

Ashberry Healthcare Limited

Broomy Hill Nursing Home

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

About the service

Broomy Hill Nursing Home is a residential care home providing personal and nursing care for up to 40 people in a large adapted building. It specialises in supporting people who are living with dementia or who have mental health needs. At the time of our inspection, there were 33 people living at the home.

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

Staff understood how to identify and report any abuse involving the people who lived at the home. The risks associated with people's care needs had been assessed, and plans were in place to manage these. A more robust and accurate system was needed for recording and monitoring the administration of people's topical medicines. The provider followed safe recruitment procedures. The provider had taken steps to protect people from the risk of infections.

People's individual needs were assessed prior to them moving into the home. Staff received ongoing training and support to help them fulfil their duties. People had enough to eat and drink and any associated risks were managed. Staff and management worked with community health and social care professionals to achieve positive outcomes for people. Some steps had been taken to adapt the home's environment to the needs of people living with dementia. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Formal mental capacity assessments and best-interests decision records were not always clearly recorded.

Staff adopted a caring approach towards their work, and provided prompt support to anyone in distress. People and their relatives were supported to express their views about the service. Staff treated people with dignity and respect, and protected their confidential information.

People's care plans were individual to them. Procedures for reviewing and updating people's care plans needed to be improved to make it easier to establish their current needs. People had support to participate in a range of social and recreational activities. People's relatives knew how to raise any concerns or complaints about the service. People's wishes and choices about their end of life care were assessed.

The registered manager promoted an open culture within the service. People's relatives felt able to express their views to the management team. Staff felt supported in their roles and were clear what was expected of them at work. The provider had quality assurance systems and processes in place designed to enable them to monitor and improve the quality of people's care. The management team sought to involve people, their relatives and staff in the service.

Rating at last inspection

The last rating for this service was Requires improvement (published 9 June 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Broomy Hill Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an inspector 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 care service.

Service and service type

Broomy Hill Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced, following which we informed the provider when we would be returning for the second day of the inspection.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with 14 members of staff including the Operations and Quality Director, registered manager, interim manager, clinical lead, head housekeeper, cook, two activities coordinators, two nurses and four care workers.

We reviewed a range of records. This included seven people's care records, complaints records, medication records, and three staff files in relation to recruitment and incident and accidents records. We also reviewed a variety of records relating to the management of the service, including meeting minutes and quality assurance audits.

After the inspection

We spoke with four community health and social care professionals about their experience of care provided. We also continued to seek clarification and further information from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home, and their relatives were satisfied with the steps taken to keep their loved ones safe. One relative said, "I feel very confident [person's name] is safe and well looked after."
- Staff received training in, and understood, how to recognise and report any abuse involving the people who lived at the home. They told us they would report any witnessed or suspected abuse to the nurse in charge or registered manager without delay.
- The provider had systems in place to ensure the relevant external agencies were notified of any abuse concerns in line with local safeguarding procedures.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The risks to people's health and safety had been assessed, kept under review and plans were in place to manage these. This included consideration of people's risk of malnutrition, pressure sores, falls and their behaviour support needs.
- The registered manager had introduced the use of visual data collection tools to help them monitor and reduce the frequency of falls and pressure sores.
- Most staff told us communication within the home was generally good and they were kept up to date with any changes in risks. Two staff members said information needed to be passed over more effectively to staff whose shift started after the morning handover. We discussed this issue with the registered manager, who assured us they would address this as a matter of priority.

Staffing and recruitment

- Most of those we spoke with were satisfied with staffing levels at the home. One relative said, "Staffing levels are good. They can waiver a bit, but normally there's more than enough [staff]."
- We saw there were enough staff to respond to requests for assistance and call-bells without unreasonable

delay.

- The provider and registered manager monitored and adjusted staffing levels in response to people's current care needs.
- The provider followed safe recruitment procedures to ensure prospective staff were suitable to work with the people living at the home. Efforts to recruit permanent nurses on nights, which were currently covered by agency nurses, were ongoing.

