

Broomgrove Trust(The)

# Broomgrove Trust 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:

Broomgrove provides accommodation and personal or nursing care for up to 40 older people with a range of support needs, including some people living with dementia. The home is an adapted building over two floors. At the time of the inspection 39 people were using the service.

### People's experience of using this service:

People who used the service and their relatives were very positive about the care they received at Broomgrove Trust Nursing Home.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or avoidable harm.

People received their medicines in a safe way. We discussed and advised on some improvements that could be made surrounding medicines management with the registered manager. These improvements were implemented on the day of inspection.

Observations and discussions with staff indicated there were enough staff on duty to make sure people's needs were met in a timely manner, further improvements in the deployment of staff, particularly at busy times, would further improve the availability of staff.

People received personalised support from staff who knew them well. People's likes, dislikes and social histories were recorded in their care records. This helped staff care for them in a personalised way.

Staff were competent, knowledgeable and skilled. They received regular training, supervisions and appraisals which supported them to conduct their roles effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were happy with the food provided at Broomgrove. The service catered for people's special dietary requirements and staff monitored food and fluid intake levels of people who were assessed to be at risk.

The registered manager, nurses and care staff recognised the importance of promoting equality and diversity. Staff maintained people's privacy and dignity when providing personal care and support.

A range of activities were provided for people living at Broomgrove which considered people's interests and wishes.

The service offered end of life care medicines required to help keep people comfortable along with the

equipment needed to administer them.

The provider had an effective complaints procedure in place. Information about how to complain was displayed in the entrance to the home. People and their relatives knew how to complain if they needed to.

The provider and registered manager understood the regulatory requirements and monitored the quality and safety of the service on a regular basis.

Staff told us they enjoyed their jobs, felt supported by the registered manager and provider and told us the staff team worked very well together.

The home worked well with local authorities who commissioned the service and health care professionals to achieve the best outcomes for people.

Rating at last inspection:

At the last inspection the service was rated Good (report published 1 November 2016)

Why we inspected:

This was a planned comprehensive inspection based on the rating awarded at the last inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. We plan to complete a further inspection in line with our re-inspection schedule for those services rated good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remained effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remained caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service remained responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service remained well-led

Details are in our Well-Led findings below.

Good ●

# Broomgrove Trust 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was carried out by one 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. The Expert by Experience had experience of supporting and caring for young and older people.

#### Service and service type:

Broomgrove Trust Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. 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:

This inspection was unannounced.

#### What we did:

Prior to the inspection visit we gathered information from several sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We asked the provider to complete 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 contacted social care commissioners who help arrange and monitor the care of people living at Broomgrove. We also contacted Healthwatch Sheffield. 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 feedback we received from these organisations to plan our inspection.

During the inspection we spoke with 16 people who used the service and three relatives. We spent time observing staff interacting with people. We spoke with staff including the registered manager, three registered nurses, three care assistants, the activities coordinator and ancillary staff. We looked at documentation relating to three people who used the service, three staff files and information relating to the management of the service, such as quality assurance audits.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Staffing and recruitment

- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.
- The service was well staffed, and a number of staff had worked at the service for several years. We saw staff were very visible around the home and generally answered peoples call bells quickly.
- Around the lunchtime period we noted staff took longer to answer people's call bells. We saw some staff were writing notes at this time, whilst other staff were busy assisting people with meals. We discussed with the registered manager the practice of 'protecting meal times' so all staff were available to support people during this busier time. The registered manager said they had spoken with staff about being available at meal times the week before at a meeting, but all staff may not have 'received the message'. The registered manager said they would reiterate this message with all staff over the next few days.

