

# Eminence Care Service (Broomfield) Limited

# Broomfield Residential Care

## 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

This inspection took place on 04 May 017 and was unannounced.

Broomfield Residential Care is located in the village of Olney in Buckinghamshire and is registered to provide accommodation and personal care. They are registered for up to 50 older people who may also be living with conditions such as dementia. On the day of our inspection there were 37 people living at the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe. Staff had been provided with training to enable them to recognise signs and symptoms of abuse and they knew how to report any concerns. People had risk assessments in place to enable them to maintain their independence and keep them safe. Adequate staff with the appropriate skill mix were available to support people with their needs. Effective recruitment procedures were in place to ensure suitable staff were employed to work with people using the service. Systems were in place to ensure that medicines were managed safely. This ensured that people received their medicines at the prescribed times.

Staff received appropriate training, supervision and support to enable them to carry out their roles and responsibilities effectively. People's consent to care and treatment was sought in line with the principles of the Mental Capacity Act (MCA) 2005 legislation.

People were able to make choices about the food and drink they had and to maintain a healthy and balanced diet. Staff supported people to access a variety of health professionals including the dentist, optician, chiropodist, dietician and the speech and language therapist.

People and their relatives commented positively about the standard of the care provided. Staff provided care and support in a meaningful manner; and knew about people's preferences and personal histories. People's views were listened to and they were actively encouraged to be involved in their care and support. Staff ensured that people's privacy and dignity was upheld. Any information about people was respected and treated confidentially.

People's needs were assessed before coming to live at the service and the care plans reflected how their needs were to be met. People were supported to take part in activities and there was an activities programme in place. There was a complaints procedure in place to enable people to raise complaints.

There were effective management and leadership arrangements in place. Systems were also in place to monitor the quality of the service provided. Action plans were in place and were updated after checks and

audits, to help further develop the service. The registered manager also submitted statutory notifications to the CQC when required.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Systems were in place to ensure that people were protected from avoidable harm and abuse.

Risk management plans were in place to protect and promote people's safety.

There was a robust recruitment process in place to ensure that safe recruitment practices were being followed. Sufficient staffing numbers were in place to meet people's needs.

Systems were in place to ensure that people's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective

Staff had undertaken a variety of training to keep their skills up to date and had been provided with regular supervision.

People's consent to care and treatment was sought.

People could make choices about their food and drink and staff provided support when required.

People had access to health care professionals if required, to maintain their health and well-being.

### Is the service caring?

Good ●

The service was caring.

People were happy with the care provided and had good relationships with staff.

People were treated with kindness and compassion by staff.

Arrangements were in place for people to express their views.

People had the privacy they needed and were treated with dignity and respect.

### **Is the service responsive?**

The service was responsive

People received care that met their assessed needs. Care and support plans were personalised and reflected people's individual requirements.

People were supported to take part in a range of activities to meet their social needs.

Information about how to make a complaint was accessible to people and records demonstrated that complaints had been addressed promptly and appropriately.

**Good** ●

### **Is the service well-led?**

The service was well-led

Staff said the management of the service had an open culture and they were confident that their opinions were respected.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

The registered manager and provider recognised the importance of regularly monitoring the quality of the service provided to people.

**Good** ●

# Broomfield Residential Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 04 May 2017 and was unannounced. It was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how staff interacted and engaged with people who used the service, in particular people living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who used the service and observed the way in which staff interacted with them. As some people were unable to express themselves fully due to their complex needs, we also spoke with two relatives of people using the service. In addition we had discussions with eight members of staff from different departments. These included the registered provider and the registered manager, five care staff and the chef.

We looked at six people's care files to see if their records were accurate and reflected their needs. We reviewed five staff recruitment files, staff duty rotas, training records and further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

# Is the service safe?

## Our findings

People using the service were protected from abuse and avoidable harm. People told us they felt safe living at the service. One person said, "Yes it's great. I feel very safe." Relatives we spoke with also told us they felt their family members were safe at the service. One relative told us, "I feel that [name of relative] is well looked after and is safe. The staff know how to manage [name of relative] and keep her safe."

