We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Broadmeadow Court

London Road, Chesterton, Stoke-on-Trent, ST5 7JG  
Tel: 01782561398

Date of Inspection: 09 November 2012  
Date of Publication: December 2012

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

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<tr>
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<td>☑ Met this standard</td>
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<tr>
<td>Management of medicines</td>
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<tr>
<td>Supporting workers</td>
<td>☑ Met this standard</td>
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<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>☑ Met this standard</td>
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### Details about this location

<table>
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<tr>
<th>Registered Provider</th>
<th>Sanctuary Care Limited</th>
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<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Kathleen Hemmings</td>
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<tr>
<td>Overview of the service</td>
<td>Broadmeadow Court provides accommodation with personal care for 32 older people.</td>
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<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
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<td>Regulated activity</td>
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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and/or family members, talked with staff and talked with stakeholders.

What people told us and what we found

We inspected this service because we had received concerns about the care being provided to people. This was an unannounced inspection so the service did not know we were visiting. We had been told that there were concerns about the care and support people received. At the time of this inspection the local authority was undertaking an investigation into the concerns and the provider had voluntarily suspended placements pending the outcome of that investigation.

People we spoke with told us that they were happy living at Broadmeadow Court. The atmosphere was relaxed and friendly. Staff were polite and respectful when they approached people. We observed that people were asked what they would like and if they wanted to be involved in an activity. One person told us, "The staff arrange things for us to do". "I enjoy the Bingo but I like spending time on my own as well".

Some people did not have capacity to make decisions and were not able to recall what they did with their time other than to say, "I like to be in my room. It's what I prefer". Where people did not have capacity an assessment had been completed.

We saw that people's health needs were recorded and were being monitored closely and people were supported to receive health services.

There were systems in place to monitor and develop the service to ensure that continually improvements were being made for the benefit of people who used the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent
judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Care and welfare of people who use services

Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Through a process called 'pathway tracking' we looked at four care records, spoke with people about the care they received and staff about how they provided the support. Pathway tracking helps us understand the outcomes and experiences of selected people and the information we gather helps us to make a judgement about whether the service is meeting the essential standards of quality and safety.

The records we looked at contained some evidence of people's involvement in the assessment of their needs, and people's capacity to consent to care and treatment had been assessed.

We saw the care records were specific to the person concerned and gave information about their individual needs and wishes. The care records covered people's health and personal care needs and included information about their previous lifestyle including social and any spiritual needs. We saw the information was usually evaluated monthly and areas such as skin care, nutrition and continence were regularly reassessed. Where people had been identified at particular risk we saw that staff maintained detailed records of their fluid and dietary intake as well as monitoring their weight. Other risks to people were assessed and where needed a plan was in place to keep them as safe as possible. This meant that care staff had the information they needed to provide people with appropriate care that met their needs in the way they wanted.

We spoke with all of the people we pathway tracked and they told us about the care they received. They told us about their health and personal care needs and confirmed that the care staff ensured they were supported to see the doctor, had medical check ups and had their eyes tested. They also told us that the care workers supported them with their personal care whilst encouraging them do as much for themselves as possible. The information people told us corresponded with their plan of care and with the information care workers told us about the care they provided to them. People said,"The staff are
lovely nothing is too much trouble and if I need help I ring the bell and they will always come to me”, "I'm happy here I like spending my time in my room but the staff pop in and check on me regularly to see if there's anything I need”.

Following this visit we spoke with relatives or supporters of people who used the service. Comments included, "This is the best home we have been to". "We have been included in any assessment of our relatives needs" and "The staff support our relative and attend to her care and well being".
Safeguarding people who use services from abuse  
Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The provider responded appropriately to any allegation of abuse.

We checked compliance with this standard because of concerns that had been identified and were being investigated with the local authority. The local authority are the lead agency for the investigation of any safeguarding concerns about vulnerable people. At the time of this inspection the provider had voluntarily suspended admissions to the home pending the outcome of those investigations. We asked people using the service if they felt safe and were confident to speak with the staff if they were anxious or had a concern. Everyone we spoke with said that they did.

One person told us, "The staff come in regularly to check I'm okay. That puts my mind at rest". Another person said, "I do feel safe here and the staff answer my call bell quicker these days".

We saw there was a schedule in place for staff training in relation to this. Staff we spoke with were able to tell us about the signs of abuse and what actions they would undertake to report abuse or suspected abuse.

