

Ashberry Healthcare Limited

Broomy Hill Nursing Home

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Broomy Hill Nursing Home is a residential care home providing personal and nursing care to up to 40 people. The service provides support to older people who may live with dementia or mental health support needs. At the time of our inspection there were 37 people using the service. Broomy Hill Nursing Home accommodates people in one adapted building.

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

The registered manager and senior staff had made improvements to the way people's medication and risks were managed. This helped to ensure people had the medicines they needed to remain well and free of pain and risks to their safety were reduced. There was enough staff to care for people, who had developed the skill required to meet people's needs. Staff's competency to provide care to people was checked. Learning was taken from any incidents or errors.

People were now supported by staff to receive the care they need to maintain good skin health. Staff at Broomy Hill Nursing Home worked with other health and social care providers so people's health needs were promptly met. The registered manager planned to ensure people's records of repositioning and fluid intake were centrally recorded, so they could be assured people's health was further promoted. The provider had made significant improvements to the premises, for people to enjoy and they planned more refurbishment. The provider now obtained the views of relatives and external professionals when people's care needs were assessed and as their needs changed. 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.

The provider regularly checked people received safe care through reviewing electronic care records and visits to the home. The registered manager and senior staff spent time checking people received the care they wanted, and to assure themselves this was done safely. Where actions had been identified these were addressed. The registered manager and senior staff supported staff to understand what was expected of them. Staff now had access throughout the home to guidance they needed on people's electronic care plans. Relatives, other health and social care professionals and staff told us senior staff were visible in the home and suggestions for developing people's care further were welcomed.

Rating at last inspection and update

The last rating for this service was requires improvement (published 03 February 2022) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do to improve. At this inspection enough improvement had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 13 September 2021. Breaches of legal

requirements were 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 and good governance.

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, Effective 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.

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 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 Broomy Hill 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Broomy Hill 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

The inspection team at Broomy Hill Nursing Home consisted of 2 inspectors and a specialist advisor in nursing.

Service and service type

Broomy Hill 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. Broomy Hill Nursing Home is a care home without 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.

Inspection activity started on 13 April 2023 and ended on 27 April 2023. We visited the location's service on 13 April 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. 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 of this information to plan our inspection.

During the inspection

We spent time seeing how people were cared for and spoke with 2 people living at the home. 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 5 relatives and 3 health and social care professionals, to find out their views about the care provided. In addition, we spoke with 7 staff who worked at the home, including the registered manager, senior staff and care staff and a member of maintenance staff.

We reviewed a range of records. These included 6 people's care records, multiple medication records, and records showing what support staff had given to people so their care needs would be met. We looked at records relating to the quality, safety and management of the home. These included checks undertaken on the premises, staff competency and training, minutes of meetings and staff recruitment records. In addition, we looked at policies and procedures and audits undertaken by senior staff and the provider.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management; Staffing and recruitment, Preventing and controlling infection; Learning lessons when things go wrong

At our last inspection the provider had failed to consistently mitigate the risks relating to the health safety and welfare of people. This included where people required support to manage their medicines and risks relating to the premises and infection control. The provider had not reviewed their staff dependency tool in line with people's changing needs and the likelihood of lessons being learnt after incidents was reduced.

This was a continued breach of regulation 12 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.

Using medicines safely

- People were supported by staff to have the medicines they needed to remain well. People's medicines were safely received, securely stored and disposed. The administration of people's medicines was clearly recorded. Improvements had been made in the disposal of sharp items, to enhance people's and staffs' safety.
- Additional checks had been introduced to ensure people's transdermal patches, which are used for pain relief, remained in place. This helps to ensure people do not experience unnecessary pain.
- Positive changes had also been made to systems used to help to ensure people received their medicines at the times prescribed. We found one instance where a person had not always received their medicines at the time prescribed. The registered manager and senior staff took immediate action to address this.
- Staff were not allowed to administer people's medicines until they had been trained to do this, and their competency had been checked.
- Senior staff regularly checked people had received their medicines as prescribed, so they could be assured people continued to receive their medicines safely.

Assessing risk, safety monitoring and management

- Improvements had been made in the way people's risks were managed. People, relatives and external health and social care professionals were positive about the support provided to meet people's safety needs. They told us they were involved in decisions about people's safety.
- One relative told us how staff had involved them in decisions about the equipment their family member needed to remain safe when mobilising. The relative said staff had ensured they understood the purpose of

the equipment proposed, so they would also know where to position at the end of their visits. This helped to promote their family member's safety.