Using medicines safely

- People told us they received the support they needed with their medicines.
- The provider had systems and procedures in place designed to ensure people received their medicines safely and as prescribed. However, a more accurate and robust system was required to direct, record and monitor the application of people's topical medicines by care staff. 'Topical medicines' typically refers to creams and ointments applied to the skin. We discussed this issue with the clinical lead and registered manager who assured us they would improve the current system of recording without delay.
- People received their oral medicines and any medicated topical medicines from qualified nurses
- People's medicines were stored securely at all times to prevent unauthorised access to these.
- The provider followed clear procedures when people were given their medicines covertly, which reflected the Mental Capacity Act 2005.

Learning lessons when things go wrong

- Staff were aware of the provider's procedures for recording and reporting any accidents or incidents involving the people who lived at the home.
- The registered manager reviewed all such reports to identify trends and any specific actions needed to reduce the risk of things happening again.

Preventing and controlling infection

- Domestic staff supported care staff in maintaining standards of hygiene and cleanliness throughout the home.
- A programme of refurbishment was underway to modernise the communal shower-rooms, toilets and bathroom, making these easier to clean. Two of the home's communal shower-rooms had recently been refurbished.
- Staff had been provided with, and made appropriate use of, personal protective equipment (i.e. disposable gloves and aprons).

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people moved into the home, the management team met with them and, where appropriate, their next of kin and the community professionals involved in their care to assess their individual needs.
- These assessments formed the basis of people's care plans, which were designed to achieve positive outcomes.

Staff support: induction, training, skills and experience

- People and their relatives spoke positively about the overall competence of staff. One relative told us, "They [staff] all know what they are doing, such as how often people need support to use the toilet. They are also very aware of people's dietary needs."
- Staff underwent the provider's induction, followed by ongoing training and support to enable them work safely and effectively.
- Staff were satisfied with the standard of training. One staff member said, "I've been on so many [courses]. We get top-ups every year with external leaders [trainers]."

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

- People and their relatives spoke positively about the quality and quantity of food served at the home.
- Staff supported people to choose what they wanted to eat and drink throughout the day; a pictorial meal board had been introduced to assist this process.
- Any complex needs or risks associated with people's eating and drinking were assessed and managed with appropriate specialist advice. This included the provision of texture-modified meals and thickened drinks to reduce the risk of choking. The registered manager attended regular nutritional meetings with the cook to review people's current nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management liaised with a range of health and social care professionals to ensure people's individual needs were monitored and met.
- 'Hospital transfer sheets' were in place to provide medical staff with key information about people's needs in the event of a hospital admission.

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

- People's relatives told us staff were prompt in identifying and notifying them when their loved ones were

unwell, and contacted the GP without delay. One relative said, "The nurses are very good at picking up things like chest infections up. They call the doctors and sort the medicines out."

- Staff helped people to arrange and attend medical appointments and check-ups.
- People's GP visited the home on a weekly basis to monitor and address people's health needs.

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

- People had appropriate space to socialise with others, participate in in-house activities, eat in comfort, meet with visitors or spend time alone within the home.
- Some consideration had been given to adapting the home's environment to the needs of people living with dementia. For example, people's bedroom doors were in a range of colours to help them identify their rooms and dementia-friendly rummage baskets and wall-mounted activities boards were available.
- A programme of refurbishment was underway to improve the standard of people's accommodation.

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

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

At our last inspection the provider had failed to ensure formal mental capacity assessments and best-interests decision-making had been carried out where appropriate. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

- We saw evidence of formal mental capacity assessments and best-interests decision-making in relation to significant decisions about people's care. This included the decision to lock people's bedroom doors to prevent other people from entering and disturbing them. These doors were fitted with specially designed locks that automatically disengaged when opened from within the bedroom itself. However, we found these records did not always clearly identify the decision under consideration. We discussed this issue with the provider who assured a full review of people's mental capacity assessments and best-interests records was underway to ensure these was appropriately and clearly recorded.
- Staff understood people's rights under the MCA and we saw they helped people make day-to-day decisions.
- The provider had made applications for DoLS authorisations based upon an individual assessment of people's capacity and care arrangements. Where DoLS authorisations had been granted for individuals, the provider reviewed any associated conditions placed on these.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were at ease in the presence of staff, who adopted a warm and caring approach towards their work and spoke to them in a respectful manner. A relative told us, "The staff are fabulous. Nothing's too much [for them]."
- Staff responded promptly to people in distress, using their knowledge of the individual to identify the cause of their distress and offering reassurance.
- Staff understood the need to promote people's equality and diversity and felt the provider adapted the service well to people's individual needs.