Staff told us they had been provided with safeguarding training. They were able to explain how they would recognise and report abuse. One staff member explained, "I absolutely would go the manager if I was worried about someone." The registered manager told us that safeguarding was regularly discussed with staff during supervision and staff meetings. This demonstrated that systems were in place to make staff aware of how to report safeguarding incidents in a consistent manner.

We saw evidence that the provider had submitted safeguarding alerts to the local safeguarding team to be investigated. We saw training certificates, which confirmed that staff had undertaken safeguarding training.

Risk management plans were in place to promote people's safety and to maintain their independence. One relative told us, "I do know that [name of relative] has risk assessments in place. The staff let me know about them and why they have to be there."

Staff told us how risks to people were assessed to promote their safety and to protect them from harm. They described the processes used to manage identifiable risks to individuals such as, malnutrition, moving and handling, falls and skin integrity. One staff member told us, "[Name of person] is at risk of choking. We have a risk assessment in place, which includes guidance for staff to follow to make sure she can eat her meals safely."

We saw that people had individual risk assessments in place with information relating to the level of risk to them. The assessments were clear and had been reviewed on a monthly basis or as and when their needs changed. Accidents and incidents were recorded and monitored. The registered manager reviewed all accidents and incidents on a monthly basis. This was to ensure they had been reported and managed appropriately.

People told us there were enough staff on duty to meet their needs. One person said, "There are always staff around when I need them." A relative told us, "The staffing is okay. Everywhere could do with more staff but I think it's alright here. I don't see people having to wait long before staff help them."

Staff confirmed that the staffing numbers were sufficient at the time of the inspection. They told us that rotas were flexible if the needs of people changed for any reason. One staff member said, "There is enough staff to care for the people we look after."

The registered manager told us there were sufficient numbers of suitable staff employed to keep people safe and to meet their needs. We checked the rota for the current and following three weeks and found that it

reflected the numbers stated by the registered manager. Our observations demonstrated that staff responded to people's call bells in a timely manner and there were enough staff to meet people's needs swiftly.

There were arrangements in place to ensure safe recruitment practices were followed. The registered manager told us that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. We looked at a sample of staff records and found that the required documentation was in place.

People told us that they received their medicines at the prescribed times. One person told us, "I always get my tablets when I need them." Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. One staff member said, "The training is very good and we make sure we get it right."

An electronic Medication Administration Record (MAR) system was in place which supported staff to administer medicines at the prescribed time and prompted them to make a record. One staff member told us, "It's a really good system. It won't let you make mistakes. I think it's very safe." Records we examined were consistent with the stock of medicines remaining. When a person did not want to take a dose of medicine, the dose was stored separately and clearly documented. The registered manager told us, and training records confirmed that staff had received training on the safe use of the electronic system and the safe administration of medicines. We saw evidence that regular auditing of medicines were carried out to ensure that any errors could be rectified and dealt with in a timely manner.



## Is the service effective?

### Our findings

People received care from staff that had the knowledge and skills to care for them. One person told us, "The staff are very good. They know how to look after me." A relative commented, "I know [name of relative] has quite specific needs but the staff do really well in looking after her."

Staff told us that they knew how to support people as individuals and recognise their specific needs. One staff member said, "[Name of person] needs a lot of coaxing with her meals. We know how to encourage her and what she likes." We saw that this information was recorded in detail within the persons care plan so that all staff could understand the positive strategies in place.

A staff member told us that they had received induction training when they first started. This was followed by shadowing experienced staff within the service. They told us, "The induction was good. I learnt a lot and I was able to shadow more experienced staff so I could get to know people."

Records showed that all staff received induction training, as well as on-going training which was kept up to date. We saw the induction training covered essential subjects such as, safeguarding, dementia awareness, moving and handling, health and safety, food hygiene, first aid and fire awareness. Staff were also provided with regular training updates and were expected to complete the Care Certificate during their probationary period. (The Care Certificate is the new minimum standards that should be covered as part of the induction training for new care workers).

