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

Bromford Lane Care Centre

366 Bromford Lane, Washwood Heath, Birmingham, B8 2RY

Tel: 01213220910

Date of Inspection: 11 February 2014

Date of Publication: March 2014

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Meeting nutritional needs</td>
<td>✓</td>
</tr>
<tr>
<td>Staffing</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
</tr>
<tr>
<td>Records</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Details about this location

<table>
<thead>
<tr>
<th><strong>Registered Provider</strong></th>
<th>Bondcare (Bromford) Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Registered Manager</strong></td>
<td>Mrs. Judith Elizabeth Williams</td>
</tr>
<tr>
<td><strong>Overview of the service</strong></td>
<td>Bromford Lane Care Centre can provide nursing and personal care to up to 116 people over the age of 18 years who have physical and mental health illnesses.</td>
</tr>
<tr>
<td><strong>Type of service</strong></td>
<td>Care home service with nursing</td>
</tr>
</tbody>
</table>
| **Regulated activities** | Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury |
When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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<td>Records</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 11 February 2014, 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.

What people told us and what we found

We had received concerns that people had been left without adequate heating, not receiving adequate care, amounts of food and, a lack of choices in food that they had. We were told that staff were being moved around the home meaning they were not receiving continuity of care.

At the time of our inspection there were 95 people living in the home. We spoke with four people who lived there, four relatives, three staff and the registered manager.

All the people spoken with and their relatives told us they were happy with the care provided and that the service had improved.

People were able choose the food they ate. One person old us, "The food is good." People were supported to get the nutrition they required but some improvements could be made to mealtime experience.

We saw that the home was warm. Relatives and staff spoken with told us that the home was warm and systems were in place to maintain temperatures when the heating had been off.

We saw that that people received support as required. This showed there were adequate numbers of staff on duty at the time of our visit to meet people's needs. One person told us, "The staff are good."

We saw that there were systems in place to monitor the quality of the service and actions were taken to make improvements where possible.

Improvements could be made to the management of records to ensure that they were stored safely and that they showed that all the required actions were taken to protect people.
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.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare.

Reasons for our judgement

We spoke with the registered manager about the concerns that indicated that people were not receiving adequate care and support. We spoke with the registered manager about the management and prevention of skin damage. We were told that there had been an incident where adequate planning, monitoring and management had not been carried out by a member of staff and although staff had raised concerns the appropriate actions had not been taken. However, once the problem had been identified advice was sought from the appropriate services and the health of the individual had since improved. This was confirmed by a social worker who was involved in the individual’s care. This meant that although an individual had suffered due to some shortfalls in the service appropriate actions had been taken once the issue had been identified. The individual was no longer working in the home.

We saw that there was equipment available to manage the risks of skin damage and we saw this in use. We saw that people at risk of skin damage were repositioned in bed regularly to relieve pressure and encourage blood flow preventing damaging to the skin. This should mean that people were protected from developing skin damage.

One person spoken with told us they were worried about some marks on their hands. They had seen a doctor and were waiting for a hospital appointment. They told us they were having a lie down but got up for meals. This showed that people were able to access medical advice when needed and were able to access their bedrooms when they wanted meaning they could control the care and support they received.

The provider may find it useful to note that we saw that one person had very long nails that were infected and needed treatment. We discussed this with the registered manager who was aware of some issues but who said she would ensure the issue was followed up.

Concerns raised with us included that people’s continence needs were not met. During our visit we did not see any one looking unkempt or wet. There were no malodours that would suggest that continence was poorly managed. However, we sat on a lounge seat and
found that our clothes had got wet because the seat cushion was wet. When turned over the cushion was wet on the other side too. One person told us that some of their continence aids had gone missing. The registered manager said she would monitor the management of continence more closely.

At the time of our visit we saw that the home was warm in all areas. A relative spoken with told us the home was always warm. Two other relatives told us that the heating had gone off but the home was not cold and heaters were available. A member of staff confirmed that the heating had been turned off once but it had been restored quickly. They said,” It's lovely and warm.” The manager told us that the heating had to be turned off on a couple of occasions but that arrangements were made to provide additional heating and blankets for people. There had been a lack of hot water during that time but hot water had been available to assist people. This meant that the heating had been turned off but arrangements had been put in place to maintain the temperature in the home.

We saw that people were occupied watching the television and dancing with staff at the time of our inspection. People generally looked content and spoke with staff as they went around the home. This showed that people were happy and content with their daily lives.
Meeting nutritional needs

Met this standard

Food and drink should meet people’s individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

Concerns we had received indicated that staff were not provided with sufficient amounts of food for the number of people who required it, there was a lack of choice and the food was sometimes cold.

During our inspection we saw that there were two choices for the lunchtime meal on all the units. We saw that there was sufficient food for people to have a choice and that people’s dietary needs were being met. For example, soft and pureed meals were available for people who needed them. Staff told us that people expressed a choice about their meals one day in advance. Staff told us that these choices sheets were not available to them when serving the meals but they knew what people liked to eat and there was always enough food for people to change their minds. All the people we spoke made positive comments about the food. A relative told us, “There is plenty of food and always a choice.” Another relative said, “The food is nice.” Two people living in the home told us the food was good. A member of staff said, “The food is delicious. There are amazing meals.” We saw that in a survey completed by 10 people nine made positive comments about the food. This showed that people were generally happy with the food.