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

- Staff consulted with people about their routine care, such as what they wanted to eat and drink, or how they wanted to spend their time.
- The provider organised periodic residents' meetings to encourage people and their relatives to have their say about the service provided.
- The management team helped people to access independent advocacy services as required.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us staff treated their loved ones with dignity and respect. One relative said, "They [staff] are very discreet and all the personal care takes place behind closed doors."
- Staff gave us examples of how they promoted people's privacy and dignity through their work. This included protecting people's modesty during intimate care and talking to people throughout care tasks to put them at ease.
- Staff followed the provider's procedures for protecting people's personal information from unauthorised access.
- The provider's 'resident of the day' approach was focused upon celebrating each of the people who lived at the home, in turn, as an individual on a daily basis.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives were satisfied the care and support provided met people's needs. One relative said, "It suits [person's name]; it's really good and the staff are fabulous."
- People's care plans were individual to them, covered a range of needs and were reviewed and updated on a regular basis. However, we found the provider's procedures for evaluating and updating people's care plans sometimes made it difficult to establish their current needs. We discussed this issue with the registered manager who assured us they would address this as a matter of priority. They explained the provider was introducing an electronic care planning system this year to simplify the review process.
- People's care files contained information about their personal backgrounds and what was important to them to promote person-centred care.
- People had support to participate in a range of social and recreational activities. This included aromatherapy, hand massage, flower arranging, sensory and music-based sessions, and entertainment from a visiting musician.

Meeting people's communication needs

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

- The registered manager understood the service's responsibilities under the AIS, and confirmed the provider had the facility to provide information for people in accessible formats upon request.
- People's individual communication needs had been assessed and staff were provided with guidance on how to promote effective communication with individuals.

Improving care quality in response to complaints or concerns

- People's relatives knew how to raise any concerns about their loved ones' care with the provider. One relative told us, "I'd go straight to the top. I know the manager; I see her on a daily basis. There was an issue ... but that's all sorted now."
- The provider had a complaints procedure designed to ensure complaints were handled consistently and fairly. The registered manager reviewed all complaints received to learn from these.

End of life care and support

- At the time of our inspection, there was no one at the home receiving palliative or end of life care.

- The provider had procedures in place to establish people's wishes regarding their end of life care, in order that these could be addressed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's relatives and staff described an open culture and homely atmosphere within the service. One relative told us, "Morale is good ... there's a lot of laughing." They felt able to express their views to the management team with confidence these would be listened to.
- Staff spoke enthusiastically about their work at the home, and understood the need to respect and support people's right to make their own decisions, where they were able to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest with people in event things went wrong in the delivery of their care.

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

- The registered manager and staff we spoke with were clear what was expected of them at work.
- Head of department meetings were held each weekday morning to promote a shared understanding of quality issues and risks at the service.
- The registered manager kept themselves up to date with current legislation and best practice guidelines through, amongst other things, attending further training and events organised by the local clinical commissioning group.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Periodic residents' meetings and staff meetings were arranged as a means of involving people, their relatives and staff in the service.
- People's relatives and staff spoke positively about their overall relationship and communication with the registered manager. One relative said, "I can't praise [registered manager] enough. They have made me and my family so welcome here. I feel part of their family; we have bonded really well."
- Staff were satisfied with the support they received from the registered manager, and felt confident any issues or concerns brought to her attention would be acted on. One staff member told us, "[Registered

manager] always gives me confidence that what I bring up will be dealt with."

- The registered manager understood the need to consider people's protected characteristics in the planning and delivery of people's care.

Continuous learning and improving care

At our last inspection the provider had failed to ensure their quality assurance systems and processes were sufficiently effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider had quality assurance systems and processes in place to designed to enable them to monitor and improve the quality and safety of people's care. These included a programme of regular audits on key aspects of the service, including infection control, care planning, medicines, health and safety and catering.

Working in partnership with others

- Staff and management understood the need to work in partnership with community health and social care professionals to achieve positive outcomes for people.