The service had a supervision and appraisal system in place. Staff told us they received regular supervision, spot checks and an annual appraisal of their performance. One staff member commented, "We do get regular supervisions and they are worthwhile. You can talk about anything." Within the staff files there was evidence to confirm that staff were provided with regular supervision and an annual appraisal. This demonstrated that staff were provided with support to develop and review their practice.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw evidence within people's care plans that mental capacity assessments had been carried out along with best interests meetings when required. We saw records that staff had undertaken training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and found that they had a good understanding of the act and people's capacity to consent.

People told us they enjoyed the food provided for them. One person commented, "Oh I love the food. It's very good. You can't get better." A relative informed us, "My [name of relative] has a poor appetite. The staff really go out of their way to coax her to eat."

We saw that the provider used an external cooked /chill food supplier and the meals were delivered to the service in prepared portions that catered for a full range of dietary and cultural needs. The chef and the staff had a good knowledge of people's likes and dislikes and closely monitored the food and fluid intake for people who had been assessed at risk of poor nutritional intake. We also saw that nutritional guidance was sought, when required, from relevant healthcare professionals in response to any concerns regarding people's dietary needs.

We observed people's care records contained details of their dietary likes and dislikes. If people had difficulty with food and fluid intake they were closely monitored. If needed people had access to the Speech and Language Therapist (SALT) and the dietician via the GP. Within the care plans we examined we saw that there was information on people's dietary needs, which included food allergies. This demonstrated that staff were fully aware of people's food preferences and any allergies that they may have. Records demonstrated that people were weighed as needed and nutritional screening was reviewed monthly or when changes occurred.

The service supported people to maintain good health and to access healthcare services when required. One person said, "They have called the doctor when I have not been well. Relatives also confirmed that the staff kept them informed of any changes in their family member's health, especially when they were unwell. One relative said, "They are very good at keeping me informed." We saw within people's care records that staff had contacted healthcare professionals in response to changes identified in their health conditions. We also saw that staff recorded when they had contacted the person's representatives to communicate information to them.

People had routine appointments to see the optician, chiropody and dental services. They also had regular contact with the district nurse and the community psychiatric nurse (CPN) as needed to provide their care and treatment.

## Is the service caring?

### Our findings

People told us they were pleased with the care and support provided and that staff were kind and caring. One person said, "The staff are very nice here, they treat me alright." Another person told us, "The girls are lovely. They are very kind to me. Nothing is too much trouble." Relatives commented that they thought the staff cared for their family members with care and compassion. One relative said, "My [name of relative] is quite demanding on the staff's time. They are always very good and never complain."

One member of staff told us they had worked at the service a long time. They told us, "I do love it here. I love the residents and I like to think I can make their days a bit brighter."

Relatives told us there was a welcoming atmosphere and they were always made to feel welcome by the staff and offered a cup of tea or coffee and biscuits to have whilst visiting their family member. This made them feel included and comfortable when visiting the service.

We observed during the inspection that the staff, people using the service and relatives had good relationships. The staff spoke to people respectfully addressing people by their preferred names. They communicated well with people with limited verbal communication by using gestures, smiling and gave reassurance by gentle touch, when supporting people.

We observed good interactions between people and staff who consistently took care to ask permission before assisting them. It was evident that staff had the skills and experience to manage situations as they arose and provided care to meet people's needs. For example, we saw that one person using the service became distressed at lunch time. The staff member approached the person and spoke with them calmly until they had resolved the issue. This was carried out with sensitivity and patience and resulted in the person becoming calm and happy. This showed that staff supported people to communicate their needs and respected their wishes.

People were supported to make choices on aspects of their daily routine; their daytime activities or their food preferences. One person told us, "They ask me what I would like to eat and what I want to wear." Staff told us and we observed that they consulted people about their daily routines and activities.

People told us that staff were respectful towards them and promoted their privacy and dignity. One person told us, "They do treat me with dignity. Oh yes they are very respectful to me." A relative said, "I visit every week and at all times I see the staff treating people with dignity and respect."

Staff told us that people's privacy and dignity was promoted and they were able to demonstrate how they supported people to uphold their dignity. One staff member said, "It's not negotiable. We always treat people with respect. We all want that."

We observed staff treating people with respect and maintaining their privacy. We saw that staff knocked on people's doors before entering and found that interactions between people and staff were respectful.

