and spoke knowledgeably about both of these.
- DoLS applications had been submitted where required, such as if people had been assessed as lacking the capacity to consent to their care and treatment.
- We found mental capacity assessments/best interests discussions had not always been completed where people lacked capacity and were subject to potential restrictive practices such as the use of sensor mats in bedrooms. These are used to alert staff if people are at risk of falling and then alert staff if they attempt to walk. However, these restrict people's movements and consent needs to be sought for their use in advance.

Where people lacked capacity, appropriate consent had not always been sought to the use of restrictive practices. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Need for Consent.

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

- The care people needed to receive from staff had been captured as part of the admission process and was recorded within their care plan. These had been reviewed monthly and updated to reflect any changes. We noted several people's care plans had not been evaluated for several months, although the registered manager gave us assurance that this would be completed following the inspection.
- People's life histories, including educational and work life, family and other notable information had been captured, to ensure staff knew the people they supported.
- Care documentation clearly explained people's choices and how they wished to be cared for and supported. People and relatives, we spoke with, described being involved in the assessment and care planning process.

Staff skills, knowledge and experience

- Staff completed regular training and supervision/appraisal sessions to ensure they had the knowledge, skills and support to carry out their roles.
- Staff training included a detailed induction programme, covering training the provider considered to be mandatory, such as safeguarding, moving and handling, mental capacity, infection control and fire safety and included time spent shadowing experienced staff. The induction was based around the care certificate.
- Staff spoke positively of the training provided. One told us, "Training is going fine and there is enough available. We receive both theory and practical based training."

Supporting people to eat and drink enough with choice in a balanced diet

- People and relatives we spoke with were complimentary about the meals provided. A person living at the home said, "The food is alright. I am quite satisfied and we get plenty of it."
- Staff supported people to eat and drink at meal times. For example, we saw people who required soft diets and needed to be observed when eating, had the crusts taken from sandwiches whilst staff sat with them and helped them. Staff explained what different foods were to people, for example, if they were visually impaired.
- We saw people received food and drink of the correct consistency such as fork mashable or pureed when they had been assessed as being at risk of choking and aspiration. This information was clearly documented in people's care plans and all staff were aware this was what these people required.
- People's weight was frequently monitored. Where people had lost weight, we saw they were appropriately referred to other health care professionals such as the dietician service.

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

- The home was purpose built and consisted of both an upper and ground floor, with bedrooms on both floors. People could access the upper floors either by stair case or passenger lift.
- We saw some adaptations had been made to the environment to make it more 'Dementia friendly'. For example, there was signage around the corridors directing people towards the dining room and lounge area. Corridors also contained pictures of the local Salford area over a number of past years, which people could try and relate to from when they were younger.
- Whilst some people's bedrooms contained a number and a photograph on their door, this was not consistent throughout the home. This meant people could become confused when trying to locate their bedroom. We raised this with the registered manager who said they would ensure these were added.
- The entrance at the front of the home had been improved and re-built since our last inspection. This was following an accident where an emergency vehicle crashed into the building causing extensive damage.

Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of medical and healthcare services, with support to make and attend appointments provided by the home.
- Professionals, including GP's, district nurses, podiatrists and opticians regularly visited the home to meet people's medical needs.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People and their relatives spoke positively about the standard of care provided. Staff were described as being kind, caring and considerate. One person living at the home said, "I like it here and I am receiving good care. Staff are kind and caring towards people." A visiting relative also added, "Brilliant, absolutely fantastic. 100% for me and we can't knock the place. The staff are brilliant."
- People throughout the home were clean, presentable and well dressed. Staff documented all personal care support provided and we saw people had been supported to bathe or shower, in line with their wishes.
- Staff were observed to be kind, caring and patient in their interaction with people, taking time to engage in conversation and share a laugh and a joke with people, which showed the positive relationships they had formed.
- We observed appropriate physical contact being provided by the staff, such as hand holding or placing their arm around someone whilst speaking with them, which was warmly received by the people they were supporting. Staff took the time to explain any care interventions to people which kept them calm and reassured.

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

- People received care in line with their wishes from staff who knew people well and what they wanted.
- Resident meetings were held so that people living at the home and their families could express their views about the care they received. Meetings had been used to update people on information relevant to the home and also to provide a forum for them to raise questions and queries.
- Annual questionnaires had been circulated to seek people's views and opinions.

Respecting and promoting people's privacy, dignity and independence:

- During the inspection we observed staff treating people with dignity and giving them privacy if they needed it. People told us they felt well treated and were never made to feel uncomfortable or embarrassed. We observed staff knocking on people's doors before entry and then closing them behind them.
- People and relatives we spoke with, confirmed privacy and dignity were respected and maintained.
- Staff were knowledgeable on the importance of promoting independence. We observed staff encouraging people to do things for themselves or providing reassurance to people whilst completing tasks, such as eating independently and walking using mobility aids, rather than rely on staff pushing them in a wheelchair. We noted that at mealtimes, some people chose to empty left overs from their meal into a bin in the dining area on their own as opposed to staff doing this for them. People also had the opportunity to help

themselves to drinks as they wished.

