

RDCP Care One Limited

Kings Bromley Care Home

Inspection report

Kings Bromley
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Kings Bromley Nursing Home is a care home providing regulated activities to up to 46 people. The service provides support to younger and older people, some of whom may have a mental health diagnosis, a physical disability, or a diagnosis of dementia. At the time of our inspection there were 42 people using the service.

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

People were supported to feel safe and were protected from the risk of harm by a staff team who were well trained. Staffing numbers were sufficient to meet people's needs. Medicines were managed safely. Infection prevention control measures were in place and people were protected from the risk of the spread of infection. Lessons were learned when things went wrong.

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.

People had personalised care plans in place and many activities were completed in line with people's interests and preferences. There was a complaints policy in place which was followed as required and people received good end of life care.

There was a staff structure in place where the registered manager led by example to promote a positive and inclusive service. Staff understood their roles and responsibilities. There were governance systems in place which allowed the management team to continually monitor and improve the safety and quality of the service.

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

Rating at last inspection

The last rating for this service was good (published 21 December 2017).

Why we inspected

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.

The inspection was prompted in part due to concerns received about the overall quality of the service. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, responsive, and well-led only. 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 not changed based on the findings of this inspection.

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

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Kings Bromley Care 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

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kings Bromley Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kings Bromley Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 2 people who used the service and 12 relatives. 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 9 members of staff including the managing director, the nominated individual, the registered manager, the deputy manager, a team leader, a senior care worker, two care workers and the activity coordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 4 people's care records, 5 staff files and multiple medicine records. We also looked at a variety of records relating to the management of the service, including policies and procedures.

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 for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe here as I know I am well looked after, and all the staff just make me feel safe." Relatives also told us their relatives were safe living at the home. Comments we received included, "I feel [relative] is safe because they are happy there and the care staff look after them well" and "It seems a very caring, relaxed easy place to be. I think [relative] is 100% safe."
- There were safeguarding policies and processes in place for staff and visitors to follow.
- Staff were trained to recognise and respond to abuse and those we spoke with were confident safeguarding concerns would be addressed appropriately.

Assessing risk, safety monitoring and management

- People's risks were assessed and managed well.
- Detailed risk assessments were completed and shared with staff to guide them to protect people in the most appropriate and safest way. Staff told us what actions they took to keep people safe.
- The environment was continually checked and maintained to ensure people did not come to any avoidable harm.

Staffing and recruitment

- There were enough staff to meet people's needs and staff were recruited safely.
- People told us staff were quick to respond to their requests for support and we did not observe people waiting to receive care during our inspection.
- Staff received pre-employment check such as applications being made to the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed in a safe way.
- People received their medicine on time, as required by staff who were sufficiently trained and who had their on-going competency to administer medicine assessed.
- Medicines were stored and disposed of safely, and stock was reviewed to ensure people had a safe amount of medication available to them at all times as required.
- There were 'PRN' protocols in place for people to receive medication on an 'as needed' basis which helped staff to determine the frequency and effectiveness of prescribed PRN medication.

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)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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

Visitors were able to visit the home freely without restriction.

Learning lessons when things go wrong

- There were systems in place for learning lessons when things went wrong. The management team had reporting systems in place from which they took learning and shared actions among staff to improve practices.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were individualised and considered people's needs and wishes.
- Plans were reviewed to ensure staff had the most up-to-date information available to them.
- There was an activities programme in place developed by the activity coordinator. They told us, "I talk to residents and their families to find out people's backgrounds, hobbies and interests, as an example one person was a baker, so they like to bake bread and cakes. I have one to ones with people who like quieter time. I plan the activities and I audit everything I do. I look at what activities have not been completed for a while or who has not recently participated so I ensure everyone is included."
- During the course of our inspection, we observed various activities taking place.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood their obligation in meeting the AIS. People's care records documented specific communication needs and recorded actions to be taken to ensure information was accessible.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and complaints were responded to in line with the policy.
- People and relatives we spoke with told us they knew how to make a complaint and would feel comfortable in doing so.

End of life care and support

- People were supported effectively, and with dignity at the end of their life.
- Care plans recorded the specifics of the support people wished to receive at the end of their life.

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 for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was committed to leading a staff team who were dedicated and passionate about their work with people and improving the quality of care. The registered manager said, "We all need to help one another, work together and be happy to achieve the best for our residents. I work on the floor as and when I am able to support staff. I really believe in steering my staff to make sure to get the best out of them for the benefit of the service."
- People and their relatives told us the registered manager was approachable and they created an environment which allowed them to spend quality time with their relatives. One relative said, "The registered manager and all the staff are great; seeing how they care for [relative] has given us our lives back as I no longer have to worry." Another relative said, "When I come here, I can fall in love with [relative] all over again."
- Staff described the registered manager as 'always visible' and 'supportive' and described the culture at the home as 'positive' and as 'a great place to work'.

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

- Staff were clear about their caring duties and roles. There was a scheme of delegation in place amongst staff to share responsibility and accountability. A staff member said, "We all know what our roles are and who to go to when we need support; it works well." The registered manager said, "There is a structure in place, so staff know what they need to do, and this works well. I know my team and I know who has what strengths and I divide their jobs across the skill mix of staff."
- Systems were in place to continually assess and monitor the safety and quality of the service. Audits were completed regularly by both the registered and the deputy manager.
- The registered manager understood their registration, and regulatory requirements. The previous rating of the service was on display within the home, and on the website.
- The registered manager worked with people, relatives and the staff team to make improvements at the home and told us how they shared ideas and learning to make Kings Bromley a good place to live.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were kept informed and engaged about the day to day running of the service and were asked for feedback via pictorial questionnaires. The registered manager said, "We give our residents the opportunity

to provide written feedback, but I do a walk around everyday and I find this is where people speak with me about things which may have happened, or things they would like to see be done differently. Where resident meetings had been held, minutes were observed.

- Relatives were encouraged to leave comments via a web-based review platform which had received lots of feedback. Some people also told us they too had received the opportunity to complete written surveys.
- Staff had regular supervisions with senior members of staff and/or management to feedback and discuss issues relating to their practice and development. Staff received information through team meetings and had daily handovers between shifts to ensure they were kept up to date with people's needs in order to be able to provide effective care.
- There were staff incentives in place. The registered manager said, "Staff are praised and shown they are valued. We do employee of the month and staff are rewarded with vouchers. I will buy staff food and little treats to show my appreciation."

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 understood their obligation in relation to meeting the duty of candour. The registered manager said, "We have never had to deal with duty of candour but will take accountability and say sorry. To say sorry is really important."

Working in partnership with others

- The registered manager had developed good working relationships with other professionals from different organisations to improve the quality of care people received.
- The registered manager worked with other professionals to develop and enhance their own knowledge and skills.