People felt assured that information about them was treated confidentially and respected by staff. Staff told us that the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "We know about confidentiality. The manager tells us about it." We saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to maintain confidentiality.

## Is the service responsive?

### Our findings

People told us that they received care that met their needs. One person told us, "I didn't want to come here. I miss home, but I was lucky I got to live here." A relative commented, "My [name of relative's] dementia has got a lot worse. The staff have been very good at providing the extra care that she needs."

Before people moved to the service they and their families participated in an assessment to ensure their needs would be met. Information from the assessment was used to ensure people received the care and support they needed. One staff member told us, "We do try to get as much information about a person as we can. It all helps us to get to know the person."

Information obtained from people's assessment was used to develop a plan of care that provided information to guide staff. There was a new electronic care planning system that had been introduced. Staff had received training in this and we saw that it had become embedded in staff practice. Care plans contained information on how people's physical, social and emotional needs were to be met. One staff member told us, "I find the care plans are useful. If I am not sure how to care for an individual I refer to their care plan." We saw evidence that staff maintained daily records about people's care needs, including how they were in mood, how much they had eaten and drunk and when they had been re-positioned if they were at risk of pressure sores.

Through our conversations with staff, we found that they were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs. They understood the support each person required to meet their assessed needs, because of the regular updates they received from senior staff. Any changes in people's needs were passed on to staff through handovers and supervisions.

People were supported to follow their hobbies and interests. One person said, "I like the things we do here. I love a sing song."

At the previous inspection the provider was developing an improved activities programme and had attempted to recruit an activities coordinator. However a suitable person had not been appointed at the time of our inspection. We found that everyday one staff member was allocated to take the lead role of providing activities to people, supported by the rest of the staff team. The rota confirmed that these hours were being allocated to the provision of activities. Throughout the inspection we saw that staff engaged with people and took time to chat with them. People had the choice of staying in their rooms or coming into the communal areas of the service.

There was an activities timetable in place, which had pictures on it for ease of reference for people. Staff members told us that the timetable was there to help guide them, however; they were able to change the activities each day for people, to ensure they were able to do the things that they wanted to do. On the day of our inspection we saw a karaoke taking place which people responded to positively.

People and relatives felt that they would be listened to if they had a complaint or concern. One person said, "Oh yes I would complain." A relative told us, "I have complained before and it was sorted."

The registered manager told us that complaints were used to improve on the quality of the care provided. We saw a copy of the service's complaints procedure was displayed on the notice board. We looked at the complaints record and found that action had been taken to investigate and respond to complaints that had been made.

## Is the service well-led?

### Our findings

The service demonstrated good management and leadership. People and staff spoke positively about the management of the service. Staff told us the manager was approachable and supportive and acted on suggestions made. For example, one staff member said, "If you report that there has been a change in a person's condition, something is done straight away."

Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "The manager is very approachable. I would feel comfortable going to him with any concerns." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

Staff told us that they felt improvements were constantly being made at the service and thought that they had been for the better. One member of staff commented, "Things have improved a lot, and they keep getting better. Lots of improvements have been made to the building and it's a much nicer place to work." A second staff member told us that a new electronic system was "brilliant. It's made our job so much easier and we spend less time on paperwork."

We saw that staff meetings and regular supervision was undertaken and staff were able to exchange information. We found that staff had been appropriately supported to deliver care and treatment to an appropriate standard. This was because essential training had been completed by all staff. In addition the induction programme made sure that staff had the skills and training they needed so they could provide care safely.

The registered manager told us that the service had systems in place to monitor the quality of the care provided. We saw regular audits were undertaken. These included medicines, infection control, health and safety, care records and accidents and incidents. The audits were completed regularly to ensure the effectiveness and quality of the care provided.

We found systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required. We saw evidence that accidents and incidents were recorded and analysed. Any identified trends had measures put in place to minimise the risk of occurrence.

The registered manager and provider were committed to providing all round high quality care. We saw that the service had a five star Food Standards Agency (FSA) hygiene rating. Five is the highest rating awarded by the FSA. This showed that the service demonstrated very good hygiene standards.

Systems were in place to ensure legally notifiable incidents were reported to us, the Care Quality Commission (CQC).