We saw that people were weighed on a regular basis to monitor they were eating enough to maintain their weight. We saw that audits carried out checked that people had nutritional plans in place and were referred to the dietician if needed. This showed that people’s nutritional needs were met and advice sought when needed. We saw that some people received nutritional supplements to increase their intake of calories.

The provider may find it useful to note that our observations at lunchtime showed that the mealtime experience could be improved for some people. We saw that people who were in their bedrooms and needed assistance to eat did not get support that was uninterrupted or provided in a timely way ensuring that their meals were provided at the appropriate temperatures.
Staffing

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We received concerns that staff were moved around the home so that there was not continuity of care. We saw that some staff had been moved from one unit to another but we saw no evidence that this had been detrimental to the people they supported. A member of staff spoken with told us that they did sometimes have to go on other units if there was a staff shortage but generally efforts were made to get cover for any absences that arose. Most relatives and people we spoke with told us that they were happy with the staff. One person said, "Staff are kind."

The provider may find it useful to note that some staff attitudes and skills indicated a lack of knowledge and potentially rude responses to people. For example, one person expressed that they had chest pain. Staff did not respond to the individual or make any efforts to get support because they felt they could not leave the lounge unsupervised. When asked why they had not used the call system for support they told us, "All the staff are busy." Another member of staff did take the appropriate actions to check and support the individual.

During our inspection we saw some good interactions between staff and people living in the home. We saw that generally staff were visible in the home and we saw that the call system was responded to quickly. One member of staff spoken with told us that they received regular training to enhance and develop their skills. This suggested that staff were supported to develop their skills so that they could support people as needed.
Assessing and monitoring the quality of service provision  ✔  Met this standard

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 received.

Reasons for our judgement

At our last inspection we saw that the quality monitoring systems were not efficient and did not include analysis of trends so that the appropriate actions could be taken to improve the service.

At this inspection we saw that audits were undertaken of several areas including care records, weights, falls, pressure ulcers, safeguarding incidents and medicines management. We saw that there had been an analysis of all these areas except the safeguarding incidents. We saw that where needed actions had been taken to address issues identified. For example, if there had been a weight loss it was checked that nutritional assessments had been completed and referrals to dieticians had been made.

We asked if comments about people’s satisfaction with their food were collected on a daily basis so they could assess if people were happy with the food provided. The manager told us that they did not record comments about the food but people were asked by the chief if everything was okay. This meant that there was no ongoing monitoring recording of people’s satisfaction regarding food.

We saw that the views of people using the service had been sought through surveys and meetings for relatives, staff and people living in the home. For example, some relatives had identified they had to wait to be let into the home and that the telephone system diverted them to the wrong units when they tried to contact the home. We saw that the telephone system had been improved and systems had been put in place so that people could be admitted to the home more quickly.

Three relatives spoken with told us they were happy with the service. One person told us, "Its (the service) is much improved and the manager is very approachable. We can raise issues which are acted on. I did attend a meeting, not many people attended but I don’t know when the next one is."
Records

Met this standard

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

At this visit although we saw that there had been some shortfalls in care planning documents for one person who had suffered as a result the records had been improved once the issue had been identified. We were told by the registered manager that the shortfall in documentation had been as a result of one member of staff who was no longer working in the home. Systems needed to be in place that ensured that similar incidents were not repeated.

We saw that generally monitoring records for personal care, repositioning and food and fluid intake were well maintained. However, we noted that for one person there were long periods of time when it appeared that no drinks had been offered. The manager told us it was likely that they had not recorded when fluids had been offered and she would ensure that this was addressed. We saw that these records had been left in communal areas meaning that they could be accessed by people who were not entitled to access them.

The provider may find it useful to note that some improvements could be made to the management of records. For example, we were told about the actions that had been taken following some allegations about a member of staff however there was no record of the allegations, investigation or outcomes. This meant it was not possible to monitor if the issue was ongoing or a one off.
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.

<table>
<thead>
<tr>
<th>Met this standard</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action needed</td>
<td>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.</td>
</tr>
<tr>
<td>Enforcement action taken</td>
<td>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.</td>
</tr>
</tbody>
</table>
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:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

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.
<table>
<thead>
<tr>
<th>Glossary of terms we use in this report (continued)</th>
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<tbody>
<tr>
<td><strong>(Registered) Provider</strong></td>
</tr>
<tr>
<td>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'.</td>
</tr>
<tr>
<td><strong>Regulations</strong></td>
</tr>
<tr>
<td>We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.</td>
</tr>
<tr>
<td><strong>Responsive inspection</strong></td>
</tr>
<tr>
<td>This is carried out at any time in relation to identified concerns.</td>
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<tr>
<td><strong>Routine inspection</strong></td>
</tr>
<tr>
<td>This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.</td>
</tr>
<tr>
<td><strong>Themed inspection</strong></td>
</tr>
<tr>
<td>This is targeted to look at specific standards, sectors or types of care.</td>
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