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

Personalised care:

- At our last inspection of this service we found care plans had not consistently been updated to reflect changes to people's care needs and this was a breach of Regulation 17, (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken remedial action and was now meeting the requirements of this regulation.
- People's likes, dislikes and what was important to the person were recorded in person centred care plans.
- People's care plans contained person-centred information about their life histories and included information regarding childhood, employment, school years, hobbies and interests and details about their family. This meant staff had access to information of importance about people so that they could provide care based around people's likes and preferences.
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly reviewed. For example, reasonable adjustments were made where appropriate and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. Care plans contained a 'communication/accessible information section and this checked eyesight issues, if any vision aids were used, if any additional aids were needed, the level of hearing ability and if the person needed any additional audio aids. A 'speech and literacy' section identified the person's preferred language and if this hindered communication. Communication, comprehension and cognition abilities were also identified which considered how well the person understood information. There was a 'communication outcome' section which identified the person's preferred method of communication, and this linked to a 'communicating information' section which advised staff if any additional support was needed to aid communication.
- Care staff involved people in identifying activities they liked to undertake and talking newspapers and books were available to people. People we spoke with and their relatives confirmed this was the case and that a large variety of activities were always on offer. People told us they enjoyed the range of activities on offer which included opportunities to access the community, and we saw several community events had recently been undertaken.
- People's relatives and other professionals were involved in person centred reviews and information was shared about people's care appropriately to support their best interests and promote positive outcomes for people.

Improving care quality in response to complaints or concerns:

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this, for example through comments and suggestions, formal meetings and the complaints process. One relative said, "I see the manager a lot; she is lovely and very approachable.

Communication is good and they keep in touch with me at all times."

- People and relatives knew how to make complaints should they need to. They told us they felt they would be listened to and concerns would be acted upon in an open and transparent way by management, who would use any complaints received as an opportunity to improve the service. One relative said, "I got information on how to make a complaint at the beginning and I have no worries."

End of life care and support:

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. Documents to record the arrangements, choice and wishes people may have for the end of their life were made available to people's families for completion should they choose to do so.

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Relevant professionals were involved as appropriate and a visiting end of life care professional told us, "The home identifies any deterioration well and we discuss this at our scheduled meetings when a full holistic review is done. Staff seek appropriate support and involve speech and language therapists and district nurses as needed. A recent bereavement was dealt with very positively. Staff have kindness running through them and all staff ring me if they are worried and this is promoted by registered manager. They are good at sharing information and recognising individual needs, such as turning the TV down so as not to disturb someone. After the recent bereavement a staff debrief was held as they get upset. All admissions to hospital are monitored and these have all been appropriate referrals." Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

Is the service well-led?

Our findings

The service was not consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care:

- At last inspection we found the service to be in continued breach of Regulation 17, (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the service had failed to implement effective governance systems to assess, monitor and improve the quality of the service. We found further improvements were still required to overall governance systems due to the concerns we found during the inspection regarding medication and seeking consent. If quality assurance systems were sufficiently robust, then these concerns would have been found and acted upon prior to the inspection. This meant there had been a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Good Governance.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- Staff spoke positively about the registered manager. A staff member said "(Registered manager) is very good, she is supportive with staff and service users."
- A person's relative told us, "You can talk to any staff and they are very approachable. The manager is also always available and is person-centred in her approach."
- A social care professional had responded to a survey, stating, 'The manager is excellent and approachable and leads by example. Friendly and professional staff who engage in care discussions and know clients well. Attentive staff approach. Excellent residential care home with friendly and caring attitude. Well organised. Very keen to motivate.'
- Where incidents had occurred the registered manager had informed people's relatives, and had submitted statutory notifications to CQC as required which was in keeping with the principles of duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- People at all levels understood their roles and responsibilities and the manager was accountable for their staff and understood the importance of their roles.
- There was a programme of staff meetings for different roles in the home, such as care staff, domestic staff, kitchen staff and senior staff which ensured all staff roles had the opportunity to discuss issues related to their area of work.
- Staff received supervision which provided an opportunity for the manager to support and guide staff and to monitor their performance and identify any performance issues.
- In the entrance area to the home we saw the provider and registered manager certificate of registration

with CQC, the statement of purpose, which is a document that includes a standard required set of information about a service, the certificate of insurance and a copy of the complaints policy and procedure.

- As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last report was displayed within the home and was available for all to see.
- The service had developed a 'quality improvement plan' following the last inspection regarding any areas of non-compliance.

Engaging and involving people using the service, the public and staff:

- Staff told us the registered manager was always available for support. One staff member said, "I see the manager all the time and she is often here at the start of my shift. I feel she is approachable; you can speak to her with any problems which is nice. I feel well supported in my role."
- When people were given a copy of the service user guide at the commencement of their residence they were also given a copy of the complaints procedure.
- People had provided feedback regarding the activities they wished to undertake and their views were respected and followed.
- Formal meetings with people who used the service were held approximately every month. Discussions from the previous meetings had included, drinks and meals, introducing a pen friend scheme, the smoking shelter, refurbishment, lounges, clothing, activities and outings and work being undertaken in the garden.
- Care files we saw confirmed people and their relatives had been involved in discussing their care needs.

Working in partnership with others:

- The registered manager told us they were part of the 'Haelo' programme which is an ongoing partnership initiative in Salford aimed at overcoming the challenges in health and social care. Meetings were attended by registered managers and other health and social care professionals.
- The service involved people and their relatives in day to day discussions about their care in a meaningful way, in order to inform care planning.
- People, relatives and visiting professionals had completed a survey of their views and the feedback had been used to continuously improve the service.
- The provider had forged good links for the benefit of the service within the local community and key organisations, reflecting the needs and preferences of people in its care, and also to aid service development, for example a Valentines ball had been held at a local rugby club and people who were interested in gardening attended the Age-well centre where various day events were on offer.
- The service had set up a residents' radio station, linking with the old Granada studios and people could record their memoirs which were then broadcast on radio. The service was encouraging other care homes to join this initiative.
- A community choir visited every other month.

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 11 HSCA RA Regulations 2014 Need for consent Appropriate systems were not always in place to ensure care and treatment of service users was provided with the consent of the relevant person.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Appropriate systems were not in place regarding the proper and safe management of medicines.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Appropriate systems were not in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.