### Using medicines safely

- There were safe systems in place for managing people's medicines. Records we reviewed showed people received their medicines as prescribed. People said, "I take a lot of medication, the staff always make sure I get it on time."
- Some people were prescribed medicines to be taken as and when required, known as PRN medicines. PRN protocols were in place in people's care records to provide important information to staff. We advised the registered manager and registered nurse of the need for all staff to use the same consistent approach and coding system on medicine records to identify if PRN medication had been offered, wasn't needed or was refused by the person.
- Medicines were stored safely and securely. We discussed with the registered nurse and registered manager the need for a more thorough clean of the treatment room as some dust and medicine pots had accumulated behind radiator pipes.
- Medicines management policies and procedures were in place. Records showed staff had been trained in the safe administration of medicines and had their competency to administer medicines checked.
- Regular audits of medicines were undertaken by managers. The audit tool used was very long and difficult to navigate through. The registered manager said they would look at making the tool more 'user friendly' and seek advice from the community pharmacist to further improve medicines management at Broomgrove. The registered manager contacted us two days after the inspection to confirm the community pharmacist would be visiting Broomgrove within the next two weeks.

### Systems and processes to safeguard people from the risk of abuse

- People who used the service were safeguarded from the risk of abuse because the provider had robust policies in place and staff had a good understanding of safeguarding processes.

- People told us they felt safe at Broomgrove. Their comments included, "I felt safe from the moment I arrived here, it's why I appreciate being here", "I have been poorly for a long time now, Broomgrove offers me a place of peace and safety" and "I cannot think of anywhere safer, it's the staff that make you feel so safe." Relatives said, "The fact that he is safe means the world to us as a family", "Having [name] here means we can all rest in the knowledge that she is safe" and "When it comes to the aspect of safety, it is excellent here."
- Staff had received training in safeguarding adults. They knew what they must do if they suspected anyone was at risk of abuse. Staff were confident any concerns they raised would be dealt with appropriately.

#### Assessing risk, safety monitoring and management

- Systems were in place to protect people in the event of an emergency. For example, each person had a Personal Emergency Evacuation Plan (PEEP). This was information readily available for the emergency services in the event of such thing as a fire. It provided the fire service with information about how the person would possibly react in an emergency and how the person could be moved safely.
- Regular safety checks took place to help ensure the premises and equipment were safe.
- People's care plans included risk assessments of such things as moving and handling, nutrition, falls and challenging behaviours. These showed an assessment of the risk and how this could be reduced or eliminated so the person was kept safe.

#### Preventing and controlling infection

- Broomgrove was clean and there was an effective infection control system in place. The system was regularly audited to check it was effective and being implemented correctly.
- Aprons, gloves and hand sanitisers were located throughout the building and staff wore these appropriately. Staff had received training in infection control.

#### Learning lessons when things go wrong

- Records showed accidents and incidents were recorded. The record included a description of the incident, any injury and any action taken by staff. The registered manager reviewed the action taken to identify any patterns or lessons that could be learnt to prevent future occurrences. We suggested the registered manager also record the location of any accidents to further enhance this process.

# 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

Good: 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

- The pre-assessment process ensured people were suitably placed and that staff knew about people's needs, wishes and goals. The registered manager had assessed people's needs and choices before they moved in. This was so people received care which achieved effective outcomes in line with national guidance.
- The pre- assessment information also established what provision needed to be made to respect people's protected characteristics under the Equality Act 2010. This was so that people received care that met their personal preferences. An example of this was people being able to choose to only have close personal care provided by a male or female member of staff.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively. People said, "The staff are so well trained, they have a great understanding of what I am going through," and "They are so expert at looking after me, my mobility is much improved thanks to the staff here."
- Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. Broomgrove had an in-house training officer who provided and coordination training for staff. Staff were very positive about the training they received. One staff said, "The training is excellent, I find it helps that much of it is face to face as well rather than being sat in front of a computer."
- Staff received regular individual and group supervision to review their competence and discuss areas of good practice or any improvements that were needed. The registered manager completed annual appraisals for all staff. Staff told us they felt supported by the registered manager and they felt able to raise any concerns or questions with them.