- Another relative told us they could rely on staff to assist their family member to enjoy the best skin health possible, by frequently repositioning them. The relative said, "They [staff] do move [person's name] every 2-4 hours. I can definitely rely on [staff] to move them."
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained guidance for staff to follow to help to keep people safe.
- Staff took time to reassure people and work with them at their pace when helping them to move around the home. The registered manager and senior staff confirmed they would introduce further checks on staff practice. This was because we found one person's safety could be further promoted through consistent staff practice in positioning their chair.
- Information about people's changing risks were regularly communicated to staff. Staff told us this gave them the guidance they needed to meet people's changing needs.

Staffing and recruitment

- There had been improvements in the way the number of staff required to assist people was calculated. Staff gave us examples showing how the number of staff was increased as people's needs changed. This helped to ensure people did not have to wait long if they required support from staff to meet their safety needs.
- Relatives were positive about the staffing levels and approach taken by staff when supporting their family members. One relative said, "There's no problems with the staffing levels, there are enough of them, and they are friendly and helpful if we ask questions, and they are careful with people."
- Staff were recruited safely. Staff ensured all checks were completed before new staff started their employment at the home. These included taking up references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Aspects of the management of the premises had been improved, to reduce risks to people further. For example, the storage of accelerants and combustible materials. Where actions in relation to the premises or fire management had been identified improvements had either been driven through or were planned.

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.
- Relatives and other health and social care professionals told us there were no restrictions on visiting hours.
- Staff knew what action to take if any accidents or incidents occurred. Help was obtained for people and accidents and incidents were recorded and reported to senior staff for investigation.
- Staff gave us examples of showing how senior staff reviewed and discussed any incidents or accidents with them, so lessons could be learnt. These were discussed with staff at regular meetings. For example, a

visiting health and social care professional had identified staff did not always follow the guidance given to them. This related to the level of thickener one person required to have their drinks safely. Senior staff had followed this up with staff without delay, to ensure staff consistently followed the guidance provided.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from the risk of abuse. People were comfortable with the staff supporting them and wanted to include staff in their lives. Relatives told us they were reassured their family members were treated well by staff. One relative said, "There's no problem with the care and [Person's name] always seems to be happy when we visit."
- Staff had received training and understood how to recognise and respond to any signs of abuse. Staff were confident senior staff and the registered manager would support people to stay safe, should this be required to promote people's safety.
- The manager and provider had put systems in place to escalate any concerns to other agencies to protect people, should this be required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- Improvements had been made to how people's needs were assessed. Relatives gave us examples showing how staff had proactively checked people's needs and adjusted their care. This included when people were discharged from hospital to Broomy Hill Nursing Home. This had helped to ensure people received the care they needed to remain well and free of pain.
- Staff updated people's assessments as their needs changed. For example, where people's nutritional or mobility needs changed.
- People's nutritional needs were met. People were comfortable to ask for drinks when they wanted them, and their requests were promptly responded to.
- Relatives and other health and social care professionals gave us examples showing how people's weights had positively improved since moving to Broomy Hill Nursing Home.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training and had developed the knowledge and skills needed to care for them effectively. One staff member said, "We have lots of training." The staff member told us about some recent dementia training they had undertaken, on a 'dementia bus'. The staff member explained this had helped them understand what it was like to live with dementia, which helped them to care for people more effectively, and said the training had been "Enlightening."
- Staff with responsibilities for administering medicines had attended medicines management training and their competency to administer medicines was now more robustly checked. This helped to assure the provider and registered manager that staff had the skills to manage people's medicines safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relatives and health and social care professionals were complimentary about how their people's health needs were met. One relative said their family member was very happy living at Broomy Hill Nursing Home and told us their family member's physical health had improved as a result of the care provided. Another relative told us their family member had complex mental health needs. Staff had worked with other health and social care professionals, so their family member's needs would be met. The relative said "They [staff] help her in a kind and loving way. Whoever you speak to including the night staff always know everything about mum and how she is, I don't know how they do it." The relative said this approach had helped their family member to recover quickly.

- A health and social care professional told us staff were skilled at identifying any changes in people's health needs, and were proactive in contacting them if anyone was ill. The health and social care professional said, "They [staff] don't leave it to the rounds to get help for people if they're poorly, they contact the duty team, this is always done on the same day."
- Another health and social care professional explained staff monitored people's health needs well. The health and social care professional said staff worked with them to ensure medicines which may be required for people at risk of chest infections were readily available. This helped to ensure people's needs were promptly met.
- Staff gave us examples of work they did with other health and social care professionals such as mental health teams, speech and language therapists and people's GPs. This helped to ensure people received the care they wanted.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA and where appropriate, legal authorisations were sought to deprive a person of their liberty.
- Staff had received training in MCA and used this knowledge when caring for people. For example, staff encouraged and supported people to make their own decisions and choices where people wanted this.
- A visiting health and social care professional told us staff knew people's MCA support needs well. The visiting health professional gave us examples showing how relatives and other health professionals were appropriately consulted when people wanted support to make key decisions about their care.

