

GCH (Home Counties) Limited

# Broxbourne Nursing Home

## Inspection report

New River Gardens  
Wormley  
Broxbourne  
EN10 6GU

Tel: 01992668855

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

### About the service

Broxbourne Nursing Home is a purpose-built residential care home providing personal and nursing care to up to 77 people. The service provides support to older people, some of whom live with dementia. At the time of our inspection there were 26 people using the service.

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

There had been improvements since the last inspection. Work had been completed to minimise risks and use governance systems more robustly. Good progress had been made with the action plan developed by the provider after the previous inspection. People, relatives and staff told us they felt there had been improvements.

We found that while risk management and safeguarding was more effective, there were still some areas of practice that needed to be embedded to ensure the improvements were sustainable. We found there had been an issue with a person's 'as needed' medicines, ensuring a person ate foods that did not impact on their health and whether pressure care mattresses were consistently checked appropriately. However, the management team's response to these points assured us that robust systems were in place.

People and their relatives told us they were happy with the care provided and living at the service. They told us they felt safe. Infection control was promoted and medicines were managed well for the most part.

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 were supported to eat and drink well and choose how they spent their days. The building was decorated nicely and people had access to ample communal areas and a pleasant garden which was in use on the day of our visit.

Activities were available and people told us they enjoyed these. The provider had systems in place to aid communication between people and staff.

Complaints systems were used and people and their relatives told us they could speak up. There were meetings and contact with people, relatives and staff to get their views. Feedback was collated and shared.

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 and update: The last rating for this service was inadequate (published 12 January 2023) and there were 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.

This service has been in Special Measures since 12 January 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

We have found evidence that the provider needs to make some further improvements. Please see the safe sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Broxbourne Nursing Home 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, 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 effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Broxbourne 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.

This inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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 1 inspector.

#### Service and service type

Broxbourne 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. Broxbourne 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.

Inspection activity started on 15 August 2023 and ended on 7 September 2023. We visited the service on 15 August 2023.

## 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 all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

## During the inspection

We spoke with 5 people and received feedback from 5 relatives. We also spoke with 11 staff including the registered manager, regional manager, quality assurance manager, managing director and support workers. We received feedback from health and social care professionals. We reviewed a range of records. This included 4 people's care records and medication records. A variety of records relating to the management of the service were also reviewed. These included training records, incident records and quality assurance processes.

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.

# 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 inadequate. 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.

### Assessing risk, safety monitoring and management

- At the last inspection we found the provider did not ensure people were supported safely. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- People had their individual risks assessed and there were care plans in place to support people to take risks but also to reduce the level of risk where appropriate.
- However, for a person who was diabetic, the food eaten did not always reduce the risks associated with this. For example, a person who had unstable diabetes and limited understanding of the risks, was frequently eating biscuits in larger than average quantities. The management advised us that alternatives were provided and they discussed this with the person and a friend who shared their foods with them. Additional staff training was provided and further training was planned.
- People were supported by staff who knew them well and understood what might pose a risk to their welfare. There were times when staff intervention was needed, staff were able to identify triggers which may cause people distress and had plans in place.
- People who were at risk of developing pressure ulcers had regular repositioning and equipment in place. However, of the mattresses we checked, 1 was set incorrectly for a person. This person had a pressure ulcer. We raised this with the management team.
- Following our visit, the regional manager told us, "We wanted to confirm that both yesterday afternoon and again this morning all pressure mattresses were checked, and we can confirm these were all set correctly. This included checking that the labels on the pumps stated the current weights for the mattress to be set to. The team at Broxbourne are working through setting these as a must do action on the PCS system."
- We received further assurance during a video call where the management team advised that following the inspection visit further checks were done, meetings were held with staff and staff practice was observed in this area.
- We observed staff supporting people to move around the home and using equipment to transfer people. All support was given safely.

### Using medicines safely

- People were supported to take their medicines in accordance with the prescriber's' instructions in most cases. However there had been a recent incident where medicines prescribed 'as needed' had not been given when the person's health needs changed. Following this action was taken by the management team to address this. Actions included further training and changes to auditing systems.
- People had regular medicine reviews.
- Medicines were stored safely, and records were completed accurately. We counted a random sample of medicines and found that they tallied with records held.

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

- At the last inspection we found the provider did not protect people from the risk of abuse. This was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe. We observed people in the home and interacting with staff. People were relaxed, engaging with staff and going about their day. Relatives also told us they felt people were safe.
- Staff had received training about recognising and reporting abuse. Staff were able to tell us what they would do in the event of concerns relating to abuse.
- There was information displayed about what to do if there were safeguarding concerns. We found that the provider had reported and investigated any concerns appropriately. We noted that the team were aware of potential external safeguarding risks to people.