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

- People's nutritional needs were met, and weights regularly monitored.
- People assessed at nutritional risk were referred to the GP or speech and language therapy (SALT) team and food/fluid charts put in place.
- People told us the food was good. The cook listened to people's comments about the food and took this into consideration when planning seasonal menus. People said, "The food is fabulous, they will cook you anything you want." Relatives said, "The food is fabulous, we have joined [name] for meals sometimes, the food and service is as good as many restaurants."
- We observed part of the lunchtime meal service during this inspection. The dining tables were neatly set out and looked welcoming with matching linen tablecloths and napkins. The staff were seen to be very calm and patient when delivering meals or assisting people in a number of different areas of the home.

Observation showed that staff ensured that people were sat or positioned correctly and were comfortable to eat their meal. The staff were very good at offering people drinks, some people had wine with lunch others, orange juice. Overall the meal time was a very pleasant and calm experience for people.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other organisations to deliver effective care and support to people. Staff sought advice from community health professionals such as GP's, tissue viability nurse and speech and language therapists. This supported staff to achieve good outcomes for people and helped people maintain their health.
- People were positive about the support they received to maintain their health. Comments included, "It is due to the staff team here that I have a future, with their dedication and support I look to be returning home."

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

- We found the accommodation was well maintained and well decorated, which provided a pleasant living space.
- People had been supported to make their bedroom homely with their own belongings. People told us they had been involved in choosing the decoration and design of the rooms.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people could receive the support they required. Technology and equipment was used effectively to meet people's care and support needs.
- Some people at Broomgrove were living with dementia and other people were less orientated to the building. We discussed with the registered manager improvements which could be made to the building such as improving the signage, contrasting decoration for easier recognition of bedrooms and fewer patterns on carpets and decoration to enhance the quality of life for those people living with dementia and assist people with orientation to Broomgrove. Two days after the inspection the registered manager confirmed to us they had contacted a dementia support organisation and a support manager from that organisation was visiting Broomgrove to provide further guidance and information around improving the environment.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to authorisations and when they were due to expire. The registered manager also made sure the service complied with any conditions attached to authorisations. They had a good understanding of MCA procedures and the DoLS framework.
- People's care records contained assessments of their capacity to make various important decisions. Where people were assessed to lack capacity, best interest decisions were made and recorded in their care plan.

Capacity assessments were decision specific, in accordance with the principles of the MCA.

- Staff received training in the MCA and DoLS. During the inspection we observed staff asking people for consent before they delivered care. Staff we spoke with had a good understanding of the MCA and described to us the importance of assuming people had capacity to make their own decisions.

## 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

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

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

- People looked comfortable and relaxed in the presence of staff and staff were caring towards people. People and relatives all praised the staff and the care and support provided by service.
- People said, "The staff here are absolutely marvellous," and "Every member of staff is so caring and kind." Relatives said, "The staff have worked so hard to help us through this difficult time. They offered such compassion and care towards our whole family" and "The care and respect they provide is wonderful." Care professionals we spoke with said, "Staff are always very caring with how they interact with residents."
- We saw, and people told us staff knew them well, including their likes and dislikes. A number of staff had worked at the service for a number of years, providing continuity of care and support. We saw good relationships had been built up between people and staff.

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

- People receiving support and their relatives were invited to take part in reviews of their care. This gave them the opportunity to have input into the development of their care plans and to explain their needs, wishes and choices so they could be recorded and acted upon.
- Staff supported people to make decisions about their care. We saw staff asking for consent from people before supporting them. People said, "I am totally in control of my treatment options."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. We saw staff knocked on people's doors and waited to be given permission to enter people's rooms.
- People were encouraged to maintain their independence as much as possible. Care staff explained how they would let people walk independently only offering to transport people to the dining room in a wheelchair if the person came tired or was at risk of falling.
- People were encouraged to maintain links with the outside community, such as going to their local church and going out with friends and family. One person said, "Staff constantly consider my religious needs, my faith is so important to me, the staff make sure that I am involved in any church activity and support me in going out to my own church each week." Visitors were warmly welcomed into the home. We saw staff knew visitors well and they had clearly built up friendly relationships.