The home had a system for staff to report incidents to the manager, this included allegations of abuse. There is a requirement for an organisation to refer allegations or concerns to the local authority safeguarding service and to notify us CQC. Our records show that we have received notifications of this type.
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<tr>
<th>Management of medicines</th>
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People should be given the medicines they need when they need them, and in a safe way

**Our judgement**

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

**Reasons for our judgement**

During this inspection we observed medication being administered. We saw that a member of staff talked to people about their medication to make sure they knew what is was. We observed staff asking if people wanted medication that was prescribed for them on an 'as required' basis. These discussions were done in a sensitive and caring manner. We also observed that the medication trolley was left unattended with the doors wide open, while medication was administered to people. This meant that medication wasn't secured and stored safely potentially presenting a risk to people who used the service.

We spoke to a member of staff about medication training, they confirmed that they had received 'Boots' medication training, had read the provider's policy and procedures about medication and had observed and shadowed other staff administering medication. The member of staff had not undertaken training that included an assessment of competency. This meant that people may be placed at risk because staff have not received sufficient training to safely administer medication.

We observed that the service had a medication treatment room where all of the medication was stored. Facilities in this room were sufficient to ensure that medication was stored securely. The provider may find it useful to note that medication is required to be stored within specific temperature ranges, and monitoring the room temperature where medication is stored would ensure that temperatures are within the range required. We looked at the medication administration records (MAR) of the people we pathway tracked. Photographs of people were located in the medication file to ensure that staff could easily identify the person to whom medication was being administered. All records were appropriately maintained and we saw that the service had systems in place to record and monitor the medication received in the home. Regular audits of medication meant that the service was confident that any error would be noted and reported without delay and there was an accurate account of all medication in the home.

None of the people living at Broadmeadow Court self administered medication. Staff said it was something that was considered at admission, this was evidenced from the care records we saw. They had a consent to medication form completed and signed by people who used the service or their supporters.
**Supporting workers**

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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**Our judgement**

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

**Reasons for our judgement**

We saw records of staff training and the future training plans for the service. We saw staff training was either up to date or been arranged for the staff where a shortfall had been indentified. For example two staff had completed manual handling training on 5 November 2012, dementia and safeguarding training and updates were being arranged.

We saw that some staff had not received regular supervision of their practice. It is important that staff have opportunities to meet with a supervisor or manager to discuss their performance and practice and to establish future training needs. This ensures that the service is providing consistent care and support that meets the quality standards required. A third of the staff had only received one supervision and the records showed that two thirds hadn't received one session. The provider has acknowledged this as an area for development and showed us that there were plans in place to ensure that staff receive regular one to one supervision meetings.

We spoke to staff about their opportunities to meet as a team. We were informed that staff meetings had been held in September and in October, but records of these meetings were not available. The provider may find it useful to note that staff would benefit from access to the minutes of any meetings that are held to remind and inform them of the discussions.

A member of staff told us that morale at the service was low and a number of staff had left. They felt that there was a lack of leadership at the home. The provider had made arrangements for an interim manager at the home to provide staff support but the arrangements had not been entirely successful. We were informed that more permanent managerial support had been arranged from mid November 2012.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw that the provider monitored the quality of the service regularly and produced reports of these audits with recommendations for improvement. We saw that the provider monitored accidents, incidents, complaints, medication, staff training and other important aspects of the service. We saw that surveys were circulated to people using the service and their relatives and supporters periodically. The outcome of the surveys were analysed and used to inform the development plan for the service.

Relatives and supporters of people using the service said, "We used to have regular meetings which were really useful and helped us to keep up to date with what was happening in the home, but we haven't had one for some time". "There have been lots of changes and we don't feel as if we have been kept informed". The last record of a meeting for people who used the service was recorded for 16 July 2012. The provider may find it useful to note that regular meetings to discuss changes and events within the service would benefit people using the service and keep them informed.

A relative told us that, "We feel that some areas in the home need to be improved, the general maintenance of the environment has been neglected". We noted during this inspection that two rooms in the home were malodorous and that some furnishings and decor was showing signs of wear and tear. We spoke to the staff and the operational manager about this, assurances were given that action was being taken. A development plan for the service confirmed this.

The service had a complaints procedure that was displayed in the home. People who used the service and relatives we spoke with said they would raise any concerns they had. One relative said, "If we have any concerns we feel confident in reporting them, issues have been resolved satisfactorily in the past". Records of complaints showed that the provider took concerns seriously and undertook to investigate and resolve them to people’s satisfaction.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

- **Met this standard**
  This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

- **Action needed**
  This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

- **Enforcement action taken**
  If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Essential standard

The essential standards of quality and safety are described in our Guidance about compliance: Essential standards of quality and safety. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the Guidance about compliance. The 16 essential standards are:

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<th>Regulations</th>
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<td>Records - Outcome 21</td>
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Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.