

Broughton House - Veteran Care Village

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Inspection report

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21 January 2021

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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

Broughton House – Veteran Care Village provides nursing, residential and respite care to ex-Service men and women. Accommodation is provided over two floors within a three storey purpose built facility. The home is registered to support up to 32 people. At the time of this inspection 19 people were living at the home, albeit three were currently in hospital.

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

People felt safe living at Broughton House – Veteran Care Village. Staff had received training in safeguarding and how to identify and report concerns. Risks to people and the environment had been assessed and actions taken to minimise these risks from occurring. Accidents and incidents had been documented and reviewed, to help prevent a recurrence. Enough staff had been deployed to meet people's needs, with staff feedback confirming this. Medicines were managed safely by trained and competent staff.

The home had an updated audit and quality monitoring schedule in place, to ensure all aspects of care, support and safety were assessed and actions taken to address any concerns. People and staff spoke positively about how the home was being run, with each one confirming they would recommend the home to others. The current manager and nominated individual were reported to be approachable, supportive and a visible presence in the home.

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 requires improvement (published January 2020) and there were two breaches 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 received anonymous concerns in relation to risk assessments, staffing levels, management of medicines, maintenance of the premises and the overall management of the home. The home had also experienced an outbreak of COVID-19, which had affected the majority of people living there. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns.

Please see the safe and well-led sections of this full report.

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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has improved 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 Broughton House – veteran Care Village on our website at 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.

Broughton House - Veteran Care Village

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 carried out by an inspector, a medicines inspector 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

Broughton House – Veteran Care Village 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.

At the time of this inspection the home did not have a manager registered with CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager had left and their replacement was in the process of completing the registration process.

Notice of inspection

We gave a short period notice of the inspection due to the Covid-19 pandemic to ensure we had prior information to promote safety. Inspection activity started on 12 January 2021 and finished on 21 January 2021, at which point we had received all the additional information we had requested from the provider and analysed this. We visited Broughton House – Veteran Care Village on 13 January 2021.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to tell us about, without delay. We also asked for feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with four people living at the home about their experiences of the care and support provided. We also spoke with five care staff, the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records relating to the safe and well-led key questions. This included four people's care records, multiple medication records, risk assessments, safety records, audits and governance information.

After the inspection

We requested additional evidence from the provider. This included care records and governance information.

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 improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the 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.

- Medicines were managed safely. Medicines, including controlled drugs were stored safely and at the correct temperature. Staff who administered medicines had received training and had their competency assessed.
- Medicine administration records had been completed accurately and consistently and confirmed people had been given their medicines at the right time.
- Where people were prescribed 'as required' medicines, such as paracetamol, guidance was in place to ensure staff knew how and when to administer these. We discussed with the manager the benefit of including further person-centred information in the guidance, such as specific reasons for administering rather than using the term 'for pain relief'. Action was taken to address this following the inspection.

At the last inspection we recommended the provider followed good practice guidelines around staffing levels and their deployment to meet people's needs. The provider had made improvements.

Staffing and recruitment

- Enough staff had been deployed to meet people's needs. The home used a system to determine how many staff were required per day to support people safely. Rotas confirmed the recommended amount of staff had worked on each shift.
- People and staff we spoke with told us staffing levels were good. One staff stated, "There's enough staff at the moment, it works really well. The manager always makes sure there is enough staff."
- Safe recruitment procedures were in place. Staff personnel files confirmed any required safety checks had been completed and they contained all required recruitment documentation.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Broughton House – Veteran Care Village and were happy with the care and support they received. Comments included, "It's very good here, they're very kind. I feel safe here as far as we can with the current situation (Covid-19)" and "They are okay at keeping me safe, they are quite good really."

- Staff had received training in safeguarding and knew how to report concerns. One staff member told us, "I've had safeguarding training... I know to go to the manager or nurse in charge if I were concerned about anything or go to the CQC."
- A detailed log was used to record any safeguarding concerns and/or alerts. All concerns had been fully investigated with evidence collated and actions generated, which had been shared with external professionals as necessary.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The home had assessed risks to people's safety and wellbeing. Care files contained a range of both standardised and person specific risk assessments, which provided guidance for staff on how to support people safely. These had been reviewed monthly to ensure information was accurate.
- Accidents and incidents had been recorded on the home's electronic system. An investigation had been completed for each one, to look at potential causes and how to minimise a reoccurrence. Where necessary action points had been generated and completed.
- The home had effective systems in place to ensure the premises and equipment were safe and fit for purpose. Safety certificates were in place and up to date for gas and electricity, the lift, hoists, and fire equipment, which had all been serviced as per guidance.

Preventing and controlling infection

- The home had robust cleaning and infection control processes in place.
- Additional measures had been implemented due to the COVID-19 pandemic. Policies, procedures and cleaning schedules had been updated and a regular testing regime introduced.
- Staff confirmed they had received the necessary guidance and support to keep people safe and follow procedures. People we spoke with corroborated staff's comments. One told us, "They are cleaning it all the time (the unit) and the staff all wear PPE."

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 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.

At the last inspection the provider's auditing systems were not robust, having failed to identify the concerns we found. This was a breach of regulation 17 (Good Governance) 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 17.

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

- The current nominated individual and manager had completed an overhaul of the governance process, to ensure this was robust. A range of audits and monitoring systems to assess the quality and performance of the home and care provided had been put in place.
- A quality and governance administrator had been recruited whose role was to coordinate all clinical, quality and governance activities within the home and as such provide additional oversight.
- The home used a continuous home improvement plan to record any actions or issues identified via auditing, monitoring or via feedback from people and/or staff. This was regularly reviewed and actions addressed quickly.
- The provider and manager understood the regulatory requirements. The previous inspection report was displayed within the home and online. Relevant statutory notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguarding events and deaths.

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

- We found the home to be an inclusive environment. The new manager had made a positive impact, ensuring people, relatives and staff had been kept involved and updated via letters, memos and emails, whilst meetings were temporarily on hold due to the pandemic.
- Activity staff had also been proactive in sending regular communication to families, including pictures of what people had been doing.
- Staff told us they enjoyed working at the home and felt supported. Comments included, "The new manager goes the extra mile for the staff. I definitely feel supported and listened to. She's always approachable" and "The working environment is lovely. It's our second home. There's a lot of long service staff here."

- Observations made during inspection showed staff were very courteous, pleasant and friendly with the people they supported and showed respect and empathy towards them.

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 manager and provider were aware of their responsibility regarding the duty of candour. The duty of candour requires providers to be open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. People had no concerns about the openness of the home or its staff.

Working in partnership with others

- We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people living at the home.
- Regular involvement had been affected due to visiting restrictions being in place, as a result of the COVID-19 pandemic. However, the home were in the process of setting up a 'video pals' project with serving military volunteers, who would make video calls with people to help with socialisation.
- Links had also been made with a therapy dog service and Salford College, to set up an internship programme at the home for young people with special educational needs or disabilities.