# Is the service responsive?

## Our findings

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

Good: 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's likes, dislikes and what was important to the person were recorded in care plans which were regularly reviewed. Any changes to people's care and support was documented and information communicated to staff during handover.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. People said, "They asked me just how I wanted to have my care delivered, it puts me in charge."
- A good range of well-planned and thought-out activities were arranged to suit people's various needs and interests. We saw these were well received and complimented by people and relatives. People and relatives said, "The activity team have given me back my confidence, I join in with as much as I can", "The activity and therapy staff have helped people tackle physical or emotional issues associated with my condition", "I take part in anything that's going, they help me keep busy" and "Entertainment/ activities are arranged most days and regular special events are arranged for residents and families to enjoy together." Care professionals said, "There are some excellent practices in the home such as bringing in a trained physiotherapist to do the exercise classes and bringing in different guest speakers every month to the residents' meeting to entertain residents."

Improving care quality in response to complaints or concerns

- Complaints were taken seriously, investigated and action taken as a result. People and relatives told us they knew how to complain but had not needed to do so. Where concerns had been raised, these had been resolved to the person's satisfaction.
- We saw many compliments had been received about the quality of care and support. These included, '[Name] has received excellent care and attention from the staff who are always friendly, attentive and kind' and 'There is a calm atmosphere at Broomgrove where residents, staff and visitors mix happily and respectfully. The carers are personable, hardworking and very professional.'

End of life care and support

- People's wishes about their end of life support were supported and documented within care records. DNACPR ('do not attempt CPR') records were in people's care plans.
- There was a well-developed end of life service in place with strong links with the local hospital and hospice. The service offered prescribed end of life care medicines required to help keep people comfortable along with the equipment needed to administer them. The registered manager told us Broomgrove, with support from the homes GP, ensured the medicines were used to support people to be comfortable and pain free.
- We saw positive comments had been received from relatives about the end of life care provided at the service.

# 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

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

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

- The registered manager has established an open and inclusive culture in the service, so people, relatives and staff could raise any issues or concerns or make suggestions. The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well.
- Services that provide health and social care to people are required to inform us (CQC) of important events that happen in the service. This is so we can check appropriate action has been taken. The registered manager had submitted notifications to us in an appropriate and timely manner in line with our guidelines.

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

- A Board of Trustees were in place, they all had experience in geriatric or end of life care and shared their knowledge, clinical guidance and practice. Regular board meetings were held along with management meetings. This helped maintain or improve the standard of service provided at the home.
- The registered manager and other senior staff carried out monitoring and auditing of all aspects of the service. These included audits of medicines, care records and an environmental audit. Audits seen showed the actions taken in response to competing audits.

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

- Regular staff and 'resident and relative' meetings were held, and actions taken where required. These were reviewed at the next meeting to make sure people were satisfied with steps taken.
- People told us they felt their views and opinions were listened to. Regular surveys were sent out to people, families and healthcare professionals. People and relatives said, "This is well run organisation, the managers and the trustees have all our interest at heart. I feel so involved in the running of the service", "I cannot speak highly enough of the managers", "I have completed a survey, but everything is so good, what more can I say", "I cannot recommend this place highly enough, it is wonderful" and "I am more than happy to recommend the home and the excellent work of all the staff at Broomgrove to anyone considering the option of a care home for their parents or elderly relatives."

Continuous learning and improving care

- The registered manager and provider had systems in place that enabled them to review any accident, incident, safeguarding or complaint. This helped ensure they could identify good practice and where

improvements needed to be made.

- Relatives we spoke with said, "The managers are constantly monitoring the standards of care, things change as soon as it's needed."

Working in partnership with others

- The service worked collaboratively with a range of different health services and professionals to help make sure people received the right support. Staff also worked with professionals from the local council and clinical commissioning group who commissioned the care of some people living in the service. Care professionals we contacted told us, "Residents all praise the home greatly when I visit, as do relatives."