Adapting service, design, decoration to meet people's needs

- The provider had made improvements to the decorations and facilities for people to enjoy. People were encouraged to use different areas of the home, to reflect their wishes to either spend time socialising, or in quieter areas of the home.
- Plans were in place to refurbish other areas, such as the visitors' cloak room.

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 inadequate. The rating for this key question has changed 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; Continuous learning and improving care

- The registered manager and provider had improved the oversight of the care provided to people and the management of risks. The registered manager regularly walked round the home to check people received safe and appropriate care. Senior staff also monitored how promptly people's call bells were responded to. Staff now had access to people's care records in all areas of the home to provide the guidance they needed to care for people. The provider regularly visited the home, so they could be assured people received good care.
- Where the registered manager and provider had identified areas for improvement action had been planned and taken
- Staff told us they were supported to care for people through regular feedback on their practice provided by senior staff.
- The registered manager and senior staff had improved how they identified and communicated learning from incidents. For example, medication errors were robustly investigated, people's weights were more effectively monitored and incidents such as falls were analysed, to identify any patterns and address these.
- We found no evidence of harm to people, however, the accuracy of recording of people's repositioning and fluid output for one person could be further improved. Supporting people to reposition helps to reduce the risk of poor skin health. Recording fluid output is helpful to either diagnose or prevent complications. Senior staff gave us assurances this would be addressed through the introduction of a centralised system to record this, and further checks on staff practice.
- The manager and provider understood their responsibility to notify the CQC and other agencies of any significant events.

Working in partnership with others

- The manager and staff team worked with other health and social care professionals to reduce risks to people, enhance their well-being and meet their health needs.
- One relative told us how effectively staff worked with other professionals when their family member required complex care. The relative said, "Broomy staff were on it all the time. You did not need to push them. [Person's name] health has improved unbelievably, that has to be part of the effect of the care at Broomy. Their hard work needs to be praised."
- A health and social care professional who regularly worked alongside staff told us, "I am proud of how far they have come. There have been huge improvements at the home and in the leadership. [Registered manager's name] is aware and receptive to staff, knows people's clinical needs and people very well."

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

- People's views on the quality of the care provided were gathered at residents' meetings and through informal discussion with staff. This encouraged people to make suggestions about their care and their environment. Where suggestions had been made these were responded to.
- Relatives told us they found the senior team approachable and visible in the home. Relatives gave us examples of suggestions they had made which had been acted on. This helped to ensure people's individual needs were responded to.
- One relative told us support from senior staff also extended to them, as well as their family member. This had helped their family member to continue to live at Broomy Hill Nursing Home, as they wished.
- A health and social care professional who regularly visited the home told us their suggestions and views on how to promote people's rights were listened to and acted on.
- Staff said they felt included in decisions about the running of the home. One staff member gave us an example of suggestions they had made which had been adopted. This gave people more social and quieter areas in the home for them to enjoy. This had supported people who were sometimes anxious in larger groups.

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

- The registered manager, provider and senior staff had developed a culture which focused on people and staff working together. This helped to ensure people lived the best lives possible." One relative explained how well and happy their family member was, because of the approach taken by staff. The relative said, "We can't believe it they have just been fantastic; the way they [staff] work in teams, they look out for each other, they help each other. [Registered manager's name] has turned it round. The staff are so kind, and you can't pay for that. It's the loving and caring staff. [Person's name] smiles when the staff come up to her. They help her in a kind and loving way."
- Another relative told us about the approach taken by staff. They said, "Staff are gentle, jovial and very good with [person's name] and tell her she is the nicest person they have got there." The relative gave us examples of the practical ways staff reassured their family member so they would feel less anxious.
- A health and social care professional explained the ethos at the home now meant staff sensitively supported families, so they could continue to be part of their family member's lives. The health and social care professional told us, "They are particularly good at involving family in people's care and are very responsive to the patient [person] and the partner. They do a lot of really good care at the home."
- Staff were positive about the culture at the home. One staff member said, "It's run well now. [Registered manager's name] has made a lot of improvements in the last 18 months. I am supported and I feel confident to bring things up, and advice is available."
- The registered manager told us about recently introduced initiatives such as "Familio". Familio supports people to maintain their links with their families and reconnect with their pasts and through personalised newspapers. The registered manager also had plans to develop the home further. For example, by developing areas of the garden for people to enjoy. The registered manager said, "I want people to be happy. I love it when they are interested, and things are going on. You can see it in their faces."

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 knew they needed to be open and honest with people, should something go wrong with their care.