

Broomgrove Trust(The)

Broomgrove Trust Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Broomgrove Trust Nursing Home provides accommodation and personal or nursing care for up to 40 older people with a range of support needs, including some people living with dementia. The home is an adapted building over two floors. At the time of our inspection there were 35 people using the service.

People's experience of using this service and what we found

There were not always enough staff safely deployed within the service to meet people's needs in a timely manner. The provider had no clear oversight or confidence as to whether staff were up to date with health and safety and other training to ensure they had the right skills and knowledge to support people safely.

Systems and processes to monitor the service had not been effective in assessing, identifying and addressing areas requiring improvement. There were inconsistencies across several records including capacity assessments and care plans. Some of the policies and procedures required for the management and safe running of the service had not been updated for over four years.

People received their medicines safely and as prescribed. Systems and processes were in place to keep people safe. Staff were recruited safely. The premises were clean and there was good infection control practice in place.

There was a friendly atmosphere at Broomgrove Trust Nursing Home, and we saw people looked well cared for. People and relatives told us staff were kind and caring.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice although records kept required more consistency.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 17 March 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Broomgrove Trust Nursing Home on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Broomgrove Trust Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Broomgrove Trust Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 15 September 2022 and ended on 16 September 2022. We visited the service on 15 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We received three emails from relatives about their experiences of Broomgrove Trust Nursing Home. We also spoke with ten members of staff including the registered manager, nursing clinical leads, registered nurses, care assistants, activity workers, catering staff and the administrator.

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 looked at three people's care and medicine records. We checked records relating to the management of the service including policies and procedures, staff training and recruitment files and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were not enough staff deployed to meet people's needs. People told us they had to wait long periods when calling staff. They said, "When I press (call bell) sometimes I wait and wait and they (staff) are ages coming", "There's not enough staff" and "They rely on bank. We are supposed to eat at 12.30 but it's getting later and later. They have to get people down sitting at the table not always enough staff to feed people." A relative said, "Staffing has become much more of a problem recently." Another relative said, "Sometimes there are not enough staff. Staff might also use their time differently, it can be the case that two or three staff are chatting in the upstairs or downstairs office, and we feel that some of this time could be better used talking to residents." One relative and one person felt there were enough staff to meet people's needs.
- Staff we spoke with felt there wasn't enough staff to enable them to meet people's needs in a timely manner. Their comments included, "There's never enough staff really" and "If there's anything I could change it would be staffing levels."
- During the day of inspection, we observed significant delays with staff answering call bells. Three calls bells were not answered within five minutes and staff took over ten minutes to answer one call bell. The registered manager confirmed there was no system in place to monitor call times. They said they would start monitoring times taken for staff to answer call times and act upon the findings and take steps to improve the deployment of staff. The registered manager said they had introduced a staff dependency tool which was very much in its infancy. The dependency tool would be used to assess the staffing levels required by the number of people receiving care and support and their assessed needs. We looked at the tool which only contained the dependency level for four people who used the service.
- There were significant gaps in the providers training matrix. The matrix showed gaps of up to four years as to when staff had medicines or health and safety training. The records did not clearly identify what areas the health and safety training covered. Because of poor record keeping the provider had no clear oversight or confidence as to whether all staff were up to date with health and safety and other training relevant to the staff's role.
- Two staff comments included, "Training isn't happening because we have been short of staff" and "I haven't had any training this year. I can't remember doing any this side of Christmas, this could be improved." However, one staff member told us, "Yes, I have had enough training."

We found no evidence that people had been harmed, however, the provider failed to ensure there were enough suitably skilled staff deployed to meet people's needs. This placed people at risk of harm. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely. Staff personnel records contained appropriate background checks, to ensure new members of staff were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The service had safeguarding procedures in place to report concerns to the relevant professionals including the local authority and the CQC.
- People told us they felt safe. One person said, "Fine, I don't have any problems" and another said, "I feel safe, nothing serious."
- Relatives told us their family members felt safe when they received their care. A relative told us, "I don't worry about (name's) safety. It generally, feels safe here." Another relative said, "I believe that (name) is safe and have never felt otherwise."
- Staff told us they had received training in safeguarding and would report any concerns to the manager or external agencies.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe.
- We found risk assessments had been completed, specific to the individual, including, nutrition, moving and handling and pressure care. We did find a bed rails risk assessment was missing in one person's care records. A registered nurse confirmed this was in the new format of the care plan. The registered manager confirmed the risk assessments were all being reviewed as part of the updating of care plans in the new format.
- Fire systems and equipment were monitored and checked to ensure they were in good working order.
- People had up to date and detailed personal emergency evacuation plans (PEEPs) so if in the event of an emergency people would have information to hand to ensure that evacuation is handled safely and efficiently.
- The provider ensured equipment such as hoists were maintained, and regular maintenance of the premises was carried out.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who lack capacity to make important decisions themselves.
- Where people lacked capacity to make a decision, we saw decision specific assessments in their records. Evidence of best interest's decision making was also recorded, although some information appeared contradictory due to the updating of care plans to the new format.
- People were given choice about how they liked their care and treatment to be given and we observed staff gave people choice.

Using medicines safely

- Medicines were managed safely. People's medicines were ordered, stored, administered and disposed of safely. Staff followed national best practice guidelines when supporting people with their medicines.
- Medicines prescribed on an 'as required' (PRN) basis, were managed effectively. Staff had access to up-to-date, person-centred information about when and why these medicines could be given.
- Staff kept detailed records of the support they provided in respect of medicines management. These records showed people received their medicines as prescribed.
- Audits and checks were completed, and actions taken where issues had been identified.
- Staff involved in the handling of medicines had received training about medicines. Staff were assessed as competent to support people with their medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service supported visits for people living at the home in line with current government guidance. One relative told us, "Broomgrove staff tried hard to keep families in touch during the pandemic. I had a weekly video call with my relative when it was impossible to visit."

Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence.
- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Documentation throughout the service did not always demonstrate how people's care and support was delivered safely. The service was in the process of transferring care plans to another format. Reviews and updates of care plans had been transferred in part but had resulted in some information being out of date, conflicting, and could put people at risk of poor care and support. Some of these issues been identified and acted upon in a recent care plan audit which had been completed by the clinical lead nurse.
- Training records were incomplete which meant the provider had no clear oversight or confidence as to whether all staff were up to date with health and safety and other training relevant to their role.
- The provider had a series of policies in place, but some were out of date and there was no evidence they had been reviewed in a timely manner, some had not been reviewed since 2019.
- Despite concerns raised by people, their relatives and staff the provider had failed to monitor staff call times and act on some concerns. Although the registered manager said they had introduced a 'service user dependency tool' the tool was incomplete and not in use. The use of such a tool would help to assess the staffing levels required to support people receiving care and support.

We found no evidence that people had been harmed. However, people were at risk because governance systems and processes had not been fully established and operated effectively to monitor and mitigate risks to the health, safety and welfare of people using the service. The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager acknowledged there were areas which needed improving and had drawn up an action plan which included matters raised by the local authority contracts and NHS teams. We saw some evidence of work in progress, such as improvements in care plans and other record keeping.
- The registered manager demonstrated an open and positive approach to learning and development. They were committed to driving improvements to ensure positive outcomes for people they supported and staff.
- The registered manager or clinical lead completed a daily walkaround of the home. We saw completed documents of these walkarounds which included checks on people's care, infection control, dining experience, colleagues, bedroom checks and feedback from people was also obtained.
- Staff were clear about their roles and responsibilities and there was evidence of effective teamwork and communication between staff to meet people's needs.
- The provider understood their regulatory requirements. Records we looked at showed the provider had

reported events appropriately to the Care Quality Commission.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People and relatives said apart from the concerns and 'reservations' they had with the current staffing situation they would recommend the service. One person said, "The staff are kind and caring, there are activities and things going on. I have confidence in the managers, and I could go to them if I had a complaint." A relative said, "Yes I would recommend the service, my relative has been well cared for, and has a comfortable, pleasant room. They always look smart. The choice of food seems good, and they enjoy taking part in many of the activities in the lounge." Another relative said, "I think the staff work hard, the food is generally good and there are interesting activities organised for residents. I know how to complain, and I have a good relationship with the current manager."
- We observed positive interactions between people and staff. Staff responded to people respectfully, answering their questions, providing reassurance and doing so with a smile.
- Some staff meetings were held, and all aspects of the service were discussed, for example people's care needs, maintenance and staffing issues. Staff told us the registered manager was 'visible' in the home and they felt listened to. One member of staff said, "I love it here, the managers have been brilliant, they have all been fantastic with me."
- Satisfaction surveys were undertaken annually and on an ongoing basis for people who used the service, their relatives and relevant professionals. This ensured feedback was obtained to drive improvements. There were mixed responses about improvements being made following the surveys. A relative said, "Communication is fairly good, the manager acted on one concern I raised. It is just the staffing that needs attention." Another relative said, "We were promised that staff would spend more time with (service users) but we have not seen much evidence that staff are changing this."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider were aware of their responsibility under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- The registered manager and provider demonstrated a commitment to recognising and addressing any shortfalls identified within the service provision.

Working in partnership with others

- The home had effective relationships with health and social care professionals and services. A GP visited the service weekly and as required. People were supported to attend appointments or were visited in the home appropriately to meet their physical or emotional health needs. There were also regular visits to or from dentists, opticians, chiropodists, dieticians and others.
- The management team were keen to continue working with partners such as CQC and the local authority. The home had been working with the local authority and held regular meetings with health and social care professionals to help improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance People were at risk of harm as governance systems and processes had not been fully established and operated effectively. The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of staff with the right skills were not effectively deployed to meet people's needs.