#### Staffing and recruitment

- At the last inspection we found people were not supported by sufficient numbers of staff. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People and their relatives told us their needs were met in a timely way A person said, "I think there are enough staff to cover requirements, however I do think that some additional staff hours could be added to the rota, so to be able to give that little extra in terms of one to one contact with the residents."
- Staff also told us they felt there were enough of them for the current level of occupancy. A staff member said, "At the moment, we do not have a lot of residents, so during the day people have more than enough care workers. There is never late or missed care."
- Staff told us agency staff were not used as often as they previously had and were only used occasionally. There was an agency nurse on duty at the time of our inspection to cover annual leave.
- We saw staff were available when people needed and they responded promptly. There was a plan in place to manage staffing in accordance with increasing the numbers of people living in the home and their dependency needs.
- A robust recruitment process was in place to help ensure that staff employed were suitable for the role. This included references, criminal record checks and interview questions.

#### 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 Personal Protective Equipment (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. However, we did note that some staff had nail polish and or nail extensions on which increases the risk of cross infection due to risk of ineffective hand hygiene. The registered manager told us they would address this straight away.
- 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 come to the home freely and there were no restrictions. Controls were in place in accordance with government guidance to help reduce the risk of infection.

#### Learning lessons when things go wrong

- Staff were made aware of any events or incidents during team meetings.
- The registered manager reviewed any events or incidents to ensure any learning from them was taken.

# 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 our last inspection we rated this key question 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

- At the last inspection we found the provider did not ensure people's needs were assessed to ensure they could meet their needs. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had their needs assessed prior to moving into the home to help ensure they could be supported in their preferred way.
- A member of the senior management team reviewed assessments to check all required funding and equipment was in place. Admissions were refused if a person's needs could not be met or would be delayed until their needs could be met.

Staff support, training, skills and experience

- At the last inspection we found the staff did not have the appropriate knowledge and training for their roles. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received the appropriate training for their roles. This included dementia care, mental health awareness, falls safety and people with a learning disability. One staff member said, "We do a lot of training at work so we don't forget what to do and how to carry out our role, I have also had my abilities checked within the training and outside of the training, and we also do have regular supervision with a line manager."
- We observed staff use skills and knowledge to support people in the home. A visiting professional told us that staff had engaged with the training and the care provided had improved as a result.

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 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 2005 (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.

- At the last inspection we found the provider did not ensure the principles of the MCA were adhered to. This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- 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.
- Care plans had clear information about all decision making. There were assessments and processes followed which demonstrated how people had been supported to make a decision or understand the decision.
- Where people had not been able to make a decision due to their ability to understand the information, best interest decisions were made and recorded appropriately, with the relevant advocates, professionals or family members involved.
- Staff were clear about ensuring people were involved in the decision-making process and respecting their choices. We observed staff offering choices and explaining all support tasks to people.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans supported healthy eating and detailed likes and dislikes and how to support each person maintain a balanced diet. Staff knew each person's preferences and supported them appropriately with these.
- People were supported to eat well. However, the experience could be improved by ensuring condiments were available. We noted this had been raised by the management team but staff did not always make sure they were available.
- Weights were monitored and where needed fortified foods and milkshakes were provided.

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

- People had their own bedrooms with a bathroom and use of communal living rooms, dining rooms, bathrooms, and a large garden. Bedrooms were comfortable and personalised.
- Communal areas were decorated in a comfortable and homely way and were maintained.
- There were areas dedicated to activities and amenities. For example, a cinema room, a hair salon and a shop with a seating area. People told us they used these facilities. There was signage to help people orientate themselves around the building.

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

- People had regular access to health and social care professionals. Staff supported people to attend health

appointments.

- Staff worked with health professionals to help promote healthy lifestyles and promote people's wellbeing. Referrals were made to specialist health care teams as needed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Most people were able to express their views verbally about the care and support they received. However, for others we observed how they lived and how staff supported them. Our observations found that people felt at home and were comfortable with the staff team.
- Relatives were positive about the care and support provided. One relative told us, "[Person] is well supported by the staff who are kind and friendly."
- Staff knew people well and had developed positive relationships which enabled them to support people well. People were supported to celebrate events that were important to them.
- Staff supported people in a way that demonstrated respect.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. We observed staff explaining things, choices and plans to people to get them involved in their daily decisions. All interaction observed was done so patiently and in a way that worked for the person they were supporting.
- Care plans showed that people had participated and their views were reflected. Relatives and people's advocates said care was being provided as agreed. Care plans were amended as needed and staff were made aware of these as they occurred.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were kind. A person said, "Everyone is lovely." Staff were friendly and respectful and gave people time on their own when they wanted it.
- Staff respected people's privacy and dignity. They knew their routines to ensure privacy was not disturbed. We saw staff knocked on people's doors and asked permission before entering their space.

# 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

- At the last inspection we found people did not received person centred care. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People and their relatives told us they were with mainly happy with the care they received. Our observations showed people had received care and looked comfortable. We reviewed people's care plans and saw they were supported in their chosen way. A person told us, "Staff are nice and they help me. If I need something they do it." A relative said, "[Person's] needs and requirements seem to be met at all times, their only occasional grumble is that morning shower or wash time is a little too short and hurried. However, this is not a daily grumble and they do understand that mornings are the busiest time of day for the staff."
- The registered manager told us part of their daily walk rounds included checking care was given in people's chosen way and staff confirmed this was happening.
- Care plans were detailed and gave information to staff so they could support people safely and appropriately.
- Staff knew people well and how to meet their needs in a way that promoted their preferences, lifestyles and choices.

### 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.

- When the care plan was developed at the start of supporting a person, any specific need or preference in which people communicated was explored. The service can give all relevant documentation in large print, easy-read format or the person's preferred language as needed.
- Some relatives told us that staff communicated well and in a way that met people's needs. We saw people's care plans included the communication needs for people and how staff should support people to aid effective communication.
- However, some relatives told us that there was a communication barrier at times as some staff did not have English as their first language and their accents made in difficult for people to hear them. Relatives also told us they had witnessed staff not being able to understand people.

- The provider held a 'Saturday school' for staff whose first language was not English. This covered British culture, speaking and differences with the English language. The management team told us this was introduced due to barriers to communication they had identified and found there had been improvements. Our observations on the day of our visit found that staff were communicating well.

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.

- There were mixed views about if there was enough for people to do and if what was offered was tailored to people's interests and hobbies. People told us they had enough to do. A person said, "I enjoyed cinema, watched my favourite film, makes me cry and sing." Relatives gave mixed views about what was on offer. A relative said, "Some of the carers are not experienced enough in dementia. The residents are often left to sit unstimulated for protracted lengths of time." However we did not observe this on the day of our visit.
- People were joining in with ball games on the day of inspection. Some were colouring, another was spending time with a therapy doll. Some people were walking in the garden and a large group of people were spending time in the courtyard chatting and playing games.
- We reviewed the activity schedule and found there were mixed activities available. For a person cared for in their room, there was an individual plan for staff to follow.

Improving care quality in response to complaints or concerns

- Relatives told us they had made complaints and said they would be confident to do so if the need arose. A relative said, "If I have any issues, I feel confident to raise them, I am not sure who the actual manager is but staff are always at hand to pass on concerns."
- The provider had a system in place to record and monitor complaints. This was to ensure they could identify any reoccurring issues so they could be resolved.

End of life care and support

- At times the team supported people at the end of their life.
- Staff had received training for end of life care which included training from external agencies such as the local hospice.
- Information about people's end of life preferences was recorded in their care plans. The staff team were leading on creating end of life care boxes which included people's favourite scents and music for example and were working on creating a memorial garden.
- There was positive feedback from relatives of people who staff supported at the end of their lives.

# 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. At this inspection the rating 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection we found the provider did not have robust governance systems to monitor the service and address shortfalls in the home. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. In addition, we found the provider did not notify us of events in the home as they were required to do. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 and 18.

- The provider submitted an action plan following our last inspection. We found the management team had made good progress with completing actions and embedding the changes. There had been a significant improvement to the culture in the home and the use of governance systems. A relative told us, "I understand the home had a rocky start and poor scores, but now it seems the new management are doing a great job. It's good to see that the new recruits are staying and less agency staff are used."
- The registered manager joined the service after the last inspection. Feedback from people, relatives, staff and professionals was that they had made a positive impact.
- Our observations showed that people were familiar with the management team and able to speak freely with them. Staff were positive about their leadership. A staff member said, "At the moment we are all working hard together to get good results, so I think we are working hard towards everything."
- The management team was clear about what was required of them. They had systems in place to monitor the service and address any shortfalls. Areas we found needing further development were addressed straight away or remedial actions were already underway when we raised them.
- Audits and quality checks were completed and signed off. Staff told us the management team were often around the home carrying out checks. A staff member said, "The management team do carry out a lot of spot checks, you do not know when the (registered) manager is going to turn up and do their spot checks."

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

- At the last inspection we found the provider did not have a good understanding of the duty of candour.



This was a breach of Regulation 20 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 20.

- The management team communicated about events and incidents in the service with people, relatives and professionals. The provider had sent everyone a letter following the last inspection explaining the inadequate rating.
- The registered manager reported relevant events to external agencies as required.

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

- Relatives were positive about how the service engaged with them and they felt their views were listened to. One relative said, "The management is approachable and seem to be a lot more efficient than 6 months ago. From day one, I have felt that I have been involved with [person's] care and have no problems in approaching any appropriate member of staff to talk about [person's] care or changes that need to be made. [Person] is also quite happy to let their needs be known."
- People's feedback was sought through regular meetings. feedback was collated so any actions could be developed.
- Staff had regular meetings so they could share their views. A staff member said, "I often get asked for my views."

Continuous learning and improving care

- The management team reviewed events and shared any learning with the staff team. A staff member said, "We do always get kept informed about changes to the policies or the legislation, and we also do get information shared and also get a meeting every 4 weeks to talk about information and our views."
- The management team were working on ways to sustain improvements the service. The registered manager worked with various external professionals to extend theirs and the staff team's knowledge to ensure they were equipped for different needs and events in the home.

Working in partnership with others

- There was more effective working between the team at Broxbourne Nursing Home and health and social care professionals. This approach helped to ensure better outcomes for people.