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: 24 June 2013
Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

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<td>Details about this location</td>
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<td></td>
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<td><strong>Registered Provider</strong></td>
<td>Sanctuary Care Limited</td>
</tr>
<tr>
<td><strong>Registered Manager</strong></td>
<td>Mrs. Kathleen Hemmings</td>
</tr>
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<td><strong>Overview of the service</strong></td>
<td>Broadmeadow Court provides accommodation with personal care for 32 older people.</td>
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<td>Care home service without nursing</td>
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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 24 June 2013, 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 and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

When we carried out our unannounced inspection we spoke with six people living at the home, one relative and four staff. We reviewed four care records, three staff records and other documents.

People living at the home told us that they were happy and satisfied with the care that they received and that they were treated with dignity and respect. One person told us, "I choose the clothes I want to wear the night before and put them on the chair. The staff help me to put them on in the morning". Another person told us, "Most staff are always polite". We saw that people's needs were assessed and care and treatment was planned to meet their needs.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. We saw evidence that staff had received training to administer medication and an assessment of their knowledge had been done. This meant that people were cared for, or supported by, suitably qualified, skilled and experienced staff.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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

Respecting and involving people who use services  ✔ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People's privacy, dignity and independence were respected. We spoke with six people who lived at Broadmeadow Court on the day of our inspection. All of those people told us that staff respected their privacy, dignity and independence. One person told us, "Staff encourage me to walk one way to the toilet and they bring me back in the wheelchair". Another person told us, "Most staff are always polite". We saw that the importance of maintaining people's dignity, respect and independence was recorded in people's care records. Staff were able to describe to us how they maintained people's dignity and how they encouraged people to be independent. One member of staff told us, "Before I enter a person's room, I always knock and shut the door behind me when I go in" and, "When delivering personal care, I always cover the person with a towel to maintain their privacy". On the day of our inspection we observed that personal care was delivered away from the main day room. We observed discrete conversations between staff and people before they were assisted out of the day room for personal care. This meant that staff were aware of how to maintain people's dignity and respect.

People's diversity, values and human rights were respected. We saw that people wore clothing appropriate for the time of year and people told us that they chose the clothes that they wore. One person told us, "I choose the clothes I want to wear the night before and put them on the chair. The staff help me to put them on in the morning". A relative told us, "X is always well dressed when I visit and looks well cared for". People were given the choice to remain in the day room or to return to their rooms between meal times if they wished too. There were systems in place to listen to people's views on how they wanted care and the service to be delivered. For example, people had made suggestions about what food they would like on the menu and we saw that the menu reflected these suggestions. We saw that a church service had been arranged to meet the religious needs of people living at the home.

People living at the home told us how their interests had been supported through activities. One person told us, "X does my nails for me". Another person told us, "Once a week we do ball exercises with someone who comes into the home. That keeps us fit". A relative
told us, "They have had country and western singers. The ladies dance and the carers
dance with them". On the day of our inspection we observed that limited activities took
place and many people sat for long periods of time with no stimulation. The registered
manager told us that the activities co-ordinator had recently left but that a new activities
co-ordinator was starting the following week. The registered manager told us that they
hoped that they would put back in place the good range of activities the people at the
home had enjoyed. One person told us, "X used to do lots of activities that amused us. We
had sing songs but she has left now".
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.

Reasons for our judgement

Some people living at the home had dementia related conditions and we used our short observational framework for inspection (SOFI) tool to help us see what people's experiences were like. The SOFI tool allowed us to spend time watching what was going on in Broadmeadow Court. It also helped us to record how people spent their time and whether they had positive experiences. This included looking at the support that was given to them by the staff. The provider may wish to note that people who were able to verbally communicate received positive interactions with staff. People with communication difficulties received less interaction from staff. This meant that people were treated differently depending on how able the person was to communicate.

Through a process called pathway tracking we looked at the care records of four people who lived at the home. We spoke with these four people and four members of staff about the care provided. Pathway tracking helped us to understand the outcomes and experiences of selected people. The information we gathered helped us to make a judgement about whether the service was meeting the essential standards of quality and safety.

One person told us, "Most staff are very good but they don't always come to me straight away when I ring my buzzer". Another person told us, "The food's not bad here at all. It's very nice. I can't grumble". During our inspection we found that people's needs were assessed and care and treatment was planned to meet their needs. We found that people had pre-admission assessments to ensure that staff at the home could meet their needs. We saw that risk assessments, people's likes and dislikes and life histories had been completed and that they were used to develop person centred care plans. Staff we spoke with were aware of people's care needs and we observed that care was delivered in line with their individual care plans.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that each person had their own key worker who reviewed their care plans on a monthly basis. People's health needs were planned for and monitored and advice from other health professionals was clearly built into their care plans. We saw that one person had fallen several times despite the completion of a falls risk assessment. Advice from other health professionals had been sought and this advice
had been put in place to try to prevent the person having any further falls.

We looked to see how people's basic hygiene needs had been met. The provider may wish to note that there was only one bath available for 30 people on the day of our inspection. We looked in the care records of the four people we had pathway tracked to see when they had last received a bath or shower. We saw that one person had not been bathed or showered since 24 May 2013. Staff told us that this person did not like having a bath but preferred a strip wash. The person told us, "I try to have a bath every fortnight. I would not get a bath if I didn't ask because it is always in use". Two other people had not received a bath or shower since 8 June 2013 and 15 June 2013. The other person had recently received a bath. One person told us, "The carers give me a good wash down every day". We observed that people appeared clean and well cared for. This meant that whilst people's hygiene needs were being met, this was not always in the way they preferred.

We asked the registered manager why there was only one bath for 30 people who lived at the home. They informed us that two of the baths had been unsafe to use for over six weeks but there were three showers available. They informed us that one bath would be repaired the following week but they did not know when the other bath would be repaired.

There were arrangements in place to deal with foreseeable emergencies. People living at the home had personal emergency evacuation plans (PEEPS) in place. These provided the necessary information to enable staff to manage people's escape if they could not get themselves out unaided during an emergency situation. We asked staff about the PEEKS and they demonstrated a good knowledge of them.
Management of medicines

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

People were protected from the risks associated with unsafe use and management of medicines. We saw evidence that staff had received training to administer medication and an assessment of their knowledge had been done. We saw that spot checks of medication rounds had been completed by the registered manager. Medication audits had been completed and action plans put in place where issues were identified. This meant that there were systems in place to ensure the safe administration of medication.

During the inspection we observed how staff administered medication to people who lived at the home. We saw that medication was dispensed on an individual basis and people were seen to take their medication before staff left them. Staff made appropriate entries in the person's medication administration record (MAR) before continuing to administer medication to the next person.

Medicines were kept safely. We saw that the medication trolley was always locked when the staff member went to people to administer their medication. The home had secure rooms where drugs were stored. We saw that drug trolleys were locked to the wall and stocks of drugs were kept in a secure cabinet. Controlled drugs were contained in their own secure cabinet. The controlled drugs register had been completed and the stock levels matched the register. We completed a random check of the MARs during the medication round and saw that most stock coincided with the records. We saw that one medication stock level did not tally because the system for recording the number of tablets for this medication had not been completed correctly. The provider informed us that they would explore why this error had occurred.

Temperature sensitive medicines were kept in a dedicated refrigerator. We saw that there were systems in place to ensure that these medicines were stored at the correct temperatures. This meant that medicines were safe to use because they were stored in line with the manufactures guidelines. Staff were able to describe the process for the receipt and disposal of drugs. This meant that the service had appropriate arrangements for the handling, safe keeping, administration and disposal of medicines.

We saw that where people were prescribed medication as required (PRN) there were clear
instructions in place to identify when their medication should be administered and under what circumstances. This meant that people were getting the right medication to meet their needs safely.
### Requirements relating to workers

| Met this standard |

#### People should be cared for by staff who are properly qualified and able to do their job

**Our judgement**

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

**Reasons for our judgement**

We looked at the records of three members of staff and saw that there were effective recruitment and selection processes in place. We found that the staff went through a structured recruitment process of completing an application form, having an interview and receiving a letter offering the position.

Appropriate checks were undertaken before staff began work. We saw that there were references which demonstrated that staff were of good character. Disclosure & Barring Service Checks (DBS) for staff had been completed. These used to be called the Criminal Records Bureau check (CRB) and recently changed to the DBS check. This meant that vulnerable people were kept safe because they were cared for by appropriate staff.
## Records

<table>
<thead>
<tr>
<th>Met this standard</th>
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**People's personal records, including medical records, should be accurate and kept safe and confidential**

## Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

## Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. We saw that all the people at the home had care plans in place and that there were processes for them to be reviewed and updated. Where it was identified that people needed to be weighed regularly or their dietary intake needed to be monitored, we observed that an accurate and timely record was maintained. This meant that people’s health and wellbeing was monitored and reviewed.

Records were kept securely and could be located promptly when needed. We saw evidence that staff records were stored in a lockable cabinet within a secure room. People's care records had recently been moved to a large lockable filing cabinet located in a small room directly off the day room where most people spent their time. This meant that staff had easy access to people’s care records. On the day of our inspection, neither the room nor the cabinet where the care records were stored in was locked. This meant that people's confidential personal information could have been accessed by other people. The registered manager informed us that they would locate the key to the filing cabinet and ensure that it was locked at all times.
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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.
## Glossary of terms we use in this report

### 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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### 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.
Contact us

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