

H U Investments Limited

# Broomfield Lodge

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Broomfield Lodge is a residential care home providing personal and nursing care to 18 older people who may be living with dementia at the time of the inspection. The service can support up to 21 people in one large adapted building.

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

People and relatives told us they felt the service was safe. Potential risks to people's health and welfare including Covid-19 had been assessed and there was guidance in place for staff to mitigate the risks.

Medicines were managed safely; people received their medicines as prescribed. People told us there were enough staff to meet their needs. We observed staff supporting people to remain safe and call bells were answered quickly. Staff had been recruited safely.

Checks and audits had been completed to check the quality of the service; action was taken when shortfalls were identified. People, relatives and staff were asked their opinion of the service. People and relatives were confident to raise any concerns with the registered manager and they were kept informed of any changes.

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 been involved in developing their care plans and making decisions.

The provider followed all government guidance during the Covid-19 pandemic, and we were assured infection control risks were managed. People were supported to receive visitors in a safe way and regular Covid-19 tests were completed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 27 January 2020) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 20 December 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Broomfield Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Broomfield Lodge

## 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 Care Act 2014.

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 completed by one inspector.

#### Service and service type

Broomfield Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior care workers, care workers and domestic staff.

We reviewed three staff files in relation to recruitment and medicines records. A variety of records relating to the safe management of the service, including safety checks were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at five care plans, checks and audits and quality assurance records. We spoke with four relatives.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Using medicines Safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection, people had not received their medicines as prescribed. Previously, staff were dispensing medicines from boxes and staff were not competent in this practice. Since the last inspection the system had been changed back to the monitored dosage system, which staff were familiar with. People were now receiving their medicines as prescribed. Previously, records of medicines that required their administration to be witnessed had not been completed correctly. Medicine administration records were now accurate and reflected the medicines given.
- Some people were prescribed medicines to be given 'as required' basis such as pain relief and for anxiety. There was detailed guidance in place for staff to refer to, ensuring people were given the medicines safely and consistently. One relative told us, staff had worked with health professionals to review their loved one's medicines and this had improved their quality of life.
- There were systems in place for the management of ordering, storage and disposal of medicines. Fridge and room temperatures were recorded to make sure medicines were stored at the correct temperature to remain effective.

### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from discrimination and abuse. The registered manager understood their responsibilities to report any concerns to the local safeguarding authority. They had worked with the local authority and taken appropriate action to keep people safe.
- Staff had received training in safeguarding people. They were able to describe types of abuse, signs they would look for and the action they would take. Staff told us they were confident the registered manager would take appropriate action when concerns were raised. Staff understood the whistle blowing policy and where to report concerns outside of the provider.

### Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare had been assessed and there were guidelines in place for staff to mitigate the risks. Some people required support from staff to move around the service. There was detailed guidance about what and how to use equipment. When people had specific needs, specialised slings had been supplied to keep the person safe.

- Some people could be anxious and hallucinate, there were support plans in place to guide staff on how to reduce people's anxiety. Medicines had been prescribed to help calm the person, but these had been rarely used and were reviewed every three months.
- Some people were at risk of weight loss and skin damage. They had been referred to dieticians and received supplements and fortified meals as prescribed. The risk of skin damage was reduced using specialised mattresses and people being turned regularly by staff.
- Checks had been completed on the environment and the equipment people used to make sure they were safe. Regular checks had been completed on fire equipment and each person had a personal emergency evacuation plan.

#### Staffing and recruitment

- Staff were recruited safely. Checks had been completed including references and full employment history. Disclosure and Barring Service criminal records check had been completed before staff started work at the service. Staff completed an induction and their competencies were checked before they worked independently.
- There were enough staff to meet people's needs. The registered manager calculated the staff required according to people's needs. Regular agency staff had been used to cover shortfalls when staff had left. Some agency staff had decided to join the service as permanent staff after working at the service. During the inspection staff were available to support people when needed and answered bells quickly. People told us there were enough staff and they were available during the day and night.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- Relatives told us they had been supported to visit the service safely. Staff assisted them to perform a Covid-19 test before entering the service and were required to wear PPE.

#### Learning lessons when things go wrong

- Accidents and incidents had been recorded and analysed to identify any patterns and trends. When people had fallen action, such as placing pressure mats in the person's room, had reduced the number of falls.
- When shortfalls had been identified during accident investigations appropriate action had been taken. For example, the electronic care plan system had been updated to record when alarms and equipment had been activated, the registered manager was then able to check all safety measures were in place.



# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection, checks and audits had not identified the shortfalls with medicines administration, and this had been an area for improvement. Medicine audits were now more frequent identifying any errors immediately and action had been taken to reduce the risk of them happening again. There was an effective system in place to identify shortfalls within the service, action plans had been put in place and signed off when completed. An external audit had been completed in January 2021 and any actions required had been completed.
- The management team had introduced Covid-19 audits to check the service was following the current guidance and to identify any shortfalls. Staff were clear about their roles within the service and their responsibilities to follow the latest Covid-19 guidance.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen within the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications in line with guidance.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about a service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall and on their website.

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

- There was an open and transparent culture within the service. People told us and records confirmed, they had been involved in making decisions about their care. One person told us, "My plan was discussed, and I have all that I wanted." When people did not want to be weighed as it caused them pain, staff had respected this. A plan was agreed with them how to ensure their nutritional needs were met without them being weighed.
- One relative told us; staff changed the support they gave as their loved one improved. Encouraging them to become more independent and make their own decisions.
- People, relative and health professionals were asked their opinions on the service. The provider had introduced a new electronic signing in system. When visitors signed out, they were asked about their experience. They were able to give immediate feedback and the registered manager had up to date information. The system had only been in place for a short time, the registered manager had a plan to

analyse the feedback regularly.

- Staff had attended meetings to discuss people, their needs and staff practice. A short meeting was held each day which staff and the management team attended to discuss any immediate issues. Staff told us, they were asked their views about the service and were encouraged to express their ideas.

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 management team had an 'open door' policy. Staff, people and relatives told us the registered and deputy manager were approachable and transparent. One relative told us, the registered manager was open about the previous rating and what they had done to improve.
- Relatives told us, they felt informed about their loved one's care and any concerns. One relative told us they had access to their loved one's care plan. They could see the care notes which reassured them but also were able to phone and ask questions, which were always answered.
- People and relatives told us they had not needed to raise complaints. However, they were confident the management team would take them seriously. People knew who the registered manager was, one person told us, "I see the manager every day and usually speak to her."

Continuous learning and improving care; Working in partnership with others

- The service worked with other agencies such as the local authority and health professionals to make sure people received the support they needed.
- The management team kept up to date with the latest guidance and used this to develop plans to continue to improve the service. There was an action plan in place identifying areas of the service that required improvement and a